

Independent Resolutions Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Phone: 817-274-0868

Fax: 817-549-0311

DATE OF REVIEW:

8/13/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual Psychotherapy 1 x week x 4

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Licensed Master Social Worker, Licensed in Texas, Five (5) years' experience in psychiatric hospital setting, on adult acute care unit, psychiatric intensive care unit, children and adolescents unit, and chemical dependency unit. Assessment, individual, family, and group therapy.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Letters of denial, 6/14/07 & 7607, from.

One page, noting 2 separate doctor's visits, on 12/1/05, and 12/5/05. (The doctor's name is illegible.) This was part of a set of records from. The other records in this section are Medical History from Dr., D.C. The date of the packet is 2/9/06.

Psychological Evaluation from Systems, dated 2/1/06.

A medical record from Systems dated 2/10/06 from Dr., D.O. (included copy of prescription, apparently for Paxil.)

A report of exam, and review of medical records by Dr., dated 5/23/06.

Examination Findings from, D.O., dated 6/9/06.

Examination Findings from, M.D., dated 6/16/06

A "Treatment Summary" from an, dated 6/4/07, in which 4 individual counseling sessions are requested. (Again, this was done at the behest of Dr.)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who injured himself at his place of work on xx/xx/xx. He was employed by the, while performing labor services, he lost his balance and fell. He tried to prevent his fall by grasping an overhead bar with the left upper extremity, but still went down, landing on the right outstretched hand and upper extremity, causing pain in his right shoulder. The pain increased in intensity, and he had continued limited ability to use the right upper extremity. He had not returned to work as of Dr. examination on 5/23/06.

The patient had an above the knee amputation in 6/01, and has a fitted prosthesis. He had received physical therapy twice a week for at least x months prior to xx/xx/xx. He was also treated with medication

management, including Norco 10/500, 3-4 x day, hydrocodone, oxycodone, flexeril, neurontin, and lisinopril.

The patient has had MRI of the right shoulder, which according to Dr., a board certified orthopedic surgeon, revealed tendinosis of the supraspinatus portion of the rotator cuff. Dr. felt that the patient's accident aggravated pre-existing rotator cuff tendinosis. Dr. recommended no further formal treatment, with the exception of physical therapy and chiropractic treatment in terms of strengthening. He did find that his right shoulder symptoms are causally related to the injury of xx/xx/xx, but found no evidence of a complete rotator cuff tear. At that time, 5/23/06, Dr. found partial disability regarding continuing pain and weakness right upper extremity and shoulder for another 3-6 months.

The next medical record is an examination findings report by Dr., on 6/16/06, in which he states that the patient was seen by a clinic in Dallas and treated for cervicothoracic sprain/strain. He later had an MRI at a different clinic, and those results indicated: "the patient has intrasubstance delaminating tear of the supraspinatus tendon ascending towards the musculotendinous junction, but no full thickness tear or tendon retraction. He also has lateral down slopping (sic) of the acromion. The remainder of the rotator cuff tendons is intact."

Dr. also notes that the patient's pain rating was 8/10. Also at that time, Dr., as part of his assessment, noted, "*Rule out addictive personality.*" Dr. plan was to titrate the patient off his hydrocodone. He also mentioned in his note that a psychiatric consult will be necessary if patient is noncompliant with regards to pain medication.

Back in 2/1/06, the psychological evaluation recommended that the patient enter an Interdisciplinary Chronic Pain Management Program, *for 10 days.*

The patient is reportedly married and lives with his wife and 5 children. He has high school education, and has attended mechanic trade school, holds A-B-C certification for landfill disposal. He is reportedly healthy, upper body is strongly developed.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

In the initial denial letter from IMO, the rationale of the denial states that "In May, 2007, the treating doctor notes that the patient returns after 7 months with left upper extremity complaints and a drug screen showing that he is not taking the hydrocodone they have prescribed, rather oxycodone from somewhere else." (This reviewer did not have access to that medical report.) "There are some notes from the LPC, but no evidence of a complete re-evaluation and no discussion of these medication issues. His depression and anxiety are even lower. There is no evidence of the psychotherapy they propose, rather careful monitoring is needed."

In the second denial letter, the reviewer WRITES, "the issues raised in the previous non-authorization were not addressed. The patient has been non-compliant with medication, and has pain problems to the opposite shoulder of the injured one." (This reviewer did not have access to information regarding pain in the opposite shoulder.)

This reviewer suspects that it might be necessary to "rule out addictive personality," and address noncompliance with medication, maladaptive coping skills by the use of pain or other medications.

At this time, based on the available information, the length of time which has elapsed, and the seemingly incomplete Evaluation by the LPC made available for consideration of the patient's current status, This reviewer concurs with the previous reviewer's of this case, and determines that 4 psychotherapy sessions should not be authorized.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)