

July 26, 2005

VIA FACSIMILE  
Phil Bohart/Buena Vista Workskills  
Attention: James Odom

VIA FACSIMILE  
SORM  
Attention: Jennifer Dawson

### **NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M2-05-2027-01**  
**TWCC #:**  
**Injured Employee:**  
**Requestor: Phil Bohart/Buena Vista Workskills**  
**Respondent: SORM**  
**MAXIMUS Case #: TW05-0133**

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the MAXIMUS external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in psychiatry and is familiar with the condition and treatment options at issue in this appeal. The MAXIMUS physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS physician reviewer certified that the review was performed without bias for or against any party in this case.

#### Clinical History

This case concerns a 49-year old female who sustained a work related injury to her right shoulder and right knee on \_\_\_\_\_. The patient reported that while attempting to sit in a chair with wheels at work, the chair went forward and she fell out of the chair. An MRI of the right knee showed a tear of the medial meniscus. Treatment has included arthroscopy and medial meniscectomy of the right knee, physical rehabilitation, and work hardening with group therapy. Individual psychotherapy once per week for 6 weeks was recommended for treatment of her condition.

### Requested Services

Outpatient individual psychotherapy once per week for 6 weeks related to right knee.

### Documents and/or information used by the reviewer to reach a decision:

#### *Documents Submitted by Requestor:*

1. Alamo Healthcare Systems Records – 8/27/04- 6/6/05
2. MRI – 9/30/04
3. Methodist Specialty and Transplant Hospital Records – 11/1/04-11/2/04
4. Buena Vista Workskills – 4/6/05-6/20/05

#### *Documents Submitted by Respondent:*

1. Utilization Review Findings – 4/20/05-5/13/05
2. Buena Vista Workskills – 4/6/05-6/15/05
3. MRI – 9/30/04
4. Texas Health Psychotherapy Group Notes – 6/29/05

### Decision

The Carrier's denial of authorization for the requested services is upheld.

### Rationale/Basis for Decision

The MAXIMUS physician reviewer indicated that while the patient showed clear evidence of elevated scores on the Beck Depression Inventory (BDI), there was no indication that this was directly related to the injury as the initial psychological evaluation was several months following the event. The MAXIMUS physician reviewer also noted therapy sessions did focus on coping with pain using relaxation techniques but also focused on family issues and to general cognitive techniques intended to improve her lifestyle in general. The MAXIMUS physician reviewer explained that while the member's recovery seems somewhat protracted, it could not be established that psychogenic factors played a significant role in her recovery from her work related injury. The MAXIMUS physician reviewer indicated the elevated BDI scores and the familial issues established a clear indication for general psychotherapy and perhaps psychotropic medication for this patient. However, the MAXIMUS physician reviewer also explained that it can not be established that this requested treatment would cure or relieve the effects from the injury, promote recovery, or enhance the eligibility of the patient to return to work. (American Psychiatric Association Treatment Guidelines)

Therefore, the MAXIMUS physician consultant concluded that the requested outpatient individual psychotherapy once per week for 6 weeks is not medically necessary to treat this patient's condition at this time.

**This decision is deemed to be a TWCC Decision and Order.**

## YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10 (ten)** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20 (twenty)** days of your receipt of this decision. (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings/Appeals Clerk  
P.O. Box 17787  
Austin, TX 78744

Fax: 512-804-4011

### **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2)).

Sincerely,  
**MAXIMUS**

Lisa Gebbie, MS, RN  
State Appeals

cc: Texas Workers Compensation Commission

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 26th day of July 2005.

Signature of IRO Employee: \_\_\_\_\_  
External Appeals Department