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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: July/18/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
90806 Individual Psychotherapy 1xwk x4wks

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified Physical Medicine and Rehabilitation and Pain Management

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY
The patient is a male whose date of injury is xx/xx/xx. On this date the patient injured his right upper extremity secondary to lifting a box at work. The patient felt several pops to the vicinity of his right elbow and forearm, which was soon followed by significant swelling to his proximal volar right forearm. MRI revealed disruption of the distal biceps tendon at its insertion with possible avulsion fracture of the radius at the former site of insertion. Initial behavioral medicine consultation dated 05/23/11 indicates that the patient is not currently taking any medications. The patient reports difficulty sleeping. BDI is 21 and BAI is 23. Diagnosis is pain disorder with both psychological factors and a general medical condition. The patient was set up to see an orthopedic surgeon but did not. There is nothing in the medical notes that references psychological symptoms of distress. There is mention of pursuing a surgical consult. Prior reviewer said the request did not meet ODG criteria for individual psychotherapy given the recent nature of the injury. ODG states this intervention is applicable in chronic pain situations and x months have not passed from incident date. Furthermore he states that this is an individual with a biceps tendon rupture, generally a surgical urgency.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
This male patient sustained a biceps tendon rupture; however, there is no indication that the patient has undergone any active treatment to date. The submitted records indicate that the patient has been recommended for orthopedic surgical consult; however, there is no evidence that this has occurred. The Official Disability Guidelines note that individual psychotherapy is appropriate for patients with chronic pain; however, this patient's date of injury is only x months old. The patient is not currently taking any medications. ODG reports that the gold standard of treatment is a combination of medication management and individual psychotherapy. At this time, the records do not demonstrate how the ODG has been fulfilled. Because of this, the previous adverse determinations by the prior reviewers should be upheld. There is not a medical necessity at this time for 90806 Individual

Psychotherapy 1xwk x4wks.

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

[ ] ACOEM-AMERICA 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)