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ENVOY MEDICAL SYSTEMS, LP  
1726 CRICKET HOLLOW DRIVE  
AUSTIN, TX 78758

PH. (512) 248-9020  
FAX: (512) 491-5145

**Notice of Independent Review Decision**

**DECEMBER 10, 2007**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Individual Psychotherapy 1x 6 weeks

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

M.D. Board Certified Anesthesiology and Pain Management

**REVIEW OUTCOME**

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

- Upheld (Agree)  
 Overturned (Disagree)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Review/Denial Letters –10/17/07, 11/9/07  
MRI Right Knee –Imaging 8/7/07  
Clinical Notes – PhD. – 10/16/07  
Clinical Notes – M.Ed., LPC – 10/5/07  
History and Physical – M.D. - 8/17/07  
ODG Guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a male who fell on the job. A right knee meniscus tear was documented by the MRI in August 2007. The patient has significant pain and functional limitation persists. Surgery is planned.

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

I agree with the benefit company's decision to deny the proposed Individual Psychotherapy (1 x 6 weeks). Per ODG 2007, "an appropriately identified patient" is a candidate of psychotherapy. This includes a situation where the pain state and impaired functional status are related to psychological issues. In the patient's case, the persistent pain and disability is clearly related to a defined somatic injury, i.e. a torn meniscus. Definitive therapy should be entertained prior to considering psychological therapy.

This decision does not diverge from the ODG Guidelines.

**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)**