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Notice of Independent Review Decision

DATE OF REVIEW: 01/28/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Six sessions of individual psychotherapy once a week for six weeks

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

Licensed by the Texas State Board of Psychologists

REVIEW OUTCOME

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

X 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.

Six sessions of individual psychotherapy once a week for six weeks - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

A CT scan of the left elbow interpreted by M.D. dated 07/20/09
An MRI of the left shoulder interpreted by Dr. dated 07/20/09
An MRI of the left shoulder interpreted by M.D. dated 11/04/09
A shoulder arthrography interpreted by M.D. dated 11/04/09
X-rays of the left hand interpreted by M.D. dated 02/25/10
An evaluation with M.D. dated 08/02/10
A Physical Performance Evaluation (PPE) with D.C. dated 08/09/10
A mental health evaluation with M.S., L.P.C. dated 10/07/10
Preauthorization requests for six sessions of individual psychotherapy dated 11/30/10 and 12/22/10
A response to denial letter from Ms. dated 12/03/10
A letter of adverse determination, according to the Official Disability Guidelines (ODG), from Ph.D. dated 12/03/10
A letter of adverse determination, according to the ODG, from Ph.D. dated 12/30/10
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

A CT scan of the left elbow interpreted by Dr. on 07/20/09 showed a supracondylar fracture of the distal humerus with approximately 4 to 5 mm. of distraction of fracture fragments and multifocal degenerative changes. An MRI of the left shoulder interpreted by Dr. on 07/20/09 showed significant increased signal centrally that was highly concerning for a superior labrum anterior to posterior tear. Another MRI of the left shoulder interpreted by Dr. on 11/04/09 showed slight subacromial and subdeltoid bursitis and a small non-retracted SLAP type labral tear. X-rays of the left hand interpreted by Dr. Dr. on 02/25/10 showed a shattered-comminuted fracture of the index finger middle phalanx and soft tissue swelling of the middle finger. A PPE with Dr. on 08/09/10 showed the patient functioned in the sedentary-light physical demand level and a multidisciplinary chronic pain evaluation was recommended. On 10/07/10, Ms. recommended six sessions of individual psychotherapy. Preauthorization requests for the therapy were provided on 11/30/10 and 12/22/10. On 12/03/10, there was a letter of denial for the therapy from Dr.. On 12/30/10, there was a letter of denial for the therapy from Dr..

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

The requested six sessions of individual therapy is for a diagnosis of Adjustment Disorder (309.28). According to DSM-IV, the "essential feature" of adjustment disorder is “development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within three months of the onset of the stressor(s).” In this case, the presumed stressor is the injury sustained in the fall on xx/xx/xx. The medical records reviewed for the months following the injury contain no references or diagnosis of the patient suffering from an adjustment disorder. Ms. provided no rationale or justification from the ODG or other peer reviewed literature for deviating from standard application of the DSM-IV criteria for Adjustment Disorder in proposing a treatment plan. The intent of psychotherapy as part of pain treatment is to address "co-morbid mood

disorders" occurring during the recovery/rehabilitation process as part of enhancing the effectiveness of the medical treatment. This patient was determined to have reached MMI on 12/13/10 and is not currently participating in a chronic pain program. Instituting psychotherapy apart from a multidisciplinary approach to pain management is not supported or endorsed by the ODG. Furthermore, the treatment goals/techniques proposed in the Nueva Vida "Initial Diagnostic Screening" on 10/07/10 do not include a statement about the goal of psychotherapy or it being directed toward recovery of a functional level that would enable the patient to resume employment. Therefore, at this time, the requested six sessions of individual psychotherapy once a week for six weeks are not reasonable or necessary and the previous adverse determinations should be upheld.

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**
- X **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**

☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**