

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 10/15/2007
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

90853 Group psychotherapy (other than of a multiple-family group): 24 visits

QUALIFICATIONS OF THE REVIEWER:

This physician attended Rajshahi Medical College in Bangladesh, where he also participated in a rotating internship at the Rajshahi Medical College Hospital. He received a diploma in pediatrics in 1988 at the National University of Ireland. From 1993 to 1996, he completed a residency in general psychiatry at Brookdale University Hospital. At State University of New York, he completed a fellowship in child and adolescent psychiatry in 1998. Since graduation, he has worked internationally, and provided psychiatric services in hospitals and treatment centers.

REVIEW OUTCOME:

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

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

90853 Group psychotherapy (other than of a multiple-family group): 24 visits Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a review dated 9/4/2007
2. Notification of determination by MD dated 7/9/2007
3. Clinical note by MD dated 9/4/2007
4. Clinical note by MD dated 7/20/2007
5. Clinical note by MD dated 9/4/2007
6. IRO request dated 8/28/2007
7. Request for a review dated 8/28/2007
8. Medical report dated 7/3/2007
9. Pre-certification dated 9/7/2007
10. Scheduling form by MD dated 9/5/2007
11. Follow up visit by MD dated 9/5/2007
12. Radiology report dated 8/23/2007
13. Final report dated 8/23/2007
14. Re-consideration request dated 8/15/2007
15. Medical report dated 7/3/2007
16. Preauthorization request by MD dated 4/18/2007
17. Case assignment by dated 9/26/2007
18. Clinical note by MD dated 9/26/2007
19. Clinical note by MD dated 9/12/2007
20. Interpretive report dated 9/4/2007
21. Interpretive report dated 9/4/2007
22. Interpretive report dated 9/4/2007
23. Medical report dated 7/3/2007

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24. Preauthorization request by MD dated 4/18/2007
25. Interpretive report dated 4/25/2007
26. Radiology report by MD dated 8/23/2007
27. Radiology report by MD dated 8/23/2007
28. Work status report dated 8/8/2007
29. Clinical note dated 7/11/2007
30. Financial policy dated 7/11/2007
31. Progress note by MD dated 4/25/2007 to 9/4/2007
32. Initial psychiatric evaluation dated 4/16/2007
33. Notification of determination by MD dated 7/9/2007
34. Notification of determination by MD dated 7/9/2007
35. Notification of determination by MD dated 7/9/2007
36. New patient visit by MD dated 7/11/2007
37. Clinical note dated 5/15/2007
38. Anterior views dated 10/15/2007
39. dated 4/25/2007
40. Clinical note dated 4/25/2007
41. Clinical note dated 4/25/2007
42. Clinical note dated 4/25/2007
43. Notification of determination by MD dated 4/25/2007
44. Notification of determination by MD dated 4/25/2007
45. Clinical note dated 4/25/2007
46. Notification of determination by MD dated 4/25/2007
47. Interpretive report dated 4/16/2007
48. Interpretive report dated 4/25/2007
49. Interpretive report dated 4/25/2007
50. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a male who was diagnosed with a left frozen shoulder and superior labral anterior posterior lesion on 09/05/2007. The injured employee sustained a work related injury to his left shoulder on xx/xx/xx. From documentation provided for 09/05/2007, it was recommended that the injured employee have a left shoulder arthroscopic capsular release to obtain full motion and then rehabbing his shoulder for 3 months. On 02/13/2007, the injured employee underwent arthroscopic left shoulder surgery. Notes from 04/18/2007 indicated that upon observation, the clinician noted the injured employee had psychomotor retardation, dysphoric mood, and affective flatness, and appeared to demonstrate primary psychotic symptoms of confusion and disorganization. According to the physician, there was a direct causal link between the injured employee's mental status and his compensable injury of xx/xx/xx. The physician recommended individual medical psychotherapy, medical group psychotherapy, medical biofeedback training, and psychological testing for the injured employee. Documentation from 07/20/2007 indicated that the injured employee was diagnosed with major depressive disorder, severe, with psychotic features, and chronic pain syndrome, severe. Additional observations and clinical history were reported in the documentation provided. The injured employee also attended 31 mental health sessions and notes stated that he continued to progress with the treatment plan, but left shoulder pain persisted. The request for additional group psychotherapy sessions is under review for medical necessity.

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

As per submitted medical records, the employee presented with depression, loneliness, crying spells, irritability, hopelessness, helplessness, sleeping problems, fatigue and suicidal ideation. Psychological testing showed the presence of altered reality testing. He is undergoing a brief psychotic episode characterized by periods of disorganized and bizarre thinking. The employee is on medication management, receiving anti depressants and anti psychotic medications. He is reportedly improving on treatment. There is no documentation for group psychotherapy sessions and progress made towards treatment objective. He is described as psychotic, bizarre, confused and disorganized. His hygiene ranges from fair to poor. He is not a suitable candidate for group therapy as he may not be able to process the information. The requested therapy is not medically necessary and thus the previous denial is upheld.

Name: Patient_Name

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

- X 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
- X 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
- X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

American Academy of Pain Management Guidelines

Turk, D.C & Gatchel R.J. Psychological Approaches to Pain Management: a Practitioners Handbook, Second Edition. New York: Guilford Press.

American Psychiatric Association Practice Guidelines

AMR Tracking Num: 40605