

The logo for UniMed Direct features the company name in a dark blue, sans-serif font. To the right of the text is a stylized, dark blue swoosh that starts thin and curves upwards and then downwards, resembling a checkmark or a protective shield.

UniMed Direct

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DATE OF REVIEW: AUGUST 3, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual psychotherapy – One time per week for six weeks

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

Board certified in Orthopaedic Surgery, licensed in the State of Texas, and DWC ADL approved.

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)

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Individual psychotherapy – One time per week for six weeks		Upon approval	Adverse determination upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Record Description	Record Date
Office Visit – TWCC 73 report –Medical Centers - DO	11/22/06
Office Visit –PT	11/27/06
Office Visit –PT	11/28/07
Office Visit - DO	01/05/07
Operative report - Diagnostic Arthroscopy –MD	01/25/07
Office Visit –MD	02/07/07
Office Visit PT	02/14/07
Office Visit – PT	02/28/07
Office Visit – PT	03/01/07
Office Visit –PT	03/02/07
Office Visit –PT	03/05/07
Office Visit –PT	03/07/07
Office Visit –PT	03/12/07
Office Visit –PT	03/14/07
Office Visit –PT	03/16/07
Office Visit –PT	03/20/07
Note from of missed appointment – Dr.	03/21/07
Office Visit –PT	03/22/07
Office Visit – TWCC 73 - Dr.	03/26/07

Office Visit –PT	03/28/07
Office Visit –PT	03/29/07
Office Visit – PT	03/30/07
Office Visit –PT	04/03/07
Telephone conference – Dr.	04/05/07
Office Visit –PT	04/09/07
Office Visit –PT	04/11/07
Office Visit –PT	04/13/07
Office Visit –PT	04/17/07
Office Visit –PT	04/18/07
Office Visit – PT	04/20/07
Office Visit –PT	04/24/07
Office Visit –PT	04/25/07
Office Visit –PT	04/27/07
Office Visit –DC	04/30/07
Utilization Review request for PT –DC	05/04/07
Concurrent review –DC	05/08/07
Office Visit –LPC	05/16/07
EMG & NCV –Advanced Diagnostic	05/22/07
Shoulder Arthroscopy and Post-Arthrographic MRI scan report –MD	05/27/07
Utilization Review request for individual psychotherapy –DC	05/31/07
Utilization review denial.	06/04/07
Office Visit –MD	06/11/07
Office Visit & FCE –DC	06/13/07
Office Visit & –MD	06/20/07
Utilization review appeal –	06/22/07
Utilization review appeal denial –	06/28/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The IRO request is for six psychotherapy visits over a six week period. The patient is a lady who fell injuring her shoulder at work. She began physical therapy sessions five days later due to right arm pain. This injury required a rotator cuff repair, excision of the distal end of the clavicle and acromioplasty which was performed on 01/25/07. The patient had extensive physical therapy post operatively from mid-February through April. On 04/30/07 the chiropractor (treating doctor) recommended and referred the patient for evaluation and treatment of "depression, loss of sleep, anxiety". The patient was deemed at MMI on 06/20/07 by Dr. with a 7% impairment rating. On 06/13/07 an FCE revealed the patient was at a medium physical demand level (PDL).

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

Aside from the fact that the ODG states that bio-psychosocial rehab is not recommended (ODG, 4th ed Treatment, p 1371, 2006) for patients with shoulder injuries, there is no physical benefit that the patient will get from further treatment. Normally after a shoulder surgery, 24 P.T. sessions are recommended (ODG, 11th ed., pgs 1512-1513, 2006) and this patient has had 27 P.T. sessions according to the medical records available for review. Therefore she has had more than enough PT sessions than is normally recommended. Psycho-therapy as a stand alone therapy is not recommended. Psychotherapy is normally recommended in conjunction with inter-disciplinary pain programs. According to the medical records, the patient reached MMI on 06/20/07 and furthermore, and of importance in this decision, is that on 06/13/07 an FCE revealed that she was at a medium Physical Demand Level (PDL). This classification is evidence that clinically the patient has rehabilitated to a level where she is able to return to work at a medium PDL. Therefore, there is no medical necessity in furthering her treatment with psychotherapy under the compensable injury.

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

For the shoulder bio-psychosocial rehab is not recommended (ODG, 4th ed Treatment, p 1371, 2006). Despite questionable scientific evidence of their effectiveness, they are widely used. There appears to be little scientific evidence for the effectiveness on neck and shoulder pain of multi-disciplinary bio-psychosocial rehabilitation compare to other rehabilitation methods (Karjalainen-Cochrane, 2001) (Horniiij, 2001) Karjalainen-Cochrane, 2003).

Patient

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