

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on September 15, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the psychiatric report prep., psychiatric diag., and psychiatric evaluation were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service 02/04/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 2nd day of December 2003.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
GR/gr

NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 1, 2003

MDR Tracking #: M5-04-0184-01

IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Psychologist reviewer who is board certified in Psychology. The Psychologist reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior

to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The records provided report the claimant was injured on _____. He was reportedly loading a trailer with bags of sheetrock when his left leg went through the planks of the wooden trailer, resulting in a bruise to the inside of his knee. He was referred to _____ where he was evaluated with a left knee contusion and strain and after 4 days treatment was encouraged to return to work. He then referred himself to _____ on 11/11/02 and was diagnosed with a closed fracture of the medial epicondyle of the femur along with a left knee sprain. He then began chiropractic treatment for approximately 2 months. An independent medical exam on 12/25/02 found the claimant to be at maximum medical improvement as of 12/31/02. On 2/4/02 an "Initial Clinical Intake" was performed by _____, MA, LPC and _____, MS, LPC as part of a work up for a work hardening program. The claimant was diagnosed with sleep disorder due to a general medical condition, insomnia. He was described as being well suited for a multidisciplinary work hardening program.

Requested Service(s)

One-hour psychiatric interview, 2 hours report preparation and 1 hour record review.

Decision

I agree with the insurance carrier that the psychological evaluation was not medically necessary.

Rationale/Basis for Decision

Although a work hardening program is a multidisciplinary program that contains a group psychotherapy component, there is no requirement under TWCC rules that a mental health evaluation must be performed as part of the admission process. The clinical indicators that suggest the medical necessity for referral for a mental health evaluation are not documented in any of the records that have been provided. Beyond the results of the mental health evaluation itself, there is no indication of psychological, emotional or behavioral problems. The mental health evaluation itself leads only to a diagnosis of insomnia without any other psychiatric diagnosis. Therefore there is no justification to have performed the mental health evaluation. Once again, the authorization of a work hardening program in itself does not require or suggest that a mental health evaluation be performed. There must be clinical indicators of a psychological disorder resulting from the injury or limiting the claimant's ability to rehabilitate. No indicators were noted in the claimant's documentation.