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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jan/24/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Six individual Psychotherapy visits over eight weeks

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

Board Certified Family Practice

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)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Radiographs dated 03/14/12

MRI right knee dated 03/26/12

Electrodiagnostic studies dated 04/09/12

Initial diagnostic screening dated 04/27/12

Procedure note dated 06/04/12

Pre-authorization request dated 06/12/12

Handwritten clinical notes dated 03/07/12, 04/18/12, 05/22/12, and 06/26/12

Progress report dated 09/25/12

Utilization review determination dated 10/31/12

Response to denial letter dated 11/13/12

Reconsideration determination dated 11/29/12

Clinical notes dated 03/07/12, 03/14/12, 04/09/12, 04/23/12, 05/09/12, 05/21/12, 06/04/12, 06/18/12, 07/02/12, 07/16/12, 07/31/12, 08/14/12, 08/28/12, 09/11/12, 09/26/12, and

11/06/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male. On this date the patient was asleep in the sleeper of his 18-wheeler when another truck backed up into his truck which was so forceful that it knocked him out of his sleeping berth onto the floor of the truck cabin. MRI of the right knee dated 03/26/12 revealed medial meniscal tear with superimposed moderate grade medial femorotibial compartment chondrosis with mild medial compartment osteoarthritis. Initial diagnostic screening dated 04/27/12 indicates that treatment to date includes x-rays, MRI, EMG/NCV, physical therapy and medication management. BAI was 17 and BDI was 20. Diagnosis is adjustment disorder, unspecified. The patient underwent right knee steroid injection on 06/04/12. Treatment progress report dated 09/25/12 indicates that during the last 4 sessions of individual psychotherapy the patient talked about how much his psychosocial stressors have increased due to the fact that he had been told that he will need to have surgery in order to help him further. The patient reportedly underwent surgical intervention on 10/31/12.

Initial request for six individual psychotherapy visits was non-certified on 10/31/12 noting that four individual psychotherapy sessions have been recently provided and there is no indication/documentation of clinically meaningful objective functional improvements. Therapeutic progress is reported with subjective and psychometric assessments. A change in test scores or other subjective "measures" is insufficient to demonstrate clinically meaningful progress or effectiveness of psychotherapy. Response to denial letter dated 11/13/12 indicates that BDI decreased to 12 and BAI decreased to 10. The denial was upheld on appeal dated 11/29/12 noting that the exact number of previously completed individual psychotherapy sessions is not documented. The patient was last seen on 09/25/12. The patient has since undergone knee surgery on 10/31/12 without subsequent follow up. It was noted that the initial individual psychotherapy sessions were indicated to address any confounding issues that possibly needed to be addressed prior to surgery. While the ODG guideline criteria state continued psychotherapy beyond a trial may be indicated with evidence of functional benefit to the patient, in this case, the patient has had intervening treatment since the last therapy session on 09/25/12, which could have possibly affected his pain and postoperative psychological needs. It is not clear based on the clinical information submitted whether the patient's status has changed since undergoing knee surgery necessitating additional therapy sessions.

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

Based on the clinical information provided, the request for six individual psychotherapy visits over eight weeks is not recommended as medically necessary, and the two previous denials are upheld. The patient was last seen on 09/25/12, approximately one month prior to surgical intervention on 10/31/12. There is no indication that the patient has been seen and re-evaluated since surgery to establish the patient's current psychological status and need for ongoing individual psychotherapy. As noted by the previous reviewer, it is not clear based on the clinical information submitted whether the patient's status has changed since undergoing knee surgery necessitating additional therapy sessions. Given the current clinical data, the requested individual psychotherapy is not indicated as medically necessary.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

