



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review Decision
CORRECTED REPORT
 See corrected year in BOLD print under "Injured Employee Clinical History"

REVIEWER'S REPORT

DATE OF REVIEW: 09/29/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat psychological interview times one hour

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified in Physical Medicine and Rehabilitation

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

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

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
290.13	90801		Prosp						Upheld

INFORMATION PROVIDED FOR REVIEW:

1. Certificate of Independence of the Reviewer.
2. TDI case assignment.
3. Letters of denial 07/26/10 & 08/19/10, including the criteria used in the denial. Case management notes 12/10/08, 02/09/09, 03/12/09 & 04/27/09.
4. Radiology reports 03/31/05, 04/22/05, 04/28/05, 05/16/05 & 02/13/09.
5. FCE 08/15/05.
6. Psychiatric evaluation 07/09/08.
7. Chiropractic evaluations and follow up 04/13/05 – 08/09/10.
8. Initial diagnostic screening by LPC 06/05/08 and LPC evaluation 07/26/10.
9. Evaluation 05/23/07.
10. Various orthopedic evaluation and follow up 05/23/05 - -8/04/10.
11. IRO summary 08/26/10.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This employee was injured at work on xx/xx/xx when she slipped and fell on a slippery floor surface. She initially injured her left fifth finger, right knee, right lower back region, and left head. She was diagnosed with sprain of the left fifth finger and right knee. Treatment recommendations included modified duty,

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physical therapy, and orthopedic follow-up. She ended up undergoing a left knee meniscal repair in 2005 and a right total knee replacement in 2007, which was complicated by a femur fracture requiring an ORIF. She had a previous hemiarthroplasty of the right knee in ~~2009~~ 1999 and a previous femur fracture repair from trauma in 1968. Her treatment continued between 2005 and 2007. There were no notations in his record of any referral for psychological services for poor coping or for pain management issues.

The patient was seen in December 2008, and it was noted she had good range of motion and stable ligaments regarding her right knee and had reasonable pain relief. There was no mention of the need for psychological services for coping or pain management. The patient was last seen by on 08/04/10 by the physician who had been prescribing pain medications, which have included Soma, Darvocet, Lyrica, and naproxen. He also prescribed a walker and noted that the patient was pleased with pain management services. He made no referral for psychological services for coping issues or pain management. In August 2010 the patient reported a pain level to the right knee between 3/10 and 7-1/2/10. There was no evidence or notation of recommendation for psychological services, pain management issues, or coping issues. There was a letter from M.S., L.P.C. dated 07/26/10 in which she noted that Dr. completed a referral form for and marked the following issues to be addressed during individual psychotherapy: agitation, significant mental distress, depression, and physical/somatic symptoms, or psychophysiological symptoms related to patient affect and stressed state.

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

I have reviewed the treating physician's records and cannot find documentation to support these recommendations. In light of all of the above, I do not believe that a repeat psychological interview for one hour is medically indicated.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)