MATUTECH, INC.

PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544

Notice of Independent Review Decision

DATE OF REVIEW: June 19, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Postoperative individual psychotherapy 1 per week x 6 weeks (90806)

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 Academy 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:

☒ Overturned (Disagree)

Medical documentation **supports the medical necessity** of postoperative individual psychotherapy 1 per week x 6 weeks (90806)

ODG criteria have been utilized for denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who fell. She was walking to greet a candidate when her crutch got stuck in the stool causing her to fall. She hit her left shoulder on the wall, hit her right ankle on a partition, and landed on her back. Earlier on xx/xx/xx, the patient fell and sprained her left foot and was placed on crutches. She fell again and re-injured her left ankle on xx/xx/xx.

In April 2008, Ph.D., evaluated the patient and noted the following: *On xx/xx/xx, the patient fell and re-injured her left ankle while walking on a road. She was treated with medications, crutches, and 12 sessions of .physical therapy (PT). On February 19, 2007, she was allowed to return to work with restrictions (work no more than six hours, use ankle braces, use crutches to ambulate, and no prolonged walking). She had a third fall on xx/xx/xx (current work injury). She transferred her care to D.C., and attended 24 sessions of PT. She was scheduled for left ankle surgery on May 7, 2008.* Patient's medications were Ambien, Valium, and diazepam. Her psychiatric history was positive for grief

counseling after her sister's death. Currently, she had multiple symptoms of depression and her mood was anxious. Beck Depression Inventory II (BDI-II) score was 20 while Beck Anxiety Inventory-II (BAI-II) score was 16. Dr. assessed single episode of moderate major depressive disorder with a GAF of 64 (pre-injury GAF 85+). She recommended evaluation to determine need for psychotropic medication as well as six sessions of individual psychotherapy following the scheduled surgery.

On May 12, 2008, D.C., stated that the patient was one week status post left ankle arthroscopy with debridement and chondroplasty. He recommended home exercises, formal PT, and weaning her out of the boot and crutches.

On May 13, 2008, request for the six sessions of postoperative individual psychotherapy were denied with the following rationale: "*The patient has a 14-month history of left ankle pain complaints with conservative care. There are also complaints of various other pain reports, including hips, low back, bilateral knees, shoulder, and neck. It is unclear how these later complaints are related to the original complaint of pain in the ankle. The patient was apparently scheduled for surgery on May 7, but there is no documentation or information from my consult with Dr. to suggest that this was done, and if so, what results were obtained. Medications are recorded (as of April 30) as Ambien, Valium, and diazepam without awareness that the later two are the same medications. Current medications, functional status, psychological variables, and restrictions are unknown. There has been no contact by the provider since the surgery. The clinical indication and necessity of this procedure could not be established. The evaluation of April 30, 2008, finds impression of major depressive disorder. The patient has apparently been working (at a cognitive job), possibly management, as she has essentially since onset; and any functional limitations are not clear with respect to job performance. There are no objective or behavioral goals proposed for this requested therapy. There are a number of subjective goals, psychometric score proposals, and ratings. However, a change in test scores or other subjective measures is insufficient to demonstrate clinically meaningful progress or effectiveness of this kind of therapy. Most importantly, the patient's postsurgical status is unknown, including any need for psychological intervention. Thus, there is no basis to infer that this is an appropriately identified patient for treatment with psychotherapy at this time."*

On May 20, 2008, a request for reconsideration of the individual psychotherapy was made with the following response: "*In the intake update form, the clinician wrote the brand name (Valium) next to diazepam for clarification purposes. The transcriptionist by mistake typed all the information down. Current medications for the patient are diazepam and Ambien per her treating doctor's office. She had surgery on her left ankle on May 5, 2008. She had a follow-up consultation with Dr. on May 12, 2008. He treating doctor is requesting postoperative therapy for the ankle. She was taken off work. She has multiple symptoms of depression (low mood irritability, loss of interest and pleasure in things, decreased libido, hyperphagia, weight gain, poor sleep, loss of energy, tiredness and fatigue, increased self criticalness, feeling less worthwhile, focus on past failure, pessimism about future outlook, difficulty concentrating, and making decisions). Based upon the attached clinical information, it has been determined that a brief stint of individual psychotherapy would stabilize the patient's active mood and disturbance and enhance her ability to benefit from prescribed*

treatment by improving her coping skills to manage injury related psychological stressors."

On May 30, 2008, the appeal for the individual psychotherapy was denied with the following rationale: "*The request is for postoperative psychotherapy, yet there has been no postoperative assessment of this patient's psychological symptoms to determine the necessity of this request. The evaluation does not identify a postoperative primary or secondary behavioral or psychological disorder, which would provide a necessity for the requested treatment. Without an accurate treatment history and a current adequate assessment, the necessity of this request could not be established. These issues indicate that the request is not consistent with the requirement that psychological treatments only be provided for an 'appropriate identified patient'. The initial interview cites several deficiencies in the initial request for services. The additional documentation provided in the appeal correspondence did not impact the prior recommendation for non-authorization. Based on the documentation provided, Official Disability Guidelines (ODG) criteria were not met. The request for the individual psychotherapy x6 is not recommended as medically reasonable or necessary."*

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

The reviewer's decision that clinical indication and necessity of 6 psychotherapy sessions is unfounded. The record contains an excellent, detailed evaluation dated 4/30/2008 performed by Ph.D. Dr. outlines clearly all criteria for Major depressive disorder required under DSM-IV diagnosis. The reviewer states that the patient has not been re-evaluated after her surgery, only one week after Dr.'s very thorough evaluation. This makes no clinical sense whatsoever. A major depressive disorder of moderate severity rarely if ever disappears spontaneously in one week. Such a re-evaluation would be pointless and a waste of resources. Certainly after a surgical procedure, the patient will continue to have many of the physical limitations that contributed to her depression in the first place. Secondly, the reviewer states "the patient has apparently been working…and any functional limitations are not clear with respect to job performance." Again, Dr. has already addressed this issue and clearly identifies the patient's symptoms, including loss of energy, tiredness, fatigue, increased self-criticalness, difficulty concentrating and making decisions that she noted as significant departure from her –re-injury status." It should be quite obvious that these symptoms are having a significant effect on the patient's productivity at work. Finally, Dr.'s goals as outlined in her report are quite extensive and appropriate. The reviewer states the goals are "not objective or behavioral" and only "subjective goals, psychometric score proposals and ratings." The reviewer does not seem to understand that these are the measurements used by psychologists and are perfectly reasonable.

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

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**