



Specialty Independent Review Organization, Inc.

February 16, 2007

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
DWC #: ____
MDR Tracking #: M2-07-0793-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Doctor of Philosophy/Licensed Professional Counselor with a specialty in Counseling. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

Mr. ____, a 52-year-old male, was injured on the job on ____ at _____ when he lifted a 45lb. product. He reported feelings a cramp in his L shoulder at the time of injury. The pain occasionally radiated to the left elbow. The symptoms are exacerbated by activity, movement, raising arms overhead or lifting.

Mr. ____ reported that he dislocated his L shoulder 6-7 years ago. No surgery has been done on the shoulder. He endorsed occasional aching and burning in the L shoulder since the initial injury. Mr. ____ continued to work with a modified activity level including no lifting over 25 lbs., no pushing/pulling over 25lbs. of force, limited use of L shoulder / L arm, and no reaching above shoulders. He initially declined physical therapy and delayed using pain medication until liver specialist advised treating doctor of appropriate meds.

The treatment Mr. ___ has had for the injury includes: moist heat, H-reflex NMES, Pendulum exercises, shoulder ladder, overhead pulley, Iontophoresis electric stimulation, and the medications NPH Novolin, Glipizide, Paxil, Vasotec, Celebrex and Tylenol III.

Consultation on 2/1/2006 by Donald Dutra, MC noted that Mr. ___ depression had severely exacerbated and had become agitated in nature. Psychotropic meds were prescribed. A psychological evaluation was requested on 5/2/2006 due to acute exacerbation of depression and anxiety. He endorsed no suicidal or homicidal ideation during the evaluation. The evaluation however included no formal testing of psychological problems. Pain symptom rating scale, pain drawing and mental status exam, and interview were the only reported methods of evaluating mental health status. He was diagnosed with Major Depressive Disorder, Single Episode, Moderate.

Mr. ___ reported on 10/25/2006 that he had discontinued Cymbalta and Seroquel because he did not like the side effects, but did not consult a doctor about weaning off of the medications or other psychotropic medications or options to controlling his depression and infrequent suicidal ideation.

RECORDS REVIEWED

Evaluation by George Carrion, MD; Re-check by George Carrion, MD; Follow up evaluations by Donald Dutra, MD; Physical Performance Evaluation by K. Hauser, OTR; Peer Review by Intracorp; Outpatient daily notes; Initial consultation by Donald Dutra, MD; Psychological testing request by Donald Dutra, MD; Initial Behavioral Medicine consultation by Eliseo Smith III, LPC; follow up evaluation by Donald Dutra, MD; Session notes by Michael Earle, MD; Behavioral Medicine Testing results by Annabel Menchaca, MS, LPC; Emergency office visit by Annabel Menchaca, MS, LPC; Office visit notes by Donald Dutra, MD; Radiologist Final report by James Remkus, MD; Letter of medical necessity by Donald Dutra, MD; Consultation note by Donald Dutra, MD; Individual Psychotherapy notes by Melissa Brown, MS LPC; Treatment Summary/Reassessment by Melissa Brown, MS, LPC; Behavioral Health Treatment Preauthorization request by Alta Vista Healthcare; Peer Review Decision by Tamara Roseburrow, LPN.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of individual psychotherapy once a week for four weeks.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that the provided medical records indicate that Mr. ___ has been noncompliant with psychotropic medications, has not had a true psychological evaluation and has made only superficial modifications to his behavior as a result of his psychotherapy sessions.

REFERENCES

American Psychological Association. (1985). Standards for educational and psychological testing (rev.). Washington, DC.

Frank, R. G. & Elliott, T. R., Eds. (2000). Handbook of Rehabilitation Psychology. Washington, DC: American Psychological Association.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest between that provider 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 before referral to the IRO.

Sincerely,

Wendy Perelli, CEO

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.

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the Division via facsimile, U.S. Postal Service or both on this 16th day of February 2007

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli