

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date:	04/19/2006
Injured Employee:	
Address:	
MDR #:	M2-06-0920-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Pre-authorization request for individual psychotherapy four sessions.

DECISION: Upheld

IRO MCMCllc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 04/19/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Four psychotherapy sessions are not medically necessary.

CLINICAL HISTORY:

The injured individual is a sixty-six year-old man who sustained a work-related injury on _____. The injured individual reported that he twisted his right knee while loading merchandise on a truck. On 04/10/2002 he had a MRI of the right knee which showed a medial collateral ligament strain and partial tear. He also had superior surface tear of the posterior horn and body lateral meniscus.

He underwent a right knee arthroscopy with partial medial meniscectomy on 05/03/2002. On 03/04/2003 he had right total knee arthroplasty. It was noted that he had a total knee replacement, but no dates were given. He had a psychological evaluation in 10/2003. Eight psychotherapy sessions were requested at that time to reduce pain symptoms and to help improve sleep.

He was reported to have attended twenty chronic pain management sessions in 08/2004 and had previous individual psychotherapy. He was also treated with physical therapy and medications.

The injured individual had another psychological evaluation done on 10/27/2005. He continued to complain of pain in his knee. He rated his pain at a level of "7-8/10". He was administered both the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI). Both the BDI and the BAI showed minimal levels of depression and anxiety. The injured individual also complained of sleep disturbance. According to an appeal letter dated 12/31/2005, conservative care can assist in returning an individual in returning to productivity. Four sessions of individual psychotherapy were requested.

REFERENCE:

Lambert MJ, editor. Bergin and Garfield's handbook of psychotherapy and behavior change. 5th ed. New York: John Wiley and Sons Inc; 2004.

RATIONALE:

The injured individual injured his right knee in work-related incident on _____. He has been treated with physical therapy, medications, individual psychotherapy, a chronic pain management program, and two knee arthroscopic surgeries and a total knee replacement. He completed twenty sessions of a pain management program in 2004. He had a psychological evaluation on 10/27/2005. He continued to complain of moderately severe knee pain. He had mild symptoms of depression and anxiety.

The injured individual has already received training in behavioral pain management techniques through previous psychotherapy sessions and a pain management program. If he has not responded to a more intensive program, it is unlikely that a less intensive one will be successful. There are no current indications for psychotherapy. The injured individual has minimal levels of depression and anxiety. The requesting provider states that the treatment could return the injured individual to productivity. This is unlikely as a more intensive program involving an eight hour a day, twenty day intervention did not succeed in reaching this goal.

Psychotherapy is not medically necessary as Lambert (2004) specifies that psychotherapy is only necessary if there are specific psychological symptoms that require treatment. This injured individual has no evidence of psychological symptoms that require psychotherapeutic treatment. Overall, four psychotherapy sessions are not medically necessary.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 03/17/06
- MR-117 dated 03/17/06
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 04/04/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 03/17/06
- Texas Mutual: Letter dated 04/03/06 from LaTreace Giles, Sr. Medical Dispute Analyst

- Texas Mutual: Letters dated 01/11/06, 12/19/05 from Cathleen Everett, L.V.N.
- Bexar County Healthcare: Letter dated 12/31/05 from Daniel Hernandez, LCSW
- Bexar County Healthcare: Evaluation dated 10/27/05 from Daniel Hernandez, LCSW
- Lawrence L. Lenderman, M.D.: Note dated 09/28/05
- Donald F. Dutra, Jr., M.D.: Follow Up Evaluation dated 09/29/04
- Maverick Pain Management Clinic: Psychological Evaluation dated 10/02/03 from R. R. Hixson, Ph.D
- Uvalde Memorial Hospital: Operative Report dated 03/04/03 from Gloria Box, M.D.
- Southwest Open MRI: MRI right knee dated 11/27/02, MRI right knee dated 04/10/02
- Uvalde Memorial Hospital: Operative Report dated 05/03/02 from Gloria Box, M.D. (first page only)
- Eagle Pass Orthopedics: Follow-Up notes dated 03/21/02, 02/14/02 (handwritten)

The reviewing provider is a **Licensed/Boarded Clinical Psychologist** and certifies that no known conflict of interest exists between the reviewing **Clinical Psychologist** and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

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.

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Department of Insurance Division of Workers' Compensation
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

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

In accordance with commission rule 102.4(h), 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

19th day of April 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Beth Cucchi