August 19, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-05-2216-01
CLIENT TRACKING NUMBER: M2-05-2216-01/5278

Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above-mentioned case to MRIoA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIoA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIoA for independent review.

Records Received:

FROM THE STATE:
Notification of IRO assignment dated 8/10/05 1 page
Texas Workers Compensation Commission form dated 8/10/05 1 page
Medical dispute resolution request/response 2 pages
Provider form 1 page
Table of disputed services 1 page
Pre-authorization determination dated 6/10/05 4 pages

FROM DR. JACKSON:
Request for reconsideration dated 6/23/05 2 pages
(continued)

Patient questionnaire 1 page
Letter of medical necessity 1 page
Initial interview dated 4/29/05 5 pages
Supplemental information cover sheet 1 page
Impairment rating report dated 1/6/05 2 pages
Review of medical history and physical dated 1/6/05 3 pages
Initial medical examination notes dated 1/4/05 3 pages
Chart notes dated 11/11/04 3 pages
Treatment update form dated 5/11/04 1 page
Post op follow up notes dated 4/22/04 2 pages
Post op notes dated 3/24/04 1 page
Post op instructions 1 page
Visit notes dated 3/18/04 2 pages
Visit notes dated 2/24/04 2 pages
Visit notes dated 1/29/04 2 pages
New patient visit notes dated 1/19/04 2 pages
MRI shoulder Left report dated 1/6/04 2 pages

FROM CORPUS CHRISTI ISD:
Letter from Harris & Harris dated 8/16/05 2 pages
Pre-authorization determination dated 6/10/05 4 pages
Payment of compensation or notice of refused/disputed claim form dated 5/18/04 2 pages
Notice of disputed issue dated 6/7/05 1 page
Letter from Dr. Tsourmas, MD dated 4/12/05 3 pages
Letter from Dr. Obermiller, MD dated 11/11/04 4 pages
Letter from Dr. Garcia, MD dated 5/1/04 3 pages
Report of medical evaluation dated 1/6/05 1 page
Letter from Dr. Ford, MD dated 1/6/05 2 pages
Supplemental information cover sheet 1 page
Review of medical history and physical exam dated 1/6/05 3 pages
AIRS impairment detail dated 1/6/05 2 pages
Functional capacity evaluation dated 2/1/05 7 pages
Functional capacity evaluation informed consent dated 2/1/05 1 page
Report of medical evaluation dated 5/9/05 1 page
Impairment rating/assessment dated 5/9/05 4 pages
Procedure report dated 3/22/04 6 pages
Orthopedic store RH Medical itemized billing dated 9/13/04 1 page
Information sheet on Pain Care 3000 1 page
Prescription for Celebrex 1 page
Radiology report Knee L dated 11/25/03 1 page
Radiology report dated 10/25/99 1 page
ECG report dated 3/6/04 3 pages
Work status report dated 2/24/04 1 page
Visit notes dated 2/24/04 2 pages
Physical therapy reassessment dated 2/17/04 1 page
Daily progress note dated 2/13/04 1 page
(continued)

Daily progress note dated 2/11/04 1 page
Daily progress note dated 2/6/04 1 page
Daily progress note dated 2/5/04 1 page
Daily progress note dated 2/2/04 1 page
Daily progress note dated 1/30/04 1 page
Visit note dated 1/29/04 2 pages
Work status report dated 1/29/04 1 page
Daily progress note dated 1/28/04 1 page
Daily progress note dated 1/27/04 1 page
Physical therapy checklist dated 1/20 – 2/13 1 page
Daily progress note dated 1/23/04 1 page
Physical therapy checklist dated 1/20 – 1/28 1 page
Daily progress note dated 1/22/04 1 page
Physical therapy evaluation dated 1/20/04 1 page
Daily progress note dated 1/20/04 1 page
Work status report dated 1/19/04 1 page
New patient visit note dated 1/19/04 2 pages
Patient history notes dated 1/13/04 1 page
Physical activity status report dated 1/13/04 1 page
Work status report dated 1/13/04 1 page
MRI shoulder L report dated 1/6/04 2 pages
Work status report dated 12/24/03 1 page
Physical activity status report dated 12/24/03 1 page
The Doctor's Center notes dated 12/24/03 2 pages
Daily progress note dated 12/23/03 1 page
Daily progress note dated 12/24/03 1 page
Physical therapy checklist dated 12/10 – 12/24 1 page
Daily progress note dated 12/19/03 1 page
Daily progress note dated 12/17/03 1 page
Daily progress note dated 12/16/03 1 page
Daily progress note dated 12/15/03 1 page
Daily progress note dated 12/11/03 1 page
Physical therapy checklist dated 12/10 – 12/16 1 page
Physical therapy evaluation dated 12/10/03 1 page
Daily progress note dated 12/10/03 1 page
Work status report dated 12/8/03 1 page
The Doctor's Center notes dated 12/8/03 1 page
Physical activity status report dated 12/8/03 1 page
Physical therapy prescription and certification dated 12/8/03 1 page
Radiology report shoulder L dated 12/8/03 1 page
The Doctor's Center notes dated 12/8/03 1 page
Physical therapy status report dated 12/8/03 1 page
Prescription for Celebrex dated 12/8/03 1 page
The Doctor's Center notes (not dated) 1 page
History/Physical/Treatment notes dated 11/25/03 1 page
Physical activity status report dated 11/25/03 1 page
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Work status report dated 11/25/03 1 page
Work status report dated 5/13/04 1 page
Charge ticket/daily note dated 4/30/04 2 pages
Physical therapy evaluation dated 4/28/04 1 page
Charge ticket/daily note dated 4/28/04 1 page
Progress note dated 3/22/04 1 page
Work status report dated 4/22/04 1 page
Post op follow up report dated 4/22/04 2 pages
Chart notes dated 4/22/04 1 page
Range of motion / Girth report dated 4/22/04 1 page
Chart notes dated 4/21/04 1 page
Chart notes dated 4/15/04 1 page
Chart notes dated 4/14/04 1 page
Chart notes dated 4/13/04 1 page
Chart notes dated 4/7/04 1 page
Chart notes dated 4/5/04 1 page
Chart notes dated 4/1/04 1 page
Initial evaluation notes dated 4/5/04 2 pages
Work status report dated 3/1/04 1 page
Post op follow up notes dated 4/1/04 2 pages
Post op report dated 3/24/04 1 page
Visit notes dated 3/18/04 2 pages
History/physical/treatment notes dated 3/16/04 1 page
Physical activity status report dated 3/14/04 1 page
History/physical/treatment report dated 3/10/04 1 page
Lab request and report dated 3/10/04 1 page
History/physical/treatment notes dated 3/1/04 1 page
Physical activity status report dated 3/1/04 1page
Radiology report chest dated 3/3/04 1 page
Work status report dated 5/13/04 1 page
Post op follow up notes dated 5/13/04 2 pages
Investigation report dated 2/12/04 3 pages
Exercise program dated 4/28/04 - 5/13/04 1 page
Charge ticket/daily note dated 5/14/04 1 page
Treatment update notes dated 4/28/04 - 5/11/04 1 page
Charge ticket/daily note dated 5/13/04 1 page
Charge ticket/daily note dated 5/11/04 1 page
Charge ticket/daily note dated 5/6/04 1 page
Charge ticket/daily note dated 5/5/04 1 page

Summary of Treatment/Case History:
The claimant is a 50 year old woman employed as a teaching assistant who tripped and fell on the sidewalk outside of the school and sustained an injury to her left rotator cuff, which required rotator cuff surgery and physical therapy. The injury occurred in ___. She has subsequently complained of ongoing depression and she has had 25 hours of a work hardening program, which includes group and individual psychotherapies, but has continued to complain of depression, anxiety and pain.
(continued)

She has used non-opiate analgesics and has never been treated with psychotropic medications. No prior psychiatric history was noted.

A mental health evaluation done on 4/29/05 by a Masters level mental health professional led to a diagnosis of Adjustment Disorder, Chronic Depression and Pain Disorder. She was not suicidal, parasuicidal, homicidal, manic or psychotic but complained of severe psychological symptoms of all kinds. The recommendation was for individual psychotherapy.

An undated letter signed illegibly described her depression as, "An illness of self esteem, secondary to the physical injury sustained from on the job injury as opposed to a chemical type depression that would require psychotropic drugs to manage and control."

Surveillance done from 2/7/05-2/9/05 videotaped the claimant carrying trash with the injured arm, driving to do errands and often, while stopped in her auto, to engage in, "seat dancing," to the music on the radio. The conclusion was that there appeared to be significant exaggeration of symptoms.

Questions for Review:

1. Pre-Authorization request for Psychotherapy 6 sessions 45-50, 75-80 minutes. Medical necessity.

Explanation of Findings:

The determination is that the requested 6 sessions of psychotherapy are not medically necessary. The claimant has already been in a 25-session work hardening program with no apparent relief. She has never had a trial of antidepressant medications, which might be of benefit. The surveillance is not consistent with someone who is very depressed and anxious and is highly suggestive of exaggeration of symptoms or possible malingering.

Conclusion/Decision to Not Certify:

1. Pre-Authorization request for Psychotherapy 6 sessions 45-50, 75-80 minutes. Medical necessity.

The decision is to not certify the six sessions of psychotherapy. See above for rationale.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

ACOEM not of benefit

DSM-IV

American Psychiatric Association Practice Guidelines: A Compendium

References Used in Support of Decision:

Meyerson AT and Fine T: Psychiatric Disability: Clinical, Legal and Administrative Dimensions, American Psychiatric Press, 1987

Sadock BJ and Dadock VA: Comprehensive Textbook of Psychiatry, 7th Edition, Lippincott Williams & Wilkins, 2000

(continued)

The physician providing this review is board certified in Psychiatry with subcertifications in adolescent and addiction psychiatry. The reviewer is a member of the American Medical Association, the American Psychiatric Association, the American Psychoanalytic Association, The American Society for Adolescent Psychiatry and their State Medical and Psychiatric societies. The reviewer has served as an administrator, consultant, assistant clinical professor and Medical Director. The reviewer has been in active practice since 1967.

MRIoA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

YOUR RIGHT TO REQUEST A HEARING

Either party to the medical dispute may disagree with all or part of this 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 receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas Admin. Code 142.5.

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 twenty (20) days of your receipt of this decision as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

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

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

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIoA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIoA represent the opinions of the physician reviewers and clinical advisors who reviewed the case.
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These case review opinions are provided in good faith, based on the medical records and information submitted to MRIoA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIoA harmless for any and all claims, which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cb

cc: Requestor
Respondent