

True Resolutions Inc.

An Independent Review Organization

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IRO REVIEWER REPORT

Date: 2/6/2018 11:20:04 AM CST

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Water aerobic therapy, 3 times per week for 6 weeks (18 visits)

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

Neurosurgery

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now XX-year-old XX with a history of an occupational claim from XXXX. The patient has had multiple lumbar surgeries with XX most recent a lumbar exploration with instrumentation removal, L3-4 complete decompressive laminectomy/bilateral foraminotomies/discectomy posterior lateral bone fusion on XXXX. Since XX surgery, XX had a total of 60 physical therapy treatments. According to the XXXX visit note the patient continued to have significant spinal deformity secondary to spondylolisthesis and flatback. XX walked with a limp and uses a cane and had back pain which was held in check by Mobic 15 mg daily and tramadol 50 mg twice a day as needed for pain. The patient was doing water aerobics and trying to get in a wellness program through XX insurance carrier. XX can walk short distances without significant pain, but anything over a couple 100 feet XX had back pain and limited walking. On physical examination range of motion was moderately reduced. XX had patchy diminished sensation in both lower extremities. The patient was diagnosed with acquired spinal deformity, chronic left-sided low back pain and left-sided sciatica, essential primary hypertension, other chronic pain, other spondylosis with radiculopathy, postlaminectomy syndrome, postural kyphosis of lumbar syndrome and spondylolisthesis at L4-5.

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

The Official Disability Guidelines states aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. For recommendations on the number of supervised visits, the physical therapy section was addressed which recommends 16 visits over 8 weeks for post surgical treatment. The documentation indicated the patient had a lumbar exploration with instrumentation

removal, L3-4 complete decompressive laminectomy/bilateral foraminotomies/discectomy posterior lateral bone fusion on XXXX. Since XX surgery, XX had a total of 60 physical therapy treatments. The documentation did not address why the patient was unable to perform a home exercise program. The patient had exceeded guideline recommendations of post-surgical therapy. Also, while it was noted that range of motion was moderately reduced, there was no specific documentation of the deficits. Motor strength was “normal”. An additional 18 sessions of any type of therapy, including aquatic therapy is excessive given the history of therapy. As such, the prior determination is upheld.

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
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

1. Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Low Back, Aquatic therapy
2. Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018 Low Back, Physical therapy (PT)