PROFESSIONAL
ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:	___
IRO CASE NUMBER:	M2-06-1006-01
NAME OF REQUESTOR:	Michael Soderstrom
NAME OF PROVIDER:	David Durkop, D.C.
REVIEWED BY:	Medical Psychologist
IRO CERTIFICATION NO:	IRO 5288
DATE OF REPORT:	04/24/06

Dear Mr. Soderstrom:

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 Psychology 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 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 evaluation with David A. Durkop, D.C. dated 11/02/05
Range of motion evaluations dated 11/02/05, 12/07/05, and 03/29/06
Chiropractic therapy with Dr. Durkop dated 11/03/05, 11/05/05, 12/07/05, 12/08/05, 12/12/05, 12/15/05, 12/16/05, 12/19/05, 12/20/05, 12/27/05, 12/29/05, 12/30/05, 01/04/06, 01/11/06, 01/17/06, 01/18/06, 01/26/06, 02/02/06, 02/17/06, 03/06/06, 03/13/06, and 03/27/06
An MRI of the right knee interpreted by Kevin E. Legendre, M.D. dated 12/06/05
Evaluations with K. Bobby Pervez, M.D. dated 12/07/05, 02/17/06, and 03/31/06
A letter of medical necessity from Dr. Durkop dated 01/11/06
A behavioral assessment with Michael Soderstrom, M.A., L.P.C. and Brian Goonan, Ph.D. dated 01/12/06
An undated treatment plan from Pinnacle Pain Management Solutions and signed by Mr. Soderstrom and Dr. Goonan
Evaluations with Jeffrey D. Reuben, M.D. dated 01/21/06 and 03/20/06
Letters of non-authorization from CBMCS dated 01/23/06 and 02/09/06
An appeal letter from Mr. Soderstrom dated 02/06/06
An operative report from Dr. Reuben dated 02/21/06
A summary of carrier’s position from Flahive, Ogden & Latson Attorneys at Law dated 03/20/06
An impairment rating evaluation and Functional Capacity Evaluation (FCE) with Dr. Durkop dated 03/29/06
An impairment rating evaluation with Dr. Durkop dated 04/03/06

Clinical History Summarized:

Chiropractic therapy was performed with Dr. Durkop from 11/03/05 through 03/27/06 for a total of 22 sessions. An MRI of the right knee performed on 12/06/05 and interpreted by Dr. Legendre revealed a small amount of joint fluid. On 12/07/05, Dr. Pervez recommended continued rehabilitation and prescribed Norco, a Medrol Dosepak, and a topical gel. On

01/11/06, Dr. Durkop wrote a letter of medical necessity for individual psychotherapy. On 01/12/06, Mr. Soderstrom and Dr. Goonan also recommended individual psychotherapy. On 01/21/06, Dr. Reuben recommended right knee surgery. On 01/23/06 and 02/09/06, CBMCS wrote letters of non-authorization for individual psychotherapy. Mr. Soderstrom wrote a letter of appeal on 02/06/06. Dr. Reuben performed a right knee arthroscopy, meniscectomy, ACL repair, pain pump insertion, and cortisone injection on 02/21/06. On 03/20/06, Flahive, Ogden & Latson wrote a letter requesting a Contested Case Hearing (CCH). On 03/31/06, Dr. Pervez recommended continued therapy and Hydrocodone. On 04/03/06, Dr. Durkop placed the patient at Maximum Medical Improvement (MMI) with a 7% whole person impairment rating.

Disputed Services:

Eight sessions of individual psychotherapy

Decision:

I disagree with the requestor. The eight sessions of individual psychotherapy would not be reasonable and necessary.

Rationale/Basis for Decision:

On 01/11/06, Dr. Durkop issued a letter of medical necessity requesting the patient be approved for eight sessions of individual psychotherapy. Dr. Durkop made reference to TWCC Mental Health Treatment Guidelines. It should be noted The Mental Health Treatment Guidelines are no longer applicable since the introduction of Medicare Fee Guidelines.

In terms of the need for individual psychotherapy, unfortunately, the behavioral assessment provided very little useful information to ascertain how the patient has in fact been responding to the work related injury. There was no indication of the patient's work history and whether or not he had manifested any type of maladaptive behaviors in terms of his ability to maintain employment. Upon examination, it was impossible to ascertain how long the patient was employed in this particular job. It would be helpful to be able to know whether or not this was the patient's primary occupation or whether or not he has been doing other types of work. There were no indications of any significant work inhibition being noted. Likewise, there was little or no information regarding impairments of activities of daily living. The patient apparently has adjusted fairly well to conservative treatment.

With respect to the injury itself, if there has been any delay or inhibits factors in operation, this would appear to be a function of the physical knee injury rather than any kind of overlaying psychological process. In fact, this has been supported by the fact that while the initial MRI revealed little or not positive findings, the patient did subsequently go through knee surgery and it would appear that significant pathology and injury was found and repaired. The patient apparently entered into postsurgical rehabilitation and was subsequently found to have reached MMI on 04/03/06, and given 7% whole body impairment rating by his treating doctor.

Taken as a whole, this would suggest that the injury itself was relatively non-complicated in terms of psychological and psychosocial impact. That is, the patient sustained a knee injury that ultimately did require surgery. The initial course of conservative treatment was reasonable and so was the postoperative rehabilitation. I saw no indications that the patient has been manifesting symptoms of a chronic pain disorder. Unfortunately, again, there was little information to indicate whether or not the patient has returned to work or would be returning to work. It was noted that the patient was terminated from his job. The reports did not indicate whether he had actually been released to seek other types of work.

From an emotional standpoint, clearly the patient has been showing signs of a pervasive sleep disorder, which has been relatively common with high pain levels. While this could affect the patient and produce symptoms of depression and fatigue, the clinical notes simply did not support that there was a causal relationship.

I do not believe that individual psychotherapy would be indicated in this case. Rather, it would be appropriate to provide patient education and some general behavioral health counseling regarding the relationship between acute pain, sleep disturbance, and the emotional impact that injuries can have. While it would be reasonable to suspect that the patient has been experiencing some emotional distress because of the high pain levels and the limitations of the injury, formal psychotherapy would not seem to be indicated in this case. However, the fact that the pain management physician did not see any clinical depression or anxiety and the patient himself did not report any on the initial form would strongly suggest that those symptoms were not pronounced. Again, I believe an appropriate way to deal with this would have been through a lower level of service.

In closing, the issue was not whether or not the patient has been manifesting some symptoms of emotional disturbance. This would not be unexpected and would not rule out reasonable behavioral medical intervention. Unfortunately, due to the lack of specific information regarding

the patient's response, target behaviors, and the absence of reported depression and anxiety by the pain management doctor, I would have little to base approval upon. Therefore, I would conclude that in the absence of such information, eight sessions of individual psychotherapy would not been seen as medically reasonable or necessary.

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.

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 04/24/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel