

**AccuReview**  
An Independent Review Organization  
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Notice of Independent Review Decision

**DATE OF REVIEW:** MAY 10, 2011

**IRO CASE #:**

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

97113 Aquatic Therapy/Exercise  
Units: 12 Start Date 4/5/11 End Date: 4/5/11

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

This physician is Board Certified by American Board of Physical Medicine and Rehabilitation with 15 years of experience.

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

On March 22, 2011, D.C. evaluated the claimant. Vitals: Height X'X" Weight: XXX pounds. Lasegue's did not induce neurological symptoms. Drawer signs were negative bilaterally. Diagnosis: Left knee sprain. Lower extremities radiculitis. Lumbar Sprain. Myospams.

On March 28, 2011, D.C. performed an UR on the claimant. Decision: Utilization of aquatic therapy for relief of an exacerbation is not supported.

On April 5, 2011, D.C. performed an UR on the claimant. Decision: The records supplied do not contain patient specific objective examination findings that demonstrate the medical necessity for aquatic therapy.

**PATIENT CLINICAL HISTORY:**

The claimant was injured when she slipped and fell at work.

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

Decision to deny Aquatic Therapy is upheld. There is a lack of information provided by the submitted clinicals. There is no notation of indications for aquatics- no hip/knee osteoarthritis, no knee surgery, and no weight bearing limitations.

### **ODG Guidelines:**

#### Aquatic therapy for Lower Extremity

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, especially deep water therapy with a floating belt as opposed to shallow water requiring weight bearing, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Aquatic exercise appears to have some beneficial short-term effects for patients with hip and/or knee osteoarthritis while no long-term effects have been documented. Positive short-term effects include significantly less pain and improved physical function, strength, and quality of life. ([Bartels-Cochrane, 2007](#)) ([Hinman, 2007](#)) Results suggest that aquatic exercise does not worsen the joint condition or result in injury. ([Wang, 2007](#)) ([Wyatt, 2001](#)) According to one study, aquatic exercises can also be usefully and safely implemented in the rehabilitation program following ACL surgery, and whenever it is important to avoid excessive shear joint forces that constrain the tibial plateau anterior translation with respect to the femur. ([Biscarini, 2007](#)). This study showed that novel underwater treadmill exercise training performed by overweight and obese men and women is an effective training modality, producing beneficial changes in body composition and improvements in physical fitness, and can minimize pain and injury, especially in obese populations and in others suffering from orthopedic injury. Underwater treadmill and land treadmill training were equally capable of improving aerobic fitness and body composition in physically inactive overweight individuals, but underwater treadmill training may induce increases in leg lean body mass. ([Greene, 2009](#)) For recommendations on the number of supervised visits, see [Physical therapy](#).

#### Aquatic therapy for Lumbar Spine

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](#).

## **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 KNOWLEDGBASE
- 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

- 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 FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**