



Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 07/16/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient Individual Psychotherapy (IPT) for Six (6) Sessions Related to the Left Knee

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

Board Certified in Forensic Psychiatry
Board Certified in Addiction Psychiatry
Board Certified in Pain Medicine

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.

Outpatient Individual Psychotherapy (IPT) for Six (6) Sessions Related to the Left Knee
– UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Employee's Report of Injury, 06/04/09
- Encounter Notes, MedClinic, 06/04/09, 06/11/09, 06/18/09, 06/25/09, 07/02/09, 07/20/09
- Physical Therapy Notes, Sports Rehab, 06/11/09, 06/12/09, 06/17/09, 06/18/09, 06/23/09, 06/29/09
- MRI Left Knee, M.D., 06/29/09
- Initial Evaluation, M.D., 07/08/09
- Notice of Disputed Issues and Refusal to Pay Benefits, 07/31/09
- Evaluation Dr., 08/05/09
- Chest X-Ray, , M.D., 09/01/09
- Operative Report, Dr., 09/10/09
- Re-Evaluation, Dr., 09/14/09, 09/25/09, 10/22/09
- Evaluation, D.C., 11/06/09, 11/13/09, 11/20/09, 12/28/09, 01/14/10, 02/02/10, 02/24/10, 03/03/10, 04/14/10, 04/28/10, 05/05/10, 05/20/10, 06/07/10
- Evaluation, M.D., 11/10/09, 11/17/09, 02/02/10, 04/14/10, 05/12/10, 06/15/10
- Chiropractic Therapy, Family Chiropractic, 12/08/09, 12/09/09, 12/10/09, 12/15/09, 12/17/09, 12/18/09, 12/21/09, 12/22/09, 12/23/09, 03/17/10, 03/18/10, 03/22/10, 03/23/10, 03/24/10, 03/25/10, 03/30/10, 03/31/10, 04/01/10, 04/08/10
- Evaluation, D.C., 12/10/09, 01/14/10
- DWC Form 69, Dr., 12/10/09
- Evaluation, , M.D., 12/16/09
- Left Knee MRI, , M.D., 01/07/10
- MRI Results, Unknown Provider, 01/11/10
- Initial Diagnostic Screening, , M.D., L.P.C., 02/10/10
- Operative Report, Dr., 02/12/10
- Post-Operative, Unknown Provider, 03/01/10
- Follow Up Note, Unknown Provider, 04/12/10, 05/03/10, 06/14/10
- Individual Psychological Visits, Ms., 03/17/10, 03/24/10, 04/08/10, 04/14/10, 04/21/10
- Maximum Medical Impairment (MMI) and Impairment Rating Evaluation, Dr., 04/22/10
- DWC Form 73, Dr., 04/23/10
- Treatment Progress Report, Ms., 05/06/10
- Pre-Authorization, Behavioral Health, 05/17/10, 06/14/10
- Denial Letter, , 05/27/10, 06/21/10
- Response to Denial Letter, Behavioral Health, 05/27/10
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient slipped on a wet floor injuring her back, groin area and left knee. She was initially diagnosed with lumbosacral strain, bilateral groin strain and left knee MCL sprain. She was provided with Ibuprofen 800 mg three times per day and Ultracet for pain. She underwent approximately six sessions of physical therapy. A Toradol 60 mg injection was provided, along with a prescription for Vicodin to accompany the Ibuprofen. An MRI scan of the left knee indicated grade III tear of the anterior horn of the medial meniscus and grade I mucoïd degenerative change of the posterior horn of the medial meniscus. A left knee medial meniscectomy was ultimately performed, followed by chiropractic therapy and individual psychotherapy sessions. Another MRI of the left knee indicated a posterior horn medial meniscal tear and infrapatellar fatty T2 signal increase, which could be related to fat pad impingement and patellofemoral maltracking. A left knee arthroscopy was then performed, followed by additional chiropractic therapy. She was maintained on Darvocet, Ibuprofen, Xanax, Cymbalta, Soma, Ambien and Flector Patches.

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

The outpatient individual psychotherapy for six sessions related to the left knee is not reasonable and necessary. The review of the records provided documents the patient has received six sessions of outpatient counseling with some benefit in those sessions according to the requesting provider. However, there is also documentation by Jackie, M.D., dated 06/15/10 that documents the patient is doing much better with Ambien CR 12.5 mg and the claimant is sleeping well. She is also doing very well on Cymbalta and Xanax. Another note by Dr. dated 05/12/10 again documents the patient is doing much better on Cymbalta and Xanax and is feeling better. Therefore, the medical necessity for continued outpatient individual psychotherapy is not supported by the records received and reviewed. The request for outpatient individual psychotherapy for six sessions related to the left knee is not medically reasonable or necessary. There are no specific ODG Web-Based Guidelines for the treatment of depressive disorder, not otherwise specified, which is this patient's psychological diagnosis as it relates to her pain disorder. The closest ODG guideline is that of major depressive disorder, mild presentation, which states that "current practice standards defer to the patient preference for much of the treatment planning. One example is a recommendation that anti-depressant medication is an option for such mild presentations if the patient prefers medication over psychotherapy." The records document the patient has improved with medication management, as noted in Dr. progress notes dated 06/15/10 and 05/12/10. Therefore, based upon the documentation by Dr. that the patient is doing well with medication, the request for continued psychotherapy is not medically reasonable or necessary.

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)**