

# US Decisions, Inc.

*An Independent Review Organization*

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## Notice of Independent Review Decision

**DATE OF REVIEW: FEBRUARY 2, 2009**

**IRO CASE #:**

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

6 visits of individual psychotherapy (90806)

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

M.D., Board Certified in Psychiatry and Neurology

### **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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The reviewer finds that medical necessity exists for 6 visits of individual psychotherapy (90806).

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 12/4/08, 12/22/08

DC, 11/26/08, 10/22/08, 9/3/08

12/16/08, 12/8/08

FCE, 8/14/08

MD, 8/18/08

RME for MMI/Impairment Rating, 6/9/08

MRI of Right Wrist, 6/2/08  
Dr. MD, 6/18/08, 5/28/08  
ODG Guidelines and Treatment Guidelines

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female who was injured on the job on xx/xx/xx while working. She was lifting a recycling container with 3 co-workers when one of them let go of the end of the container causing the extra weight to be borne by the claimant's wrist, hyper extending it backwards. She has been treated with injections, bracing and P.T. An MRI of the right wrist showed mild flexor tenosynovitis in the carpal tunnel, mild extensor tenosynovitis of the second and fourth extensor compartments and mild ulnar subluxation of the extensor carpi ulnaris tendon. Physical exam noted on 11/26/2008 by Dr. , D.C., found moderate point tenderness particularly over the extensor compartment of the 7<sup>th</sup> and 4<sup>th</sup> metacarpocarpal area and ulnar carpi intersection. Joint mobilization of this area produces moderate pain. Strength of the right wrist continues to be reduced at a 5/-5. Range of motion shows ulnar deviation, radial deviation. The clinical impression was right wrist sprain-strain, ulnar subluxation and carpal tunnel. Work restrictions were maintained for an additional 30 days and patient was referred for orthopedic evaluation. In a report dated 12/8/2008, M.S., L.P.C., reported the claimant to have an adjustment disorder with mixed anxiety and depressive mood. This finding was based on factors including a BDI of 19, reflecting moderate depression and BAI of 11, mild anxiety, a score of 7 on the Patient Pain Drawing and 73.5 (moderate) on the Pain Experience Scale. Narratives provided by the patient indicated an obsession with her pain including irritability, anger, and impatience. A request for 6 sessions of CBT was made with goals to decrease DBI by 10 points, decrease sleep questionnaire by 10 points, and decrease pain and disability index by 10 points. A peer review report dated 12/3/2008 stated that the request for 6 sessions of IP were not medically necessary stating "An independent medical reviewer suggested her impairment rating should be placed at 0%. Submitted documentation did not explain how a relatively minor wrist strain has produced such prolonged and extensive disability." A second peer review dated 12/18/2008 also denied the request for IP stating that the "continued wrist problems are non-injury related. The continuing problems have been determined to be 'ordinary diseases of life' and not compensable."

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

The two peer reviews have denied the request for IP because they felt that the patient had reached MMI on 6/19/2008 and therefore any continuing problems of the claimant diagnosed in November and December 2008 were "ordinary diseases of life" and not compensable. However, Dr. the treating provider in the case, documents on 11/26/2008 that the claimant has moderate point tenderness particularly over the extensor compartment of the 7<sup>th</sup> and 4<sup>th</sup> metacarpocarpal area and ulnar carpi intersection. Joint mobilization of this area produces moderate pain. Strength of the right wrist continues to be reduced at a 5/-5. Range of motion shows ulnar deviation, radial deviation. The clinical impression was right wrist sprain-strain, ulnar subluxation

and carpal tunnel. Work restrictions were maintained for an additional 30 days. Thus, physical disability was documented in the patient in late November. Ms. diagnosed the claimant with a psychological disorder, adjustment reaction. Ms. 's has indicated a proposed plan of action for this diagnosis. The ODG guidelines support the provider's proposed plan of action. The patient meets the criteria for IP. The reviewer finds that the request for 6 sessions of IP to help this patient learn to deal with her continued pain is medically necessary. The reviewer finds that medical necessity exists for 6 visits of individual psychotherapy (90806).

**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)