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Notice of Independent Review Decision

MEDICAL RECORD REVIEW:

DATE OF REVIEW: 12/06/2010

IRO CASE #:

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This case was reviewed by a Chiropractor, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

12 sessions of aquatic therapy

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o September 1, 2010 through November 3, 2010 records from Spine and Rehab
- o January 20, 2010 through October 26, 2010 utilization review reports

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained is a female who sustained an industrial injury on xx/xx/xx. A January 20, 2010 (date may be a typographical error) note indicates that there is a dispute of a cervical injury and the claimant's injury is limited to the lumbar region. Physical therapy x 12 visits were denied. It was noted that the patient is working full time. The necessity to start aquatic therapy formally is not validated by the records or the ODG according to the note. The RME noted no need for further care. Another apparent utilization review report with a date of January 20, 2010 (date may be incorrect), notes that the provider 's office was called on October 25. It was noted that repeat physical therapy in chronic cases is not endorsed by the guidelines when it does not result in permanent resolution of symptoms. The patient should be on a home exercise program according to the report.

A September 1, 2010 initial evaluation report notes that the patient complained of constant mid and lower back pain rated moderate to severe. She reported transient radicular symptoms into the left lower extremity. She reported that she is taking ibuprofen and tramadol to control the pain levels and maintain full-time employment. Examination findings included intact deep tendon reflexes, normal sensation, 4/5 motor strength in the left lower extremity with production of lumbar pain upon testing, positive Kemp's, and spasm in multiple muscles. It was noted that the patient was 4-foot 9 inches and 173 pounds. She exhibited

decreased lumbar spine range-of-motion. Diagnoses included radiculitis, thoracic sprain/strain, lumbar sprain/strain, and myospasm. It was noted that she was currently working full time. However, she reported having trouble completing her required work duties and she reported increased symptomatology. Aquatic therapy was recommended to address restrictive motion.

An October 18, 2010 reconsideration letter from the provider notes that the patient is consuming large amounts of ibuprofen and tramadol to be able to complete her job duties. She had painful restricted motion. To the best of the doctor's knowledge, the patient has never participated in an aquatic therapy regimen. The therapy would be designed to enable the patient to continue working. The goal would be to address current restrictions while training the patient to perform a safer and more effective home exercise program.

A November 3, 2010 letter states that treatment was denied by peer review on October 29, 2010. The letter notes that the patient has received prior land-based conservative care in the past with significant benefit which has enabled her to maintain full-time employment. She is beginning to have increased symptomatology leading her to consume heavier dosages of prescription medication in order to complete her required job duties. The doctor agrees that aquatic therapy will not resolve the patient's MRI findings of instability and derangement of the intervertebral disc, but he believes that this form of conservative care will provide her with a means of increasing her functional ranges of motion and strength, reducing subjective symptomatology. Aquatic therapy is designed to provide a weightless environment where the patient can focus on increasing her functional ranges of motion while providing a distraction force onto her compensable region.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The patient reportedly benefited from previous land-based physical therapy. The records do not clearly describe the clinical rationale for now proceeding with aquatic therapy given that the patient had apparent benefit from land-based physical therapy previously. The records do not provide a clear clinical rationale as to the reason that reduced weight bearing is desirable in this particular case. In addition, the request for 12 sessions exceeds the recommended quantity in the ODG for the patient's conditions. Based on this information, my determination is to uphold the previous decision to non-certify the request for 12 sessions of aquatic therapy.

The IRO's decision is consistent with the following guidelines:

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ____ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ____ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ____ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ____ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ____ INTERQUAL CRITERIA
- ____ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ____ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ____ MILLIMAN CARE GUIDELINES
- ____ X_ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ____ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ____ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ____ TEXAS TACADA GUIDELINES
- ____ TMF SCREENING CRITERIA MANUAL
- ____ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ____ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME

According to the Official Disability Guidelines: Lumbar Chapter

Aquatic therapy:

Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. There may be advantages to weightless running in back pain recovery. (Ariyoshi, 1999) (Burns, 2001) This RCT concluded that water-based exercises produced better improvement in disability and quality of life of patients with CLBP than land-based exercise, but in both groups, statistically significant improvements were detected in all outcome measures. The aquatic exercise program consisted of 20 sessions, 5 x per week for 4 weeks in a swimming pool, and the land-based exercise was a home-based program demonstrated by a physical therapist on one occasion and then given written advice. (Dundar, 2009) For recommendations on the number of supervised visits, see Physical therapy.

According to the Official Disability Guidelines: Lumbar Chapter

Physical/Occupational Therapy:

Recommended.

ODG Physical Therapy Guidelines -

Allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial".

Lumbar sprains and strains (ICD9 847.2):

10 visits over 8 weeks

Sciatica; Thoracic/lumbosacral neuritis/radiculitis, unspecified (ICD9 724.3; 724.4):

10-12 visits over 8 weeks