

SENT VIA EMAIL OR FAX ON
Dec/30/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Dec/29/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual Counseling 6 sessions prior to beginning CPMP

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
PM&R and 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
Utilization review determination 10/10/11
Utilization review determination 11/10/11
Fax cover sheet/precertification request 10/05/11
Psychological evaluation 09/23/11
Urgent sleep evaluation 09/22/11
Operative report diagnostic arthroscopy and debridement of triangular fibrocartilage complex (TFCC) 09/21/10
Notice of disputed issues and refusal to pay benefits 10/07/11
Request for appeal 10/19/11
Mental health consultation and progress note / chronic pain management program 10/20/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female teacher who was injured on xx/xx/xx when a ran into her pushing her into metal door casing and injuring her left wrist. She is status post arthroscopy and

debridement of TFCC performed 09/21/10. The claimant has also participated in a course of physical therapy. The claimant continued to have significant tenderness to palpation and persistent pain in area of TFCC despite surgical intervention and postoperative rehabilitation. It appears the claimant also underwent a second surgery to the left wrist on 12/14/10. The claimant underwent psychological evaluation on 09/23/11. Beck Depression Inventory score was 23 indicating minimum depression. Beck Anxiety Inventory score was 29 indicating moderate anxiety. Assessment was claimant has PTSD; score on PCL-S scale is 68/85 = 80% = severe PTSD. Claimant was recommended to participate in individual counseling times six sessions.

Per utilization review determination of 10/10/11, adverse determination was rendered concerning request for individual counseling times six sessions prior to beginning CPMP. It was noted that the referral to Dr. was not submitted with this request.

A utilization review determination dated 11/10/11 regarding reconsideration request for individual counseling times six sessions prior to beginning CPMP again resulted in an adverse determination. It was noted that the claimant injured her wrist when she was pushed into a door as were running out of the room. She views this as an assault and has been on assault leave for some time. She reported symptoms allegedly reflecting post traumatic stress disorder to her treating doctor with referral for psychotherapy evaluation. Of note were previous mental health evaluation and treatment summary with a different provider in spring 2011 where depression and anxiety were reported but none of the symptoms of PTSD reported more recently. Personality testing was noted to reveal some longstanding personality issues that cause her to misperceive the motives of others leading to suspiciousness and resentment. A psychiatric RME in 07/11 noted hostility was perfused with complete personality testing, anatomically inconsistent physical symptoms, and impression of malingering. There was documentation of significant dissatisfaction with employer and work setting. Current request is based on self reports with no mention of past psychotherapy, no review of previous evaluations, and no objective personality testing. Given the issues noted above, prior to initiating any additional therapy, objective personality testing is needed to clarify her presentation particularly conscious and motivational issues affecting her symptoms reports versus genuine symptoms as this has a major bearing on the treatment plan.

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

Based on the clinical information provided, the request for individual counseling 6 sessions prior to beginning CPMP is not recommended as medically necessary, and the two previous denials are upheld. There are no previous mental health evaluations submitted for review and no documentation regarding previous individual psychotherapy. A previous mental health evaluation with a different provider in the spring of 2011 reportedly revealed signs and symptoms of depression and anxiety, but there is no documentation of symptoms of PTSD. Psychiatric RME performed in July 2011 reported anatomically inconsistent physical symptoms and impression of malingering. There is note of dissatisfaction with employer and work setting. Given the current clinical data, the requested individual counseling is not indicated as medically necessary.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES