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IRO Certificate

Notice of Independent Review Decision

DATE OF REVIEW: 8/15/11

IRO CASE #:

Description of the Service or Services In Dispute
Individual Psychotherapy 6 units

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

Physician Board Certified in Physical Medicine and Rehabilitation

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

| | |
|--|----------------------------------|
| Upheld | (Agree) |
| <input checked="" type="checkbox"/> Overturned | (Disagree) |
| Partially Overturned | (Agree in part/Disagree in part) |

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse determination letters 7/21/11, 6/27/11
Consultant report of 6-27-11 by Dr.,
Psychotherapy Report, Pain and Recovery Clinic.
Initial Medical Report by Dr., 5-26-11.
Behavioral Evaluation Report 5-27-11 by MA, LPC
Request for Reconsideration by Dr., 7-15-11
ODG

PATIENT CLINICAL HISTORY [SUMMARY]:

Summary of events: the patient is a e who sustained an electrocution shock in. He also sustained a posterior dislocation of the left shoulder, and later underwent an open reduction and internal fixation on 5-11-11. Post-operatively, he underwent two weeks of physical therapy. He suffered subsequent left upper extremity weakness, and left deltoid atrophy. Further physical therapy was recommended. (There was also a later request by the Pain and Recovery Clinic for psychotherapy, and a reversal of the initial denial.)

Analysis and Explanation of the DECISION INCLUDE clinical basis, Findings and Conclusions Used to Support the Decision.

I disagree with the benefit company's decision to deny the requested services.

The patient sustained a very serious traumatic injury: a fracture and dislocation 3 Months Ago in. The Behavioral Evaluation Report of is very thorough:

I disagree with the first denying reviewer that the assessments performed were "inadequate". They included: Brief Pain Inventory; Pain Impairment Relationship Scale; the Beck Depression Inventory; and the Beck Anxiety Inventory. Further, the Clinical Interview presented was thorough (4 Pages), particularly the "Scores and Clinical Interpretations" and the sections entitled "Behavioral Description" and "Diagnostic Impression."

Even Though the Date of Injury Was, it is felt this case falls somewhat outside the paradigm of the ODG Guideline limitations for "Chronic Pain" because of the nature of the traumatic incident and injury. The requested individual treatment sessions of the Psychotherapy are warranted.

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)**