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Amended 10-22-07

IRO REVIEWER REPORT TEMPLATE -WC

DATE OF REVIEW: OCTOBER 19, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

4 sessions of individual counseling, 1 per week for 4 weeks

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

Texas Licensed Psychologist with Health Service Provider Designation
Listed in the National Register Of Health Service Providers in Psychology
Member American Psychological Association
Member International Neuropsychological Association

REVIEW OUTCOME

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

XX Upheld (Agree)

Medical documentation does not support the medical necessity of 4 sessions of individual counseling, 1 per week for 4 weeks.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Health Care
Office notes (01/25/07 - 09/17/07)
Operative report (11/28/06)
Diagnostic (11/02/06)
Utilization reviews (08/29/07 - 09/25/07)

ODG guidelines are cited in the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a who was injured when he fell and suffered a twisting injury to his right knee. He had acute pain on the medial aspect of the knee after the fall.

Magnetic resonance imaging (MRI) of the right knee revealed medial meniscal tear, a small effusion, and small medial popliteal cyst. The patient was treated conservatively for a short time but failed to get any relief.

On November 28, 2006, M.D., performed right knee arthroscopy with chondroplasty of the medial femoral condyle and partial medial meniscectomy. The postoperative diagnoses were right knee mild degenerative joint disease (DJD) and medial meniscal tear.

Postoperatively, M.D., scheduled the patient for physical therapy (PT). However, the patient complained of popping in the right knee for which Dr. prescribed Lidoderm patch, Skelaxin, hydrocodone, and Celebrex. In a functional capacity evaluation (FCE), the patient qualified at a light-medium physical demand level (PDL) following which 10 sessions of work hardening/work conditioning (WH/WC) were recommended. In a psychological evaluation, L.P.C., noted that the patient had attended 18 sessions of postoperative PT without relief. He diagnosed adjustment disorder with anxious mood (related to the work injury) and opined that the patient would be able to psychologically endure the rigors of a work hardening program (WHP). A request was placed for 10 sessions of WHP, which was denied.

In August, four sessions of individual psychotherapy were requested. These were nonauthorized with the following rationale: *The most recent evaluation for this patient included Beck inventories which do not show the presence of depressive symptoms and only minimal anxiety symptoms which could be accounted for by the patient's medical complaints. The patient's current treatment plan is not individualized to this patient. There is no updated formal evaluation which neither specifies his ongoing symptoms nor what diagnostic classification he meets.*

In an appeal for denial regarding individual counseling, it was stated that the patient never underwent WH. The patient had mild symptoms of anxiety, increased pain during work activities, and symptoms of insomnia due to pain. The evaluator opined that it was still appropriate to address psychological barriers to recovery to promote improved activity levels.

An appeal for reconsideration of individual psychotherapy was denied with the following rationale: *The evaluation is over five months old with no significant psychological symptoms at that time and a treatment plan that does not fit the clinical findings.*

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

THE CENTRAL DOCUMENTATION RELATING TO THE REQUEST FOR 4 SESSIONS OF INDIVIDUAL PSYCHOTHERAPY IS THE PSYCHOLOGICAL EVALUATION OF 4/12/07. THERE IS NO INDICATION OF ANY PSYCHOLOGICAL PROBLEMS IN THE OTHER DOCUMENTATION PROVIDED. THE PURPOSE OF THE EVALUATION WAS TO EVALUATE THE CLAIMANT'S SUITABILITY FOR A WORK HARDENING PROGRAM. THE TREATING PHYSICIAN WAS NOT CONCERNED THAT THE CLAIMANT WAS EXHIBITING SYMPTOMS OR MAKING COMPLAINTS CONSISTANT WITH A PSYCHOLOGICAL DISORDER.

THE PSYCHOLOGICAL EVALUATION NOTED THAT HE WAS WORKING LIGHT DUTY. HE HAD ALWAYS HAD A SLEEP DISTURBANCE BUT WAS NOT FATIGUED. THE BECK DEPRESSION INVENTORY =1, SUGGESTING THE ABSENCE OF DEPRESSION. THE BECK ANXIETY INVENTORY =10, A MINIMAL SCORE CONSISTENT WITH HIS DEALING WITH HIS INJURY. HE WAS DESCRIBED AS EFFECTIVELY COPING WITH AND TOLERATING HIS PAIN. THERE ARE NO BEHAVIORAL DESCRIPTIONS THAT SUGGEST SYMPTOMS RELATED TO ANXIETY SUCH AS INCREASED HEART RATE, SWEATING, MUSCLE TENSION, FEELING FLUSHED, A GENERAL SENSE OF FOREBODING, OR OVERWHELMING WORRY. IN ESSENCE THERE WERE NO SIGNS OR SYMPTOMS CONSISTENT WITH A PSYCHOLOGICAL DISORDER.

THE ODG RECOMMENDS PSYCHOTHERAPY FOR THE TREATMENT OF PSYCHOLOGICAL CONDITIONS ASSOCIATED WITH AN INJURY THAT RESULTS FROM THE INJURY OR LIMITS THE PATIENT'S RESPONSE TO TREATMENT. IN THE CHAPTER ON THE TREATMENT OF STRESS AND OTHER MENTAL DISORDERS A TRIAL OF 6 SESSIONS OF PSYCHOTHERAPY IS RECOMMENDED AFTER A THOROUGH EVALUATION IS MADE THAT DETERMINES THE PRESENCE OF A TREATABLE PSYCHOLOGICAL CONDITION. THE PSYCHOLOGICAL EVALUATION THAT HAD BEEN DONE DID NOT PROVIDE ANY REASONABLE EVIDENCE THAT THE CLAIMANT SUFFERS SUCH A PSYCHOLOGICAL CONDITION. THEREFORE THE MEDICAL NECESSITY OF THE TREATMENT CANNOT BE SUPPORTED.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES