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NOTICE OF INDEPENDENT REVIEW DECISION

Date: October 19, 2005

Requester/ Respondent Address:

DWC
Attention:
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-1609

Buena Vista Workskills
Attn: James
Fax: 214-692-6670
Phone: 214-692-6666 x 306

Zurich American Ins c/o FOL
Attn: Katie Foster
Fax: 512-867-1733
Phone: 512-435-2266

RE: Injured Worker:

MDR Tracking #: M2-05-2314-01

IRO Certificate #: IRO 5263

Forté has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The TDI/Division of Workers' Compensation (DWC) has assigned the above referenced case to Forté for independent review in accordance with Texas Insurance Code 21.58C and the rules of TDI/DWC which allows for medical dispute resolution by an IRO.

Forté 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. The physician 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.

Submitted by Requester:

- Notification of IRO assignment
- Medical dispute resolution/response

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- Summary of carrier's position
- Denial of requested services, Crawford & Co.
- Requester's position on pre-authorization of 8/15/05
- Behavioral health treatment pre-authorization request of 5/27/05
- Reconsideration of behavioral health treatment pre-authorization request of 6/22/05
- Appeal of behavioral health treatment pre-authorization request of 6/22/05
- Patient profile
- Referral from Dr. Sealy for evaluation and treatment
- Initial behavioral medicine consultation of 5/20/05
- Clinic note of 4/13/05 by Rita J. Sealy-Wirt, D.C.
- Consultation of 3/24/05 by John W.P. Horan, M.D.
- McKenna Health System radiology report of 3/21/05
- McKenna Health System CR and fluoroscopy of the left wrist of 3/28/05

Submitted by Respondent:

- Correspondence from Flahive, Ogden and Latson, Attorneys at Law of 9/19/05
- Summary of carrier's position of 9/7/05
- Medical dispute resolution request/response
- Denial of requested services from Crawford & Co. of 6/13/05

Clinical History

The claimant was injured while working as a cook for _____ on _____. She reportedly slipped and fell and injured her left wrist. She sustained a left distal radius fracture. She was evaluated by Dr. Horan and reportedly had instrumentation placed on 3/28/05. She then began treatment with Dr. Sealy-Wirt. Although it is noted in her office note of 4/13/05 that "Estimate of mood and affect show no evidence of depression, excessive anxiety or agitation", Dr. Sealy-Wirt referred the claimant to Buena Vista Work Skills for a psychological evaluation on 4/20/05. The evaluation resulted in diagnoses of adjustment disorder with depressed mood, acute and sleep disorder secondary to injury, insomnia type. A request for 3 hours of psychological testing was made and denied initially and on appeal.

Requested Service(s)

Three hours of psychological testing

Decision

I agree with the carrier that the services in dispute are not medically necessary.

Rationale/Basis for Decision

The purpose of psychological testing is to determine what psychological factors are impacting the patient's clinical condition and must be addressed in the treatment plan. These factors are generally quite clear in patients with an adjustment disorder. Typically, adjustment disorders do not require psychological testing when there is no evidence of other significant psychological problems. There were no other psychological problems posted in the evaluation that would have required testing. The psychological evaluation performed was sufficient, in itself, to develop a treatment plan. It was noted in the evaluation that the claimant would most likely require individual psychotherapy. There was no indication of how that psychotherapy would be modified based on the results of the testing. Therefore, there was no clinical justification for the psychological testing.

YOUR RIGHT TO APPEAL

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

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

Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

In accordance with Division Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the patient, the requestor, the insurance carrier, and DWC via facsimile or U.S. Postal Service from the office of the IRO on this 19th day of October 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder