

IRO Express Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Fax: 817-549-0310

Notice of Independent Review Decision

DATE OF REVIEW: 08/27/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual psychotherapy 1x6

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

Clinical psychologist; Member American Academy of Pain Management

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 7/16/08 and 7/31/08

Records 7/2/08, 7/25/08, 7/31/08

MRI 5/3/08

Healthcare & Rehab 4/2/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured at work on xx/xx/xx. Claimant reports that he was putting asbestos into a pellet jack when he slipped and fell forward, hitting his left knee. He received care the same day from the company doctor, where he was given x-rays, an injection, crutches, and a knee brace. Patient transferred his care to DC. Note of 4-02-08 documents left knee exam with

flexion noted to be 80 degrees and extension 15 degrees. Exam was also notable for abnormal muscle strength, and “significant tenderness along lateral aspect of his knee.” MRI of 5/3/08 revealed a complete ACL ligamentous tearing is “strongly suspected”. Patient has been prescribed Ultram ER and Celebrex.

Records indicate claimant has received the following diagnostics and treatments to date: x-rays, MRI (positive), chiropractic care, and medications management. He is referred for an orthopedic surgical consult and a behavioral pain management consult.

Patient was referred her for a psychological evaluation to assess appropriateness for conservative individual therapy sessions. On 7/2/08, patient was interviewed and evaluated by LPC, in order to make psychological treatment recommendations. Patient was administered the patient symptom rating scale, BDI and BAI, along with an initial interview and mental status exam. Results indicated that the patient had developed an injury-related adjustment disorder with mixed anxiety and depressed mood. Patient currently rates his average pain level as a 6/10VAS, stating it significantly interferes with his recreational, social, and family activities, as well as his ADL’s. Patient has no pre-existing history of psychological involvement prior to this injury. He has a 6th grade education, speaks only Spanish, and is responsible for his 1 year old daughter, who currently lives with him. Patient reports he was functioning at 100% prior to the injury, and now rates his current overall functioning as 0%. He reports feeling a lack of control over his life, feeling disappointed and angry, and feeling useless/helpless/like a burden. He endorses both initial and sleep maintenance insomnia, sleeping 4 fragmented hours per night. BDI was 21 and BAI 22.

The current request is for individual cognitive-behavioral therapy 1x6. Goals are decreased low mood, increased coping skills, improved communication and problem-solving, and reduced muscle tension, anxiety, and sleep problems.

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

A diagnostic interview with testing and recommendations was requested by the patient’s treating doctor, and has been conducted. The results indicate that patient could benefit from cognitive-behavioral and relaxation interventions aimed at improving coping skills in order to reduce injury-related pain, depressed/anxious mood, psychosocial issues, and aiding patient to advocate for himself and communicate well with his providers. Denials for these IT services were based on the fact that an orthopedic consult has not been accomplished. MRI indicating the need for this was dated xx/xx/xx, and as of the second denial on xx/xx/xx, almost 3 months later, the Ortho consult had not yet been approved. ODG return to work pathways suggest x months total for this type of injury, and patient is almost at this x month mark, indicating a severe delay in needed treatment.

A stepped-care approach to treatment has been followed, as per ODG, and the requested evaluation and sessions appear reasonable and necessary to treat the issues arising from the patient's injury-related pain and off-work status, with a goal of increased overall well-being and emotional functioning. Whether the requested Ortho consult will ever occur is unknown. However, it is important that this patient's iatrogenic problems be addressed now. Research is clear about the negative effects of delayed treatment on the mental status of a patient, and also clear about the need for a good mental disposition in relation to positive surgical outcomes. So either way, with or without surgery, the patient will require, and deserves, the requested IT session. Therefore, this request is considered medically reasonable and necessary at this time.

ODG Work Loss Data, 2008, Texas

<p>Anterior cruciate ligament (ACL) reconstruction</p>	<p>Recommended as indicated below. An examination of all studies that compared operative and conservative treatment of anterior cruciate ligament (ACL) rupture found that outcomes in the operative groups were generally better than in the conservative groups for younger patients, but outcomes are worse in older patients (age beyond 50-60 years). (Hinterwimmer, 2003) (Linko-Cochrane, 2005) Morbidity is lower for hamstring autografts than for patellar tendon autografts used for ACL reconstruction. (Biau, 2006) The use of bracing after anterior cruciate ligament (ACL) reconstruction cannot be rationalized by evidence of improved outcome including measurements of pain, range of motion, graft stability, or protection from injury. (Wright, 2007) Most of the roughly 100,000 ACL reconstructions performed each year are for younger patients. Although age has been considered a relative contraindication for ACL surgery in the past, active older patients may respond well to this surgery and should not be ruled out as surgical candidates based solely on their age. It is important to look at their comorbidities, e.g., malalignment and osteoarthritis, because they predict potential problems. (Wulf, 2008) Anterior cruciate ligament (ACL) reconstruction using an allograft has a high failure rate in young, active adults. While there are obvious benefits of using the cadaver ligament, like avoiding a second surgical site on the patient, a quicker return to work and less postoperative pain, for the young patient who is very active, it may not be the right choice. (Luber, 2008)</p> <p>ODG Indications for Surgery™ -- Anterior cruciate ligament (ACL) reconstruction:</p> <p>1. Conservative Care: (This step not required for acute injury with hemarthrosis.) Physical therapy. OR Brace. PLUS</p> <p>2. Subjective Clinical Findings: Pain alone is not an indication for surgery. Instability of the knee, described as "buckling or give way". OR Significant effusion at the time of injury. OR Description of injury indicates rotary twisting or hyperextension incident. PLUS</p> <p>3. Objective Clinical Findings (in order of preference): Positive Lachman's sign. OR Positive pivot shift. OR (optional) Positive KT 1000 (>3-5 mm = +1, >5-7 mm = + 2, >7 mm = +3). PLUS</p> <p>4. Imaging Clinical Findings: (Not required if acute effusion, hemarthrosis, and instability; or documented history of effusion, hemarthrosis, and instability.) ACL disruption on: Magnetic resonance imaging (MRI). OR Arthroscopy OR Arthrogram.</p> <p>(Washington, 2003) (Woo, 2000) (Shelbourne, 2000) (Millett, 2004)</p>
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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)