

# Applied Resolutions LLC

*An Independent Review Organization*  
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## Notice of Independent Review Decision

**DATE OF REVIEW:** MAY 13, 2008

**IRO CASE #:**

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

Individual Psychotherapy 1 x 6

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

M.D., Board Certified Internal Medicine  
Member American College of Occupational and Environmental Medicine  
12 years practicing Occupational Medicine

### **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)

Upon independent review the reviewer finds that the requested Individual Psychotherapy 1 x 6 is medically necessary.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This xx-year-old woman injured her right elbow on xx/xx/xx. MRI showed inflammation and possible chondral defect. Electrodiagnostic testing was normal. She has been treated with physical therapy, medications, and injections. Despite these interventions, Ms. Webb has continued with pain and functional deficits. Psychological evaluation diagnosed adjustment disorder with mild depression and anxiety. These diagnoses were confirmed by standardized psychological testing.

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

I have reviewed the ODG Guidelines concerning individual psychotherapy in the treatment of adjustment disorder. A short course of psychotherapy is effective in the treatment of adjustment disorder. This type of treatment can help patients return to normal function. It can also teach healthy coping skills, both for the current pain and for future exacerbations. Therefore, it is within a degree of medical probability that the claimant will derive substantial clinical benefit from the proposed treatment. The reviewer finds that individual psychotherapy 1 x 6 is medically necessary and overturns the previous adverse determination(s).

**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)**