INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 11/29/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Individual therapy X 6 sessions CPT: 90806

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

Texas Licensed Psychologist

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 05/26/10 - Letter - Miriam Letter
2. 06/14/10 - Radiographs Right Wrist
3. 06/16/10 - Physical Performance Evaluation
4. 06/17/10 - Physical Assessment Evaluation and Treatment Plan
5. 06/24/10 - Electrodiagnostic Studies
6. 07/14/10 - Physical Assessment Evaluation and Treatment Plan
7. 07/16/10 - Radiographs Right Wrist
8. 07/16/10 - MRI Right Wrist
9. 07/19/10 - Physical Performance Evaluation
10. 08/09/10 - Clinical Note - M.D.
11. 08/11/10 - Behavioral Medicine Evaluation
12. 08/20/10 - Request for Pre-Authorization
13. 08/20/10 - Physical Assessment Evaluation and Treatment Plan
14. 08/23/10 - Clinical Note - M.D.
15. 08/25/10 - Physical Performance Evaluation
16. 09/09/10 - MRI Right Shoulder

17. 09/13/10 - Appeal Letter - M.D.
18. 09/14/10 - Utilization Review
19. 09/20/10 - Physical Assessment Evaluation and Treatment Plan
20. 09/21/10 - Physical Performance Evaluation
21. 09/22/10 - Clinical Note - M.D.
22. 09/30/10 - Notice of Disputed Issue(s) and Refusal to Pay Benefits
23. 10/06/10 - Clinical Note - M.D.
24. 10/11/10 - Physical Assessment Evaluation and Treatment Plan
25. 10/20/10 - Clinical Note - M.D.
26. 10/28/10 - Notice of Disputed Issue(s) and Refusal to Pay Benefits
27. 10/28/10 - Notice of Denial of Compensability/Liability and Refusal to pay Benefits
28. 11/03/10 - Clinical Note - M.D.
29. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a female who sustained an injury on xx/xx/xx when her right arm was caught in an elevator arm for two minutes.

Radiographs of the right wrist performed 06/14/10 demonstrated no evidence of fracture or dislocation. The spacing between the distal radius and the proximal carpal appeared larger than normal.

The employee was seen for physical performance evaluation on 06/16/10. The employee complained of achy pain in the right shoulder and elbow. The employee reported difficulty grasping and holding things in the right hand. The note stated the employee was working full-time and reported difficulty with her activities of daily living. The employee reported pain with range of motion tests of the right shoulder, elbow, and wrist. The employee reported pain with manual muscle testing of the right shoulder and elbow. The employee demonstrated pain and difficulty with lifting tests and was unable to perform all of the tests. The employee was recommended for six sessions of physical therapy to improve grip strength and range of motion.

The employee attended five physical therapy sessions from 06/17/10 through 10/11/10.

Electrodiagnostic studies performed 06/24/10 demonstrated prolonged latency, low amplitude, and slow conduction velocity of both the median motor and low conduction velocity and borderline latency of both median sensory nerves related to bilateral median nerve entrapment neuropathy.

Radiographs of the right wrist performed 07/16/10 demonstratd findings suggestive of minimal ligamentous strain/sprain without evidence of fractures or dislocations. MRI of the right wrist performed 07/16/10 demonstrated evidence suggestive of minimal TFC trauma and minimal ligamentous trauma with edematous change involving the lunate-triquetral and dorsal intercarpal ligaments. Minimal high signal was demonstrated within the distal scaphoid and in the multangular, which may be compatible with minimal bone contusion. There was no definite evidence for avascular necrosis or fracture.

The employee was seen for follow-up Physical Performance Evaluation on 07/19/10. The employee had attended three physical therapy sessions. The employee complained of constant aching and throbbing pain in the right wrist. The employee rated the pain at 7 to 8 out of 10 on the visual analog scale. The employee reported limitation with her activities of daily living. Physical examination revealed no change in range of motion, grip strength, and muscle strength. Following the test, the employee rated her pain at 9 out of 10.

The employee was seen for follow-up on 08/09/10. Physical examination revealed mild tenderness of the right supraspinous fossa. There was moderate to severe tenderness on the medial side of the right elbow. There was mild to moderate tenderness of the right wrist joint. Range of motion of the right wrist was normal but painful. The employee was assessed with right wrist injury, right elbow injury, and right shoulder injury. The note stated the employee was also suffering from anxiety and stress. The employee was recommended for psychological evaluation.

The employee was seen for behavioral medicine evaluation on 08/11/10. The note stated the employee underwent one session of physical therapy. The employee reported severe pain in the right wrist, elbow, shoulder, and neck. The employee reported difficulty sleeping due to pain. Current medications included ibuprofen, Zanaflex, and Pristiq. The employee's BDI score was 43, indicating severe depression. The employee's BAI score was 61, indicating severe anxiety. The note stated the employee was experiencing significant psychological distress manifested by symptoms of depression, anxiety, self perceptions of disability and preoccupation with persistent, debilitating pain. Current psychological assessment suggested that symptoms of depression and anxiety were clinically significant and interfering with her recovery. The employee was recommended for a trial of individual counseling to improve her pain coping and self-relaxation skills as well as her coping with negative emotions.

An MRI of the right shoulder performed 09/09/10 demonstrated an intact supraspinatus tendon without full-thickness tear or musculature retraction.

The request for individual therapy x 6 sessions was denied by utilization review on 09/14/10. The employee reported chronic pain but had not received physical therapy and had returned to work.

The employee was seen for a physical performance evaluation on 09/21/10. The employee complained of popping pain in the right elbow. The pain worsened with lifting and carrying. The employee reported difficulty opening jars and bottles due to pain in the right shoulder. The employee continued to have difficulty with her activities of daily living. There was mild to moderate pain with range of motion testing, mild to moderate pain with manual muscle testing, and moderate pain with grip testing.

The employee saw Dr. on 09/22/10. The employee complained of burning pain in the left wrist and numbness in the finger tips. There was a pulsing pain in the left wrist and burning tight pain in the left wrist. Physical examination revealed mild tenderness of the supraspinous fossa/anterior shoulder on the right. There was moderate to severe tenderness on the medial side of the right elbow. There was mild to moderate

tenderness of the right wrist joint. Range of motion of the right wrist was normal but painful. The employee was recommended to follow-up in two weeks.

The employee saw Dr. on 10/20/10. The employee complained of constant, sharp pain in the right shoulder and a cold sensation in the right wrist that radiated to the right fingers. There was constant pain in the upper back. Physical examination was unchanged. The employee was referred for orthopedic evaluation.

The employee saw Dr. on 11/03/10. The employee complained of constant sharp, shooting pain in the right wrist. The employee wore a brace on the right wrist. The employee reported a cold sensation in the right hand and wrist. The employee also complained of a sharp pain in the right shoulder. The employee reported sleep disturbance due to pain. Current medications included Pristiq, Ibuprofen, and Zanaflex. Physical examination revealed mild tenderness of the supraspinous fossa/anterior shoulder. There was moderate to severe tenderness on the medial side of the right elbow. There was mild to moderate tenderness of the right wrist joint. Range of motion of the right wrist was normal but painful. The employee was assessed with right wrist injury, right elbow injury, and right shoulder injury. The employee was recommended to follow-up in four weeks.

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

The employee was recommended for six sessions of individual psychotherapy following a behavioral evaluation on 08/11/10. The findings at this behavioral evaluation revealed significantly elevated BDI and BAI scores indicating severe depression and anxiety. The employee continued to be seen after this evaluation; however, the clinical notes provided do not indicate that the employee continued report depression or anxiety symptoms that would require further care. The employee continued to report of right wrist pain; however, her physical examination was normal and there was no evidence on examination of any depression or anxiety symptoms that would reasonably require individual psychotherapy at this point in time. There is also no updated behavioral evaluation provided as the previous evaluation is now almost four months old.

Given the lack of current objective evidence of depression or anxiety, the requested individual psychotherapy is not medically necessary.

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

1. **Official Disability Guidelines**, Online Version, Mental Illness and Stress Chapter