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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Nov/07/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Aquatic Therapy 2xWk x 8Wks Neck, Right Hip

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

M.D., Board Certified Physical Medicine and Rehabilitation; Board Certified Pain Medicine

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)

The request for aquatic therapy two times a week for eight weeks to the neck and right hip is recommended for two times a week for four weeks.

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds no medical necessity for Aquatic Therapy 2xWk x 8Wks Neck, Right Hip.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Request for IRO dated 10/17/12

Utilization review determination dated 09/14/12

Utilization review determination dated 10/12/12

Clinical notes Dr. dated 07/19/12 and 09/06/12

Physical therapy note dated 07/19/12

Neuropsychological progress note dated 08/28/12, 09/04/12, and 09/11/12

Letter of appeal Dr. dated 10/01/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was involved in a motor vehicle accident on xx/xx/xx. She was driving a truck carrying two other trucks when she was involved in a motor vehicle accident. She has previously been receiving treatment from Dr. and, PT. The claimant underwent a MRI of the right hip, which showed gluteal tendinous partial tearing. She was referred for additional evaluation on 07/19/12. Her past medical history includes left and right rotator cuff repairs multiple times, a right knee ACL reconstruction in 2005, excision of a meningioma from the brain in 2004, left ankle surgery 1985, and a gastric bypass. She is 5' 3" tall and weighs 162 lbs. She has tenderness over the right posterior lateral greater trochanter. There is pain with resisted gluteal function. There is milder pain to flexion, external rotation,

and abduction passively. MRI reveals the gluteus medius and minimus insertional tendinopathy with partial thickness tears. She was recommended to undergo additional physical therapy.

The record indicates that the claimant was seen by Dr. on 08/28/12. She is noted to have a diagnosis of post concussive disorder and post-traumatic disorder. She is reported to be improved in terms of anxiety.

The claimant was seen in follow-up by Dr. on 09/06/12. It is reported that she has continued right lateral posterior hip pain, which has now spread more around the SI joint and extends from the SI joint across the trochanter down the lateral aspect of her knee. She is reported to have had aquatic therapy approved for her neck injury but not for her hip injury. She is recommended to avoid surgical intervention at all costs. There is a discussion regarding the possibility of using platelet rich plasma. The record contains a letter of appeal from Dr. dated 10/01/12. She is noted to have not had any therapy since mid-July of 2012. Prior to that time she had attended physical therapy 22 times for a wide range of problems. He notes that MRI confirmed evidence of moderate to severe right gluteus medius and minimus insertional tendinopathy. She is reported to be not making significant progress and continues to require both pain management and activity modification. She currently is prohibited from returning to her work as a xx. Dr. opines that outpatient pool therapy provides the greatest relief. He notes that this request exceeds normal authorized frequency and duration; however, he opines that the claimant will not improve on her own given the many months that have passed since her last treatment.

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

The submitted clinical records indicate that the claimant was involved in a motor vehicle collision and is noted to have tears involving the gluteus medius and minimus insertion insertions. The claimant has not had any therapy since 07/12. She is currently not working and has continued functional limitations. It is noted that the claimant has undergone 22 sessions of land based therapy for various conditions without substantive benefit that she has yet to return to work. The request for a trial of 16 aquatic therapy falls outside/exceeds the guidelines. The reviewer finds no medical necessity for Aquatic Therapy 2xWk x 8Wks Neck, Right Hip.

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

ACOEM-AMERICA 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

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)