

Prime 400 LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/16/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient Stay of 6 weeks in the HOPE unit for depression

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

MD, Certified by the American Board of Psychiatry and Neurology
Licensed by the Texas State Board of Medical Examiners

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

10/21/10, 10/26/10

Clinic 10/13/10 to 11/2/10

10/18/10

Official Disability Guidelines

Physician Advisory Criteria (Mental Health Criteria) for Inpatient Psychiatric Treatment of Major Depression

PATIENT CLINICAL HISTORY SUMMARY

The patient is a man who was injured at work on xx/xx/xx. He was working as a xxxx when he sustained a crush injury to his left forearm resulting in immediate amputation. He has been unable to work since that time. He has depressive symptoms, anhedonia, social isolation, feels helpless, hopeless, irritable, poor sleep, variable appetite. He has a history of cocaine dependence from 2005-2007 and recently has been using one to two times per month with last usage 3 weeks PTA. He has a history of 2 suicide attempts in which he jumped in front of a train and later jumped out of a moving car. He was hospitalized at at later at hospital. He also has a history of nightmares, flashbacks and avoidance or going inside his old workplace. He was treated with Zoloft, which caused decreased appetite with weight loss, then Cymbalta. He feels this has not helped him. He was placed on Abilify but felt this made his mood swings worse. Ambien has been helpful to aid sleep and atarax to treat anxiety and irritability. He was admitted to the Menninger Hope program on 10/13/2010. On admission, he denied suicidal or homicidal thoughts. He was calm, cooperative, pleasant with good eye contact. Speech was soft and fluent. Mood depressed;

affect flat. Thought processes were linear, logical, and goal directed. He reported a history of auditory hallucinations but denied current AH or delusions. Attention and concentration were good. Memory and fund of knowledge were good. Insight and judgment were fair to good. Admission diagnoses were: MDD, recurrent and cocaine dependence. The insurance company reviewer denied the admission as not being medically necessary. The stated reason was that the record failed to provide an acuity and intensity of current illness to justify the need for the requested six weeks of inpatient care since the injured worker was not actively suicidal and did not have suicidal intent or a plan. He could have been treated in a lesser level of care.”

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

The medical record does not list any risk factors, such as suicidal/homicidal ideation, psychotic thought processes, or acute de-compensation, to support the need for 24-hour care in this patient’s case. The patient also has a diagnosis of cocaine dependence, but had not used for 3 weeks PTA, so he clearly had some insight into his problems. He was described as cooperative and having good attention and judgment. There were no medical issues listed that required 24-hour care. Therefore, the reviewer finds that there is no medical necessity for Inpatient Stay of 6 weeks in the HOPE unit for depression.

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)