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Notice of Independent Review Decision

IRO REVIEWER REPORT TEMPLATE –WC

September 28, 2012 Amended October 8, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual psychotherapy 1 X 4 weeks and Biofeedback Therapy 1 X 4 weeks
(EMG, PNG, TEMP)

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

Board Certified Physical Medicine and Rehabilitation

REVIEW OUTCOME:

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

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health
care services in dispute.

Provide a description of the review outcome that clearly states whether medical
necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

TDI

- Utilization review (08/07/12, 08/28/12)
- Office visits (06/07/12 – 08/27/12)
- Utilization review (08/07/12, 08/28/12)
- Office visits (12/01/2011 - 06/07/12)
- Office visits (06/07/12 – 08/27/12)

- Utilization review (08/07/12, 08/28/12)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who on xx/xx/xx, twisted her right knee when she did a twisting rotation movement causing her foot to get hung on a piece of loose carpet resulting in a popping sensation and cracking in her right knee.

2011: On December 1, 2011, evaluated the patient for chronic right knee pain. He noted that the patient had undergone knee surgery and physical therapy (PT). The patient had chronic pain in the right knee with minimal range of motion (ROM). She was utilizing tramadol and cyclobenzaprine. History was positive for arthritis, laminectomy L4-L5 and right anterior cruciate ligament (ACL) surgery in 1995. Examination of the right knee showed moderate pain and tenderness with minimal ROM. She had pain that locked the maneuver pain to McMurray's and patellar grind test as well. assessed right knee sprain/strain and meniscal tear to the right knee status post-surgical repair on June 8, 2011. He opined that the patient was an excellent candidate for the chronic pain management program (CPMP).

2012: In January, noted that the patient had intermittent right knee pain and swelling. Her pain was well controlled with use of tramadol. refilled tramadol.

In February, noted that the patient was attending CPMP. She reported that pain in the right knee was increasing with ROM and it got worsened with the cold weather. She had moderate pain over the medial meniscus. refilled tramadol and cyclobenzaprine and recommended continuing CPMP and light duty.

On March 26, 2012, noted that the patient had completed 17 days of CPMP. She had also completed work hardening program (WHP) and postop physical therapy (PT). She was found to be at maximum medical improvement (MMI) on March 23, 2012, with 4% impairment rating. agreed the IR. The patient was interested in going to the DARS program for retraining. She had slight antalgic gait and some tenderness of the right knee. recommended continuing CPMP and light duty work.

On follow-up, the patient reported that CPMP had helped. She had good ROM of the right knee with minimal pain and tenderness to flexion-extension. prescribed tramadol and cyclobenzaprine and recommended completing CPMP.

On June 7, 2012, noted that the patient had moderated right knee pain with minimal ROM of the right knee. She was unable to stand for over an hour at one time. She was unsure if she could do full duty at that point. She had ongoing sensation of knee locking up on her. assessed right knee sprain/strain, status post medial meniscectomy with surgical repair and persistent knee pain. refilled tramadol and recommended additional MRI of the right knee to evaluate the status. He placed the patient back on light duty with work restrictions and recommended individual psychotherapy and biofeedback.

On July 12, 2012, the patient was re-evaluated for evaluation and screening for participation in individual psychotherapy (IPT) and biofeedback therapy. It was noted that the patient had completed 20 days of CPMP and four individual psychotherapy sessions with good benefits. The patient reported that the psychotherapy had been very beneficial to her, as it had given her a safe place in which to process her injury and its impact upon her life. She had enhanced her range of coping and problems solving skills and had been successful at reducing many of her negative psychological symptoms especially with the use of diaphragmatic breathing and progressive relaxation but she had some difficulty performing successfully when alone. She had learned to identify, challenge and replace many of her cognitive distortions. She had responded and participated well with the overall treatment but still reported some moderate negative symptoms. She was attempting to identify cognitive distortions and replace them with truer, more positive statements. She had also made efforts to increase her physical activity level and had attempted to implement various sleep hygiene tips she had learned. She also had experienced some improvement emotionally since beginning IPT. Ms. commented that the patient continued to struggle with anxiety and depression, which were directly related to the work injury. The patient had improved ability to cope with pain and limited mobility. The improved functionality had created a stronger sense of confidence which had contributed to the reduction of negative psychological symptoms, especially considering the increase in psychological stressors. Ms. recommended additional four sessions of individual psychotherapy and four sessions of biofeedback therapy in order to help her fully realize treatment objectives through the use of independent CBT techniques to manage increase in depression and anxiety and concretize return to work plans for vocational re-entry.

Per the utilization review dated August 7, 2012, the request for individual psychotherapy x4 and biofeedback x4 was denied based on following rationale: *"The injured worker is about 1 year, 5 months, and 2 weeks from onset of symptoms. Diagnosis: Depression/Anxiety. Objective: Patient has improved ability to cope with pain and limited mobility. The improved functionality has created a stronger sense of confidence which has contributed to the reduction of negative psychological symptoms; especially considering the increase in psychological stressors. Patient has implemented a wider range of coping mechanisms including improved social relations, relaxation techniques, and self hypnosis to good effect and reduction of negative symptoms. While the patient shows some moderate improvements at reducing negative symptoms, they still exhibits some moderate to severe deficits. Request is for Individual Psychotherapy x4 and Biofeedback x4. Injured worker has had 4 prior sessions. No documented re-injury. Doctor states that injured worker has finished multidisciplinary pain program and request is to continued individual psyche once weekly post-program. Based on the diagnosis and the fact that the injured worker has just completed more intensive and vary extensive cognitive-behavioral pain program with poor outcome and lack of new hard clinical indications for need for additional individual psyche, according to ODG (mental illness and stress) Treatment Guidelines, the request is not medically necessary."*

On August 21, 2012, stated that the patient had completed 4 IPT sessions prior to CPMP. Then she had completed 10 days of CPMP on March 30, 2012. She had failed to return to work since the program. Additional days in the program were requested by denied. She was still having pain so an MRI was requested. On July 3, 2012, the MRI had showed presumptive evidence of an ACL tear and lateral meniscal tear of the right knee. On July 23, 2012, she saw her doctor and note mentioned that she was referred back to her orthopedic surgeon.

On August 27, 2012, evaluated the patient for continued care of injuries to the right knee. The patient presently had a new tear of the ACL and the lateral meniscus that needed surgical repair. This would be the third surgery and she was not going to have the surgery. She had elected to have injections into her knee about every six months instead. She indicated that at some point in time she was also facing a total replacement. Examination revealed antalgic gait and full ROM with some discomfort. She had no effusion or signs of infection. She had a negative drawer and a negative McMurray's. diagnosed right knee sprain/strain, status post median meniscectomy with surgical repair, persistent knee pain with new onset of ACL tear and lateral meniscus tear. He refilled tramadol and recommended continuing light duty, continuing care under the orthopedic surgeon and follow-up in one month.

Per the reconsideration review dated August 28, 2012, the reconsideration request for individual psychotherapy x4 and biofeedback x4 was denied based on the following rationale: *“Based on review of the medical records provided, the proposed treatment consisting of four individual psychotherapy sessions is not medically necessary. Based on the review of medical records and the peer to peer consultation, the proposed treatment consisting of 4 Individual Psychotherapy is not medically necessary. The claimant has had 8 prior sessions of psychotherapy and 4 sessions of biofeedback. BAI on March 27, 2012 (baseline) was 8 and on July 12, 2012 was 16. BDI-II on March 27, 2012 (baseline) was 15 and on July 12, 2012 was 28. The ODG requires evidence of functional improvement. The provided data do not support claims that the claimant benefited from the previous 8 sessions of psychotherapy (or of the more intense and aggressive CPMP). Given that she has already undergone a Chronic Pain Management Program and Individual Psychotherapy, it is unlikely that she will show any significant improvement with 4 additional sessions. As such additional sessions cannot be certified.”*

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

I have reviewed the medical records and the request for four additional psychotherapy sessions is not supported in the records. ODG requires evidence of functional improvement and despite CPMP, therapy and prior individual psychotherapy this is not the case. BAI on March 27, 2012 (baseline) was 8 and on July 12, 2012 was 16. BDI-II on March 27, 2012 (baseline) was 15 and on July 12, 2012 was 28, which does not support improvement. Therefore, the request is not reasonable and the prior decision upheld.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES