

P-IRO Inc.

Notice of Independent Review Decision

Case Number: XXXX

Date of Notice: 7/16/2018 12:07:58 PM CST

P-IRO Inc.

An Independent Review Organization

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IRO REVIEWER REPORT

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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 12 aquatic therapy visits 2 times a week for 6 weeks for the lumbar

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

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 XX XX with a history of an occupational claim XXXX. The mechanism of injury is detailed as XX. The current diagnosis is documented as low back pain. The physical therapy evaluation performed on XX documented that the patient was being assessed for aquatic rehabilitation. The patient complained of severe pain and muscle tightness in the low back, as well as difficulty with gait and severe weakness in the right lower extremity. The patient was noted to be a fall risk with a right foot drop. The assessment documented increased low back/lower extremity pain; decreased range of motion, strength and balance. During the assessment on XX, the patient complained of constant low back pain that radiated in the posterior and lateral aspect of the lower extremity, associated with weakness and numbness as well as difficulty with ambulation. The patient reported that XX pain was fairly well controlled with oral medication for breakthrough pain in the intrathecal infusion of XX, XX and XX. XX rated XX pain a 6-7/10 with increased activity and a 2-3/10 with rest and oral medication. The physical examination of the lower back reveals a midline surgical scar with no signs of infection. There was decreased range of motion with complaints of pain to both flexion and extension. There was tenderness noted over the paravertebral muscles with muscle spasms on stimulation. The straight leg raise was positive bilaterally for complaints of low back pain at 30-60°. Sensation appears to be decreased in the L4-L5 and L5-S1 dermatomal distribution. There was some muscle atrophy noted over the quadriceps muscles in the lower extremities.

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

The patient was evaluated for continued low back pain they radiated into the lower extremities, associated with weakness and numbness. Physical examination of the lumbar spine revealed decreased range of motion with complaints of pain to both flexion and extension. Sensation appeared to be decreased in the L4-L5 and L5-S1 dermatomal distribution. Aquatic therapy was recommended to help with range of motion, strength and balance. However, the records indicate that the patient had completed at least XX therapy sessions with minimal improvement. There was no clear indication to support the need for aquatic therapy or how aquatic therapy would benefit the patient XX post injury. In agreement with the prior determination, the request for 12 aquatic therapy visits, 2 times a week for 6 weeks for the lumbar spine is not medically necessary. 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

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Low Back, Aquatic therapy