



MedHealth Review, Inc.

661 E. Main Street
Suite 200-305
Midlothian, TX 76065
Ph 972-921-9094
Fax (972) 827-3707

Notice of Independent Review Decision

DATE NOTICE SENT TO ALL PARTIES: 2/18/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the concurrent medical necessity of MH Residential Treatment (RTC) level of care from 12/12/12 to 1/11/13.

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

The reviewer is a Medical Doctor who is board certified in Psychiatry. The reviewer has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the concurrent medical necessity of MH Residential Treatment (RTC) level of care from 12/12/12 to 12/15/12.

The reviewer agrees with the previous adverse determination regarding the concurrent medical necessity of MH Residential Treatment (RTC) level of care from 12/16/12 to 1/11/13.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Treatment Center (xxxx) and xxxx.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from xxxx: xxxx discharge summary and after care instructions 1/11/13, crisis behavioral plan, discharge instructions 1/11/13, physician orders 11/22/12 to 1/11/13, medication prescriptions 11/21/12 to 11/27/12, standing orders, intensive residential orders 11/21/12, contraindication form for physician hold, behavioral crisis prevention plan and intervention notification sheets, biopsychosocial assessment 11/21/12, nursing assessments 11/21/12, Suicide risk assessments, Elopement Risk Assessment, 11/28/12 educational and psychological evaluations by xx Ph D, ROPES assessment 11/21/12, Rec therapy assessment, proactive substance abuse assessments, SASSI eval, inpatient inventory sheet, record of sensitivity sheet, 12/27/12 master treatment plan update, patient/parent treatment planning sheets, education/vocational progress summaries 12/7/12 to 1/11/13, medical problem list, monthly nursing summaries 11/22/12 through 12/27/12, intervention and exit criteria treatment plan modification 12/17/12, initial MTP summary, lab reports 11/28/12 to 1/6/13, AIMS report 11/21/12, BMI percentile sheet, immunization record, vaccine admin record, spinal screening/hearing/vision, 11/21/12 physical exam report, medication reconciliation reports, referral sheet, medication administration records 11/18/12 to 1/10/13, rehab stabilization summaries 12/30/12 to 1/11/13, informed consent paperwork, patient family education records, progress notes 11/21/12 to 1/11/13, initial psychiatric mental status exam report 11/22/12, patient locator observation reports 11/23/12 to 1/11/13, community group notes, weekly nursing summaries 11/29/12 through 1/8/13, personal-room search reports, narrative progress reports, nursing observation-reassessment of precautions reports 11/23/12 to 1/3/13, case management worksheets 11/22/12 to 12/19/12, nursing observation notes 11/30/12 to 12/18/12, case management worksheet 11/21/12 to 11/27/12, typewritten progress notes 11/27/12 to 1/11/13, substance abuse notes 11/23/12 to 1/11/13, and ropes group therapy notes 11/28/12 to 1/9/13,

xxxx: Major Depressive Disorder Residential Care Guideline, IRO request letter undated, 11/9/12 denial letter, 1/13/13 physician advisor report, screen print report 11/20/12 to 1/25/13 from carrier, and 1/3/13 denial letter.

PATIENT CLINICAL HISTORY [SUMMARY]:

Mr. xx is a male who is a xx and was admitted to xx, on xx/xx/xx. He was treated for Mood disorder NOS, Cannabis dependence, Opioid dependence and Conduct disorder – severe. He was discharged on to xx /xx, by court order, on xx/xx/xx. Admission and discharge GAF was noted to be unchanged @ 25/25.

This Utilization review has been requested to determine the medical necessity of admission to xx xx on 11/21/12 and continued stay till 01/11/2013 @ Treatment Center,.

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

The reviewing physician indicates the following is the rationale for approving the treatment through 12/15/12. He was admitted for SI and HI towards self and father. He had poor participation in unit activities and hence poor progress (GAF remained unchanged @ 25/25). He suffered periodic aggression to peers and intimidation to unit staff. The progress note of reflect: -11/20/12: depressed but D/O SI/HI

-11/29/12: very homicidal towards father, will kill self or father; -12/06/12: Does not care live or die; -12/11/12: cursing peers and intimidating staff; Therapeutic Intervention on 12/07/12 for aggression.

The reviewing physician indicates the following is the rationale for denying the treatment from 12/16/12 onward.

Placement options should have been started at the very day of admission to xxxx– delaying discharge planning till 01/11/2013 due to lack of placement cannot be clinically justified. The last documented Therapeutic Intervention was on 12/07/12. He remained depressed and angry but not aggressive/assaultive. Hence monitoring behavioral aberration for additional 5-7 days since last Therapeutic Intervention on 12/07/12 and discharge on 2/15/12 constitute adequate safety monitoring and least restrictive care. The criteria used for this determination by the reviewer include the DSM IV-TR - American Psychiatric Association publication and Milliman U/R criteria.

A 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) DSM IV-TR - American Psychiatric Association publication and Milliman U/R criteria