

# True Resolutions Inc.

An Independent Review Organization

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**DATE OF REVIEW:** 7/9/07

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

6 INDIVIDUAL PSYCHOTHERAPY SESSIONS

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

Licensed

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

NOTIFICATION OF CASE ASSIGNMENT (6/21/07)

TX. DEPT. OF INSURANCE CORRESPONDENCE (3/28/07) (5/16/07)

RECONSIDERTION: PREAUTHORIZATION REQUEST (6/4/07) PROGRESS

NOTE OF EVALUATION OF PATIENT ON 5/9/06, BY MD (HAND SURGEON).

LETTERS OF DENIAL OF SERVICES FROM THE (5/24 & 6/8/07)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

THE PATIENT IS A FEMALE, WHO SUFFERED AN OCCUPATIONAL-RELATED REPETITIVE MOTION INJURY TO HER UPPER RIGHT EXTREMITY, INCLUDING SHOULDER AND WRIST, ON XX/XX/XX. SHE HAS WORKED AS A FOR 18 YEARS. SHE BEGAN EXPERIENCING PAIN IN HER RIGHT SHOULDER AND WRIST.

SHE REPORTED THAT HER UPPER RIGHT EXTREMITY BECAME SWOLLEN, AND THE PAIN AND SWELLING BECAME SO INTENSE SHE COULD NOT LIFT HER ARM.

PATIENT RECEIVED PHYSICAL THERAPY AND RECEIVED NUMEROUS INJECTIONS. SHE SUBSEQUENTLY HAD RIGHT SHOULDER ACROMIOPLASTY WITH DISTAL CLAVICLE RESECTION AND RIGHT WRIST FIRST EXTENSOR COMPARTMENT RELEASE ON 8/8/05. SHE RECEIVED

POST-OPERATIVE PSYCHICAL THERAPY AS WELL AS POST OP INJECTIONS. SHE REPORTEDLY WAS RELEASED TO GO BACK TO WORK IN 3/06, ON FULL DUTY FOR 4 HOURS A DAY, AND RESTRICTED DUTY, WITH NO USE OF HER RIGHT ARM, FOR AN ADDITIONAL 4 HOURS.

WHEN PATIENT TOOK HER DOCTOR'S NOTE TO HER EMPLOYER, SHE WAS TOLD THAT HER JOB HAD BEEN TERMINATED. CONSEQUENTLY, SHE LOST HER INSURANCE AND HER WORKER'S COMPENSATION AND INDEMNITY AT THAT TIME. PATIENT BEGAN A HOME EXERCISE PROGRAM, BUT REPORTED THAT HER PAIN AND SWELLING HAD PERSISTED AND BEGAN TO EXTEND TO HER NECK. FUNCTIONAL LIMITATIONS PREVENTED HER FROM SECURING NEW EMPLOYMENT.

PATIENT REPORTEDLY TRANSFERRED TO A NEW DOCTOR IN 2/07, AND REMAINS IN HIS CARE. THIS DOCTOR REFERRED PATIENT TO FOR INITIAL BEHAVIORAL CONSULTATION.

PATIENT REPORTS SHE HAS DIABETES, HIGH BLOOD PRESSURE, AND HIGH CHOLESTERAL, TO BE CONTROLLED BY MEDICATION. SHE'S HAD THREE CHILDREN BY C SECTION.

PATIENT REPORTS THAT SHE HAS EXPERIENCED MANY FUNCTIONAL LIMITATIONS, INCLUDING SELF-GROOMING, COOKING, CLEANING AND OTHER BASIC LIVING ACTIVITIES. SHE REPORTS SLEEP DISTURBANCES, MOOD DISTURBANCES, AND CONTINUING PHYSICAL PAIN IN HER WRIST.

HER MULTIAXIAL DIAGNOSIS ARE AS FOLLOWS:

AXIS I	309.28, ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD, SECONDARY TO WORK INJURY R/O 307.89, PAIN DISORDER ASSOCIATED WITH BOTH PSYCHOLOGICAL FACTORS AND A GENERAL MEDICAL CONDITION, SECONDARY TO WORK INJURY
AXIS II	V71.09, NO DIAGNOSIS
AXIS III	354.0, CARPAL TUNNEL SYNDROME 726.0, ADHESIVE CAPSULITIS OF SHOULDER 718.10, OTHER DERANGEMENT LOOSE BODY IN JOINT 729.1, MYALGIA AND MYOSITIS, UNSPECIFIED 718.93, OTHER, UNSPECIFIED DERANGEMENT OF JOINT
AXIS IV	PHYSICAL WORK INJURY DISRUPTING OCCUPATIONAL, ECONOMIC, AND SOCIAL FUNCTIONING
AXIS V	GAF: CURRENT –

THE PATIENT'S TREATING DOCTOR IS CURRENTLY REQUESTING ADDITIONAL DIAGNOSTIC STUDIES TO DETERMINE A POSSIBLE ORGANIC CAUSE OF THE PATIENT'S SYMPTOMS. TREATING DOCTOR REPORTEDLY STATES THAT THERE IS SIGNIFICANT DE-CONDITIONING AND FUNCTIONAL LIMITATIONS OF HER RIGHT ARM.

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

THE PATIENT WAS INJURED AT HER PLACE OF WORK ON XX/XX/XX, FOR WHICH SHE SOUGHT MEDICAL HELP FOR PAIN AND SWELLING IN HER UPPER RIGHT EXTREMITY SO SEVERE THAT SHE COULD NOT RAISE HER

UPPER ARM. FOLLOWING PHYSICAL THERAPY AND INJECTIONS, SHE UNDERWENT RIGHT SHOULDER ACROMIOPLASTY WITH DISTAL CLAVICLE RESECTION AND RIGHT WRIST FIRST EXTENSOR COMPARTMENT RELEASE ON 8/8/05, FOLLOWED BY MORE PHYSICAL THERAPY. THE PATIENT WAS RELEASED TO WORK IN MARCH, 2006, BUT REPORTS THAT HER JOB HAD BEEN TERMINATED, CAUSING HER TO LOSE HER HEALTH INSURANCE. THE PATIENT HAS NOT WORKED, AND SWITCHED TO A NEW DOCTOR IN FEBURARY 2007, WHO HAS REQUESTED FURTHER DIAGNOSTIC TESTING TO DETERMINE THE STATUS OF HER RIGHT UPPER EXTREMITY. ACCORDING TO THE SUMMARY/REASSESSMENT, THE PATIENT'S TREATING DOCTOR HAS INFORMED PATIENT THAT SHE IS NOT RELEASED TO RTW AT THIS TIME, AS "THERE IS SIGNIFICANT DE-CONDITIONING AND FUNCTIONAL LIMITATIONS USING HER RIGHT UPPER EXTREMITY.....IMPACTS HER RTW IDEAS AND PLANS, BECAUSE THE JOBS SHE WOULD QUALIFY FOR ARE LIMITED BY HER WORK HISTORY AND EXPERIENCE.....AND CURRENT PHYSICAL CAPABILITIES."

THE PATIENT HAS COMPLETED ONLY "3 OF 3 APPROVED" PSYCHOTHERAPY SESSIONS (SINCE THE DATE OF INJURY IN XX/XX/XX). ACCORDING TO HER THERAPIST, HER TREATMENT GOALS ARE ONLY PARTIALLY MET. THIS REVIEWER AGREES WITH THE RECOMMENDATION THAT 6 ADDITIONAL SESSIONS BE APPROVED, AND CONCLUDES THAT THE OUTLINED TREATMENT GOALS ARE IN COMPLIANCE WITH THE TEXAS LABOR CODE (408.021) WHICH STATES THAT AN EMPLOYEE WHO SUSTAINS AN INJURY IS ENTITLED TO **ALL** HEALTH CARE REASONABLY REQUIRED BY THE NATURE OF THE INJURY AS NEEDED. IT IS WELL KNOWN THAT THE MOST EFFECTIVE CHRONIC PAIN MANAGEMENT CONSISTS OF A MULTIDISCIPLINARY DIAGNOSTIC AND TREATMENT APPROACH. THE AMERICAN ACADEMY OF PAIN MANAGEMENT ADVOCATES FOR PAIN MANAGEMENT TO BE MULTIDISCIPLINARY IN APPROACH.

IT APPEARS THAT THE PATIENT'S RECEIVING 6 ADDITIONAL SESSIONS OF PSYCHOTHERAPY IS IN KEEPING WITH A MULTIDISCIPLINARY APPROACH. THIS PATIANT'S REHABILITATION IS NOT "FINISHED." FOR HER TO BE ABLE TO RETURN TO WORK, SHE WILL NEED TO ADDRESS ISSUES THAT HAVE BEEN STRESSFUL TO HER SINCE AND THOSE THAT ARE CURRENTLY STRESSFUL, AS DESCRIBED IN HER BEHAVIORAL CONSULTATION (3/28/07). IT IS NOT UNCOMMON FOR PATIENTS WHO HAVE EXPERIENCED INJURIES RESULTING IN CHRONIC PAIN TO HAVE MOOD AND SLEEP DISTURBANCES, DECREASED COPING MECHANISMS, LOSS OF CONFIDENCE, DECREASED SOCIAL FUNCTIONING, AND EVEN AN ALTERED SENSE OF SELF IDENTITY. FOR SOME INDIVIDUALS, SELF IDENTITY AND SELF-WORTH ARE CONNECTED TO ONE'S JOB. THIS PARTICULAR PATIENT IS ALSO AT RISK FOR THESE SYMPTOMS BECAUSE OF THE FACT THAT HER WORK HISTORY OF ASSEMBLY LINE WORK OR HOUSEKEEPING WORK LIMITS HER OPTIONS FOR THE FUTURE, BASED ON HER PHYSICAL AND PSYCHOLOGICAL FUNCTIONING.

THIS REVIEWER CONCURS WITH THAT PATIENT'S CURRENT CARE IS COORDINATED, AND "JUDICIOUS." AFTER REVIEWING ALL THE DOCUMENTS, IT IS THIS REVIEWER'S DETERMINATION THAT 6 ADDITIONAL INDIVIDUAL PSYCHOTHERAPY SESSIONS ARE MEDICALLY NECESSARY.

**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
  - PLEASE SEE ABOVE FOR SPECIFIC REFERENCES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)