

# Becket Systems

An Independent Review Organization  
815-A Brazos St #499  
Austin, TX 78701  
Phone: (512) 553-0360  
Fax: (207) 470-1075  
Email: [manager@becketystems.com](mailto:manager@becketystems.com)

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Nov/08/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** 12 aquatic therapy sessions and modalities

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** D.O., Board Certified Physical Medicine and Rehabilitation and 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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is the opinion of the reviewer that the request for 12 aquatic therapy sessions and modalities is not recommended as medically necessary.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines  
Utilization review determination dated 08/21/13, 09/04/13  
Letter of medical necessity dated 08/22/13  
Decision and order dated 02/05/13  
Office visit dated 02/19/13  
Subsequent evaluation dated 09/24/13  
Initial evaluation dated 08/06/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male whose date of injury is xx/xx/xx. The patient felt a sharp pain in his lower back region. Per note dated 02/19/13, the patient is six months out from three level lumbar fusion 360 degrees. He continues to have substantial low back and radiating leg pain. Initial evaluation dated 08/06/13 indicates that current medications include Flexeril, Cymbalta, and Oxycontin. On physical examination stance, gait and stride are antalgic and supported by a 4 point cane. Deep tendon reflexes are 2/5 throughout. Strength is 4/5 in the left lower extremity and 5/5 right lower extremity. Lumbar range of motion is flexion 30, extension 5 and bilateral lateral flexion 10 degrees. The patient is currently unable to work. The patient underwent multilevel lumbar fusion on 07/31/12 and has completed 6 months of postoperative rehabilitation. Subsequent evaluation dated 09/24/13 indicates sensation is decreased over the left lower extremity. Strength testing is unchanged. Lumbar range of motion is unchanged.

Initial request for 12 aquatic therapy sessions and modalities was non-certified on 08/21/13 noting that the claimant has already completed all levels of care through chronic pain management program and work conditioning. Guidelines state that at the conclusion of the

aforementioned neither reenrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same injury and/or condition. Letter of medical necessity dated 08/22/13 indicates that the conservative measures were completed pre-operative and the request is for postoperative aquatic rehabilitation. The denial was upheld on appeal dated 09/04/13 noting that there are no red-flags or compelling rationale why the claimant would require aquatic therapy a year after the surgery. The claimant was rated at the medium PDL and should do just as well with a self-directed home exercise program.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The submitted records indicate that the patient sustained injuries on xx/xx/xx and subsequently underwent three level lumbar fusion on 07/31/12. There is no comprehensive assessment of postoperative treatment completed to date or the patient's response thereto submitted for review. It is unclear how many sessions of postoperative therapy the patient has completed. There are no therapy records submitted for review documenting the patient's objective, functional response to postoperative therapy. There are no exceptional factors of delayed recovery documented to support a course of aquatic therapy over 15 months post lumbar fusion. As such, it is the opinion of the reviewer that the request for 12 aquatic therapy sessions and modalities is not recommended as medically necessary.

**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)