

MATUTECH, INC.

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DATE OF REVIEW: APRIL 24, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Acute inpatient mental health services
Disputed dates of services (01/28/07 – 02/01/07)

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

The physician providing this review is a child and adolescent psychiatrist. The reviewer is national board certified in adult psychiatry. The reviewer is a member of American Association of Child and Adolescent Psychiatrists. The reviewer has been in active practice for 13 years.

REVIEW OUTCOME

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

X Overturned (Disagree)

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

Healthcare Network
Admission notes (01/19/07 – 02/01/07)

Corporation
Admission notes (01/19/07 – 02/01/07)
Utilization reviews (01/29/07 – 02/26/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a student who is a known case of eating disorder. It was reported that she was bingeing and purging for 2.5 years and had lost approximately 150 lbs. She weighed over 300 lbs.

On January 19, 2007, the patient was admitted to Center after she took 15 or more tablets of Remeron 30 mg with a suicidal plan (her usual dose of Remeron was 30 mg two q.h.s.). At the time of admission, she weighed 162 lbs and her goal was 115 lbs. Prior to coming to Center, she was evaluated at an emergency room (ER), was found to be under influence of something (drug), and was charcoaled. Her history was positive for eating disorder and depression. She had been admitted in 2005 for eating disorder and in 2006 for eating disorder and a suicidal attempt by cutting herself. Urine drug screen was positive for phencyclidine. The patient was treated with Topamax, nutrition care, and group therapy sessions. She was scheduled to be discharged on January 25, 2007, but her parents urged that she should be placed in an eating disorder rehab program. However, she threatened to run off. On January 28, 2007, the first uncovered day, she was no longer threatening to leave, was not suicidal or homicidal, and was not a behavior-management-problem on the unit.

On January 29, 2007, M.D., a psychiatrist, opined that the criteria for a psychiatric hospitalization were not met for the patient as she was not reported to be presenting an imminent danger to self or others. There were no reported dangerous, threatening, inappropriate behaviors, or severe impairment in functioning that would necessitate 24-hour medical monitoring and psychiatric treatment. There was no evidence that she would not safely respond to treatment at a less restrictive level of care. M.D., upheld the determination with the same rationale.

The patient was discharged on February 1, 2007 with diagnoses of mixed-type severe bipolar disorder and eating disorder.

On February 26, 2007, M.D., upheld the adverse determination for inpatient stay from January 29, 2007, till discharge. The rationale was: *The patient was admitted for treatment of mood and impulse-related issues. However, as of January 29, 2007, she no longer met the applicable medical necessity criteria for continued stay in the inpatient treatment setting. She was not at imminent risk of harm to self or others, did not have significant complications from the treatment, and was not a severe behavior-management problem on the unit. Her further mood treatment needs could have been met in a less intensive level of care.*

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

THIS GIRL HAD A LONG H/O EATING DISORDER PRIOR TO THE CURRENT ADMISSION, AND HAD IN FACT BEEN ADMITTED TWICE PREVIOUSLY FOR TREATMENT OF THIS PROBLEM AS WELL AS A PREVIOUS EPISODE OF CUTTING HERSELF. IT IS INCORRECT TO STATE THAT THE CURRENT ADMISSION WAS ONLY FOR A MOOD DISORDER AND SUICIDAL IDEATION AND NOT TO TREAT HER EATING DISORDER, AS THESE CONDITIONS ARE CAUSALLY CONNECTED. THE PATIENT MADE GOOD PROGRESS, BUT REGRESSED WHEN HER EATING DISORDER WAS ADDRESSED.

SUBSEQUENTLY, SHE BEGAN ACTING OUT BY REFUSING TO EAT SEVERAL MEALS AND REQUIRED SIGNIFICANT STAFF INTERVENTION OVER SEVERAL DAYS BEFORE SHE BECAME COMPLIANT WITH TREATMENT AGAIN. THE LAST FEW TREATMENT DAYS UNTIL DISCHARGE WERE USED APPROPRIATELY TO STABILIZE THIS PATIENT FOR DISCHARGE. IF SHE HAD BEEN RELEASED EARLIER, SHE WOULD HAVE BEEN AT A HIGH LEVEL RISK FOR CONTINUED BINGING, PURGING AND FOOD REFUSAL. THE CYCLE OF DEPRESSION AND SUICIDAL IDEATION AND ACTING OUT BEHAVIORS WOULD HAVE PERSISTED AND POSSIBLY RESULTED IN A READMISSION.

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
- 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)**