

SENT VIA EMAIL OR FAX ON
Mar/01/2010

P-IRO Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (214) 276-1787
Email: resolutions.manager@p-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Mar/01/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual Psychotherapy 1 X 6

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 12/30/09 and 1/27/10
Injury xx/xx/xx
Dr. 11/13/09 thru 1/14/10
7/28/09 thru 9/25/09 ENC 9/13/08

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who was injured at work on xx/xx/xx. At the time of the injury, she was performing his usual job duties. Claimant reports that she tripped and fell during work, landing on her left knee, and experiencing immediate pain. She was seen at the next day, where x-rays and MRI of the left knee were performed. Patient established care with Dr. and remains on no work status. Medical office note of 1/14/10 states that MRI "shows a complex tear of the medial meniscus. She has not yet been seen by orthopedics. She continues to have pain and discomfort. She continues to have some swelling in her knee. She continues

to walk with a limp.

.Claimant has received the following diagnostics and treatments to date: x-rays, MRI (positive), physical therapy (in progress), and medications management to include Darvocet. She is currently diagnosed with left knee sprain/strain, traumatic complex tear of the left medial meniscus, traumatic chondromalacia patella, left knee, and traumatic left knee effusion. She has decreased ROM to the left knee on flexion and extension, positive Apley's, positive Smiley's, and positive patellar grind.

Treating physician referred the patient for a psychological evaluation to assess appropriateness for conservative individual therapy sessions. On 09-02-08, patient was interviewed and evaluated by Injury 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, unspecified, work-related. Patient currently rates her average pain level as a 7/10VAS, stating it interferes with her recreational, social, and lifting/carrying abilities. BDI was an 11 and BAI was a 10. Overall FABQ was 38. She views herself as significantly nervous, sad, and irritable. Patient reports decreases in her ability to cook and do other household chores she used to be able to engage in. She also reports feeling useless/helpless, and is experiencing both initial and sleep maintenance insomnia, currently sleeping 4 (down from 8) fragmented hours per night.

The current request is for individual cognitive-behavioral therapy 1x6. Goal is to employ cognitive-behavioral techniques in order to: decrease the patient's low mood, increase limited coping skills to improve competence, improve problem-solving, and reduce patient's stated irritability, frustration, muscle tension, and sleep problems.

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

A diagnostic interview with mental status, 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, irritable/anxious mood, psychosocial issues, and associated fears. 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 reduced-work status, with a goal of increased overall physical and emotional functioning and dealing with biopsychosocial issues related to delay of treatment in this case... The request is considered medically reasonable and necessary at this time.

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

ACOEM-AMERICA 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)