



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-0961-01
NAME OF REQUESTOR: Nueva Vida Behavioral Health Associates
NAME OF PROVIDER: Nueva Vida Behavioral Health Associates
REVIEWED BY: Board Certified in Psychiatry
Board Certified in Neurology
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 04/19/06

Dear Nueva Vida Behavioral Health Associates:

Professional Associates has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5288). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Professional Associates for an independent review. The reviewing physician selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed 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.

This case was reviewed by a physician reviewer who is Board Certified in the area of Psychiatry and Neurology and is currently listed on the DWC Approved Doctor List.

I am the Secretary and General Counsel of Professional Associates and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him the provider, the injured employee, the injured

M2-06-0961-01

Page Two

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 before referral to the Independent Review Organization.

REVIEWER REPORT

Information Provided for Review:

An emergency room visit with Dr. Donald Crawford (no credentials were listed) dated 12/10/04
X-rays of the chest, right humerus, right elbow, right forearm, right shoulder, and right wrist interpreted by Richard L. Carnovale, M.D. dated 12/10/04

Evaluations with an unknown physical therapist (the signature was illegible) dated 12/14/04, 12/20/04, and 12/22/04

Evaluations with Patrick A. Nobles, M.D. dated 12/14/04 and 12/17/04

Physical therapy with the unknown therapist dated 12/15/04 and 12/16/04

An MRI of the right shoulder interpreted by Keith A. Crow, M.D. dated 12/28/04

Evaluations with Lawrence L. Lenderman, M.D. dated 01/03/05, 01/24/05, 03/02/05, 03/23/05, 04/25/05, 05/04/05, 06/08/05, 07/13/05, 08/03/05, 09/14/05, and 10/17/05

A preoperative chest x-ray interpreted by Dr. Carnovale dated 04/21/05

An operative report from Dr. Lenderman dated 04/21/05

A pathology report interpreted by George Bannayan, M.D. dated 04/21/05

Physical therapy with Thomas I. Washington, P.T. dated 06/06/05, 06/08/05, 06/10/05, 06/13/05, 06/15/05, 06/17/05, 06/27/05, 06/29/05, 07/01/05, 07/06/05, 07/07/05, 07/08/05, 07/11/05, 07/13/05, 07/15/05, 07/18/05, 07/19/05, 07/21/05, 08/29/05, 08/30/05, 08/31/05, 09/01/05, 09/02/05, 09/06/05, 09/07/05, 09/09/05, 09/13/05, 09/14/05, 09/15/05, 09/16/05, and 09/19/05

A Functional Capacity Evaluation (FCE) with Mr. Washington dated 07/22/05

A letter from Bobby Enkvetchakul, M.D. at UniMed, L.L.C. dated 08/01/05

Staffing conference notes from various unknown providers (the signatures were illegible) dated 09/06/05 and 09/14/05

A letter of medical necessity from Gabriel Villanueva, M.S., L.P.C.-I. and Andrea Zuflacht, M.S., L.P.C. dated 09/15/05

An FCE with an unknown provider (no name or signature was available) dated 09/27/05

A psychological evaluation with Scott E. Persinger, L.M.S.W., A.C.P. dated 10/18/05

An evaluation with Khym Zarzuela, D.O. dated 10/18/05

Letters of adverse determination from The Hartford dated 11/29/05, 01/05/06, and 01/25/06

Treatment notes with Ms. Zuflacht and Mr. Villanueva dated 12/15/05, 12/21/05, and 12/23/05

M2-06-0961-01

Page Three

A Designated Doctor Evaluation with Pedro Ochoa, M.D. dated 01/10/06

An MRI of the right knee interpreted by Robert O. Cone, M.D. on 01/18/06

Clinical History Summarized:

X-rays of the chest, right humerus, right elbow, right forearm, right shoulder, and right wrist interpreted by Dr. Carnovale on 12/10/04 revealed a spur in the distal diaphysis of the right humerus. No other positive findings were noted. The MRI of the right shoulder interpreted by Dr. Crow on 12/28/04 revealed arthritis and a partial thickness tear of the rotator cuff. On 01/03/05, Dr. Linderman performed a shoulder injection. On 04/21/05, Dr. Lenderman performed a rotator cuff repair, acromioplasty, and distal clavicle resection. Physical therapy was performed with Mr. Washington from 06/06/05 through 09/19/05 for a total of 31 sessions. On 07/13/05, Dr. Lenderman performed another shoulder injection. The FCE with Mr. Washington on 07/22/05 showed the patient could function at the light physical demand level. On 08/03/05, Dr. Lenderman recommended a work hardening program. Staffing conference reports on 09/06/05 and 09/14/05 recommended continuing the work hardening program. On 10/17/05, Dr. Lenderman placed the patient at Maximum Medical Improvement (MMI) with a 9% whole person impairment rating. Mr. Persinger recommended a pain management program on 10/18/05. On 11/29/05, The Hartford provided a letter of adverse determination for the pain management program. Mr. Villanueva and Ms. Zuflacht recommended individual psychotherapy on 12/23/05. The Hartford provided letters of adverse determination for the individual therapy on 01/05/06 and 01/25/06. On 01/10/06, Dr. Ochoa placed the patient at MMI as of 01/03/06 with a 2% whole person impairment rating. An MRI of the right knee interpreted by Dr. Cone on 01/18/06 revealed chondromalacia patella, an area of undermined cartilage, and a popliteal cyst.

Disputed Services:

Eight sessions of individual psychotherapy at once a week for eight weeks

Decision:

I agree with the requestor. The eight sessions of individual psychotherapy once a week for eight weeks is reasonable and necessary.

M2-06-0961-01

Page Four

Rationale/Basis for Decision:

On the basis of review of medical records submitted and the documentation provided therein, I would say that the request for eight sessions of individual psychotherapy once a week for eight weeks would be reasonable and necessary as related to the original injury. The reason for this was that this patient was originally injured in ___ when he was attacked and gourd by a bull. As documented in the medical records, the circumstances of the injury were unexpected and consistent with an acute exposure to trauma. He subsequently had prolonged disability, had a surgery, had a prolonged recovery, was then fired by his boss when he was released on modified duty, was rated by his orthopedist and dismissed from care, and only at that point was he perceived as having any emotional distress issues, which had probably existed for months prior to that time. The circumstances of the injury event would suggest that the patient could have possibly suffered from a type of posttraumatic stress disorder. In my opinion, this patient requires psychotherapy. Therefore, the very issue here was whether he would benefit from psychotherapy and the answer would be yes, and this should be provided to him.

Please refer to AP as Healthcare in 2004 medical necessity criteria for outpatient psychiatric care, for intensive outpatient therapy, the following are required under medical necessity: the patient must have been diagnosed with a psychiatric disorder by a licensed professional, which has been done in this case. The patient's symptoms must accord to those described, and this was also the case. Finally, the diagnosis must have been derived at in a face-to-face encounter, which happened here as well. Therefore, it would be appropriate for this care to be provided to this patient.

The rationale for the opinions stated in this report are based on clinical experience and standards of care in the area as well as broadly accepted literature which includes numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

M2-06-0961-01

Page Five

This decision by the reviewing physician with Professional Associates is deemed to be a Division decision and order.

YOUR RIGHT TO REQUEST A HEARING

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. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
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.

I hereby verify that a copy of this Independent Review Organization's decision was sent to the respondent, the requestor, DWC, and the patient via facsimile or U.S. Postal Service this day of 04/19/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel