

AccuReview
An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: January 1, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual Psychotherapy 1xWk x 6Wks; Biofeedback Therapy 1xWk x 6Wks

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

This physician is a Board Certified Psychiatrist with 19 years of experience.

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)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

On June 30, 2009, the claimant was evaluated by M.D. Impression: Shoulder strain. She was referred out for physical therapy.

On July 1, 2009, the claimant began physical therapy sessions for the right shoulder for 6 to 8 visits.

On July 22, 2009, the claimant was re-evaluated by M.D. She has completed physical therapy with some improvement. She was encouraged to continue her home exercise program.

On August 13, 2009, the claimant was evaluated by, M.D. Her pain is 2/3 better, although she complains of pain with lifting her arm. Aleve once a day was recommended.

On August 27, 2009, the claimant was re-evaluated by M.D. She had a recent flare up with a strong positive impingement sign.

On September 2, 2009, the claimant was evaluated by M.D. She has limited range of motion, positive Neer and Hawkins and impingement signs. There is some crepitus upon palpation.

On September 8, 2009, an MRI of the right shoulder was performed. Impression: 1. Moderate thickness articular surface partial tear of the supraspinatus tendon. Rotator cuff tendinosis changes are also present as is some subacromial/subdeltoid bursitis. 2. SLAP lesion with proximal biceps tendinosis. 3. Glenohumeral osteoarthritic changes and joint effusion. There also appears to be a loose body in the supscapular bursa. 4. OS acromiale. The acromion is Type II/III and there are some AC joint arthropathy changes as interpreted by M.D.

On September 28, 2009, M.D. Her right shoulder was injected with 1% Xylocaine, 1 cc of Dexamethasone and 1 cc of Betamethasone.

On October 5, 2009, the claimant was re-evaluated by M.D. She indicated the injection provided some improvement for a short time, however the pain returned.

On November 18, 2009, x-rays were taken of the right shoulder. Impression: 1. No acute fracture. 2. OS acromiale as interpreted by M.D.

On December 10, 2009, the claimant underwent surgical intervention of the right shoulder as performed by M.D. Procedures: 1. Arthroscopy. 2. Removal of loose bodies, right shoulder. 3. Extensive debridement, right shoulder.

On January 19, 2010, the claimant was evaluated by M.D. She stated she is doing better post-operatively. She was shown how to do some assisted range of motion exercises.

On February 16, 2010, the claimant was re-evaluated by, M.D. She still has trouble reaching up her back. She does have pretty significant arthritis.

On March 23, 2010, the claimant was re-evaluated by M.D. She sometimes drops things because of pain. She is to advance her home exercises. Physical therapy was recommended.

On March 29, 2010, the claimant began physical therapy of her right shoulder 2 times a week for 4 weeks.

On April 23, 2010, the claimant was evaluated by DO. Impression: 1. Internal derangement, right shoulder. 2. Neuropathic pain, right shoulder. 3. Possible impingement syndrome, right shoulder. An EMG/NCV was recommended.

On May 3, 2010, Ph.D. performed a behavioral medicine consultation. She would benefit from a low level individual psychotherapy for 6 weeks to facilitate a healthy adjustment and improve her coping with her overall condition by using basic relaxation techniques as she is struggling with her pain experience and loss of function.

On May 15, 2010, the claimant was re-evaluated by, M.D. She states she is improving, but slowly.

On May 26, 2010, the claimant began individual psychotherapy sessions for 6 weeks.

On June 14, 2010, M.D. placed the claimant at MMI as of June 14, 2010 with a 5% whole person impairment rating.

On June 22, 2010, the claimant participated in a Functional Capacity Evaluation. She provided consistent effort throughout the exam.

On June 29, 2010, the claimant completed her individual psychotherapy sessions. The therapy has helped and she would like to continue. 6 more sessions of IPT and 6 sessions of biofeedback therapy were requested.

On July 20, 2010, D.C. stated she has not reached MMI and should on or about October 20, 2010.

On August 23, 2010, the claimant began individual psychotherapy for 6 weeks.

On August 31, 2010, M.D. performed a peer review. He states the diagnosis is status post right shoulder arthroscopy with removal of loose bodies. There is no medical necessity for current medical treatment or medications.

On October 7, 2010, the claimant completed her individual psychotherapy sessions. She made good/adequate progress throughout her sessions. 6 more sessions of IPT and biofeedback were recommended.

On November 9, 2010, D.C. placed the claimant at MMI with a 2% whole person impairment rating.

On November 2, 2010, M.D, a psychologist, performed a utilization review on the claimant. Rational for Denial: Per the clinical documentation, the patient had prior individual psychotherapy in May and June of 2010. There is no clinical documentation regarding the patient's psychological status since her initial psychotherapy ended. Given that it has been approximately 4 months since her last individual psychotherapy session, and the patient has no significant Beck Depression Inventory or Beck Anxiety Inventory scoring, additional psychotherapy along with biofeedback would not be indicated, as there is not significant objective evidence of psychological problems that would reasonably require continued treatment. Therefore, it is not certified.

On November 24, 2010, M.D., a psychologist, performed a utilization review on the claimant. Rational for Denial: There are minimal indications of depression and anxiety. The patient has undergone a course of individual psychotherapy but is not on any antidepressants. Therefore, it is not certified.

PATIENT CLINICAL HISTORY:

On xx/xx/xx, this female sustained an injury to the right shoulder when she was lifting hubs to put on the machine.

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

The claimant has participated in a total of 12 weeks of psychotherapy sessions (May and August 2010) with additional training in basic relaxation techniques with subjective improvement. There is no indication that there is a DSM IV mood disorder in the documentation provided, nor are there any scales to indicate pre therapy (baseline) and post therapy improvement after the first 6 sessions or the second 6 sessions. There are no antidepressants presently prescribed for a mood disorder. The claimant has been provided with basic relaxation techniques. There are no indications for further psychotherapy.

ODG Psychotherapy Guidelines:

- Initial trial of 6 visits over 6 weeks
- With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)

Extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials. Although short-term psychotherapy is effective for most individuals experiencing acute distress, short-term treatments are insufficient for many patients with multiple or chronic mental disorders or personality disorders. ([Leichsenring, 2008](#))

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)**