



DATE OF REVIEW: 09/29/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Twenty-four sessions of psychotherapy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

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

INFORMATION PROVIDED FOR REVIEW:

1. Extensive clinical notes from Dr. who appears to have begun treating the injured employee on xx/xx/xx. On the first visit he was identified as having possible schizoaffective disorder and generalized anxiety disorder. He apparently has a high degree of lability with short periods of impulsive acting out, complaining, sulking and moodiness. There is also reference of overreaction to illness, innumerable somatic grievances, and unreasonable complaints about minor ailments. He also noted that the injured employee had given serious thought to suicide. He was found to have borderline personality features.
2. On xx/xx/xx Dr. indicated that he had severe symptoms of depression and pain following injury of 10/06/06. He described a twisting injury as he fell at work, causing a tear to some of the structures around his left shoulder for which he underwent arthroscopic surgery on 02/13/07 by Dr. Dr. thought there was a direct causal link between his mental status and his compensable injury of 10/06/06.
3. On 04/25/07 Dr. indicated that the examinee had seriously contemplated suicide. Dr. indicated that because his presenting problem was likely to be somatic in nature, he may not be very amenable to psychological treatment approaches. I attempted to review numerous progress notes from Dr.; unfortunately, in large part, these were illegible.

4. It appears as though there had been some stabilization of the injured employee's mental status during the course of his care with Dr. due to the combination of psychotherapy and likely the pharmacologic intervention, as well.
5. I reviewed a note from Dr. dated 07/09/07.
6. I reviewed a report from Dr. dated 07/11/07. At that time he was thought to have a frozen shoulder syndrome, having undergone treatment for a fractured greater tuberosity and SLAP lesion involving his left shoulder.
7. I reviewed a summary dated 09/19/07 by Dr. On 09/04/07 he was diagnosed with schizoaffective disorder and generalized anxiety disorder with somatization disorder.
8. I reviewed a report dated 09/12/07 from Dr. In that note he indicated he was planning to do another surgical procedure on 09/20/07 if they injured employee was psychologically stable enough to undergo the procedure.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee is a male who fell and twisted his left shoulder at work on xx/xx/xx, resulting in a labral tear for which he underwent surgery and was scheduled for a second surgery. Whether that second surgery occurred or not is unknown. He developed psychological problems that were, by history, not present prior to the work incident. He has been under psychiatric care with Dr.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

The clinical situation with the injured employee is such that he appears to have had a rather unusual psychological response to the pain and disability associated with his left shoulder injury, which has been diagnosed as being dysthymic, major depression, anxiety, and schizoaffective disorder. There have been references to psychotic episodes as well as suicidal ideations. He has been managed with psychopharmacological agents. By reviewing the notes that are legible, it would appear there has been some stabilization of his psychiatric condition. However, it does not appear to be fully stabilized. It was anticipated he would be undergoing a second surgery. Whether that took place or not is unknown. Because of the constellation of psychiatric abnormalities that are still prominent, I would recommend an additional twelve sessions of psychotherapy to assist him in dealing with the upcoming surgery, assuming it has not yet taken place, as well as the postsurgical psychiatric conditions that may surface, albeit temporary, following the surgery. His condition does not appear to be stable, and it appears as though the psychiatric condition diagnosed has been causally linked with the pain and disability associated with his compensable left shoulder work injury. It has been identified in the Occupational Disability Guidelines that a combination of psychotherapy and pharmacologic intervention has a greater chance of success. In this particular case, it is not merely a situational anxiety or situational depression but appears to be a more far-reaching psychiatric disturbance. In light of the aforementioned, with particular concerns for the suicidal ideations, I think continued psychotherapy preimposed surgically is reasonable.

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

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)