

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 8/12/09

**IRO CASE #:**

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

Individual Psychotherapy 1 x 4 weeks

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

Certified by the American Board of Physical Medicine & Rehabilitation

**REVIEW OUTCOME**

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

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

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	719.06		Upheld
		Prospective	717.7		Upheld
		Prospective	844.2	90806	Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.

Practitioners' notes dated 7/9/09, 7/2/09, 6/4/09, 5/29/09, 5/28/09, 5/6/09, 4/30/09, 4/21/09, 4/1/09, 7/23/08

MRI report of March 2009, 6/27/08

Procedure note dated 10/6/08

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Official Disability Guidelines cited but not provided-Mental Illness & Stress,  
Psychotherapy Guidelines

**PATIENT CLINICAL HISTORY:**

This xx-year-old claimant sustained an injury on xx/xx/xx when pushing boxes on a conveyer roller and hit his knee causing subluxation of the patella and a tear of the anterior cruciate ligament. Treatment has included surgical intervention, physical therapy, oral medications, and individual psychotherapy. The claimant continues to complain of pain and discomfort.

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

The Reviewer noted that the claimant was being seen for depression and anxiety. The xx/xx/xx progress notes indicate an increase in anxiety symptoms and a perceived worry about recovery. It was noted that physical therapy was not helping. The psychiatric treatment goals were partially met. The Reviewer noted the BDI of 17 and BAI of 14, and a telephone conference which noted that the symptoms had worsened with the individual psychotherapy. According to the Division mandated Official Disability Guidelines, individual psychotherapy after six sessions is warranted only if progress is being shown.

[ODG Psychotherapy Guidelines: 1. Initial trial of 6 visits over 6 weeks 2. With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)]

Therefore, in the Reviewer's opinion and based on the records presented and the most recent progress notes stating that there was no substantive improvement, there is insufficient clinical data presented to support the request for individual psychotherapy for this claimant.

**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

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- 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)**