

SENT VIA EMAIL OR FAX ON  
May/06/2011

## Applied Resolutions LLC

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

May/05/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Aquatic Therapy x 12 sessions

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

Board Certified Chiropractic Examiner

**REVIEW OUTCOME:**

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

1. Cover sheet and working documents
2. MRI of the cervical spine dated 01/20/10
3. Radiographic report dated 12/05/08
4. MRI lumbar spine dated 08/22/08
5. Operative report dated 04/16/10
6. Medical records Dr.
7. Medical records D.C.
8. Utilization review determination dated 04/11/11, 04/21/11
9. RME dated 09/30/10, 10/12/10
10. Letter of reconsideration for aquatic therapy dated 04/15/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a female whose date of injury is xx/xx/xx. The patient reported an injury due to repetitive stress to her neck and upper extremities after constantly lifting heavy boxes and cradling the phone between her neck and shoulder. MRI of the lumbar spine dated 08/22/08 revealed expected postoperative appearance of anterior and posterior fusion at L4-5 and L5-S1; no discrete site of neural encroachment was identified at L4 or L5. At L3-4 there is moderately severe, multifactorial central spinal stenosis with kyphotic angulation through the L3-4 disc space, and lumbar arachnoiditis. MRI of the cervical spine dated 01/20/10 revealed retrolisthesis C4-5 with disc protrusion and ligamentum flavum hypertrophy resulting in severe spinal stenosis; and postsurgical changes status post fusion C5-C6. The patient underwent revision lumbar spine surgery with exploration and excision of scar tissue at L4-5 bilaterally, additional interspace at L3-4 bilaterally and repair of lateral pseudoarthrosis L4-5 on the right on 04/16/10. Evaluation dated 08/30/10 indicates that the patient reports the surgical revision has significantly reduced her prior symptoms. The patient has not

completed any postsurgical physical therapy as of this date. RME dated 09/30/10 indicates the patient underwent anterior cervical discectomy with arthrodesis at C5-6 in 2003. The patient has postlaminectomy syndrome which is non-compensable. The RME doctor reports that guidelines would not support any further physical therapy as reasonably required to address the sequelae of the compensable event. There is a gap in treatment records until subsequent evaluation dated 04/06/11. The patient continues to suffer with painful restrictive cervical motion. On physical examination deep tendon reflexes are +2 bilaterally throughout the upper and lower extremities. Sensation is within normal limits in the upper and lower extremities. Motor evaluation demonstrated 5/5 motor strength in the upper and lower extremities. Cervical distraction test was positive for an increase in posterior cervical spine pain with induction of severe guarding, indicating musculoligamentous injury to the cervical spine. Maximum foraminal compression test was positive bilaterally for an increase in posterior cervical spine pain radiating into her arms bilaterally. Cervical range of motion is flexion 35, extension 35, left lateral flexion 15, right lateral flexion 20, left rotation 55 and right rotation 50.

Initial request for aquatic therapy x 12 sessions was non-certified on 04/11/11 noting there is no compelling rationale why aquatic therapy would be required for the cervical injury as opposed to traditional land-based exercises. The claimant has received previous land-based therapy with no problems being noted. The denial was upheld on appeal dated 04/21/11 noting that the request is for the initial postoperative PT for the 1 year old surgery on the cervical spine to include 60 minutes with aquatic therapy, with 1 unit of myofascial release and 1 unit of IF therapy. IF therapy is not supported for this work injury by the evidence based guidelines. ODG does not support passive therapy for this work injury this long after the injury/surgery and this long after the acute phase of the injury/surgery. ODG does not address aquatic therapy for the cervical spine. The cervical spine does not get the benefits of aquatic therapy since the head and neck are out of the water during aquatic therapy.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

Based on the clinical information provided, the request for aquatic therapy x 12 sessions is not recommended as medically necessary, and the two previous denials are upheld. The patient underwent revision surgery in April 2010 and has reportedly not undergone any postoperative physical therapy to date. The Official Disability Guidelines do not address aquatic therapy for the cervical spine. As stated by the previous reviewer, the cervical spine does not get the benefits of aquatic therapy since the head and neck are out of the water during aquatic therapy. Required medical evaluation dated 09/30/10 reports that guidelines would not support any further physical therapy as reasonably required to address the sequelae of the compensable event. The patient is one year post op, and it is unclear why a request for passive treatment is submitted at this time. Given the current clinical data, the request is not indicated as medically necessary, and the two previous denials are upheld.

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

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**