



Notice of Independent Review Decision

**DATE OF REVIEW: 6/04/2011**

**IRO CASE #:**

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

**Preauthorization for Individual Psychotherapy x 6 sessions  
CPT 90806 to be performed over eight (8) weeks**

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

**M.D. Board Certified in Psychiatry and Addiction Psychiatry**

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	5/18/2011
Utilization Review Department Fax	5/17/2011
Peer Clinical Determinations	5/03/2011-5/12/2011
P.C.	4/29/11
Pre-certification, Pre-Authorization Request	4/20/2011



Confidential Diagnostic Interview (with Testing)	5/05/2011
Appeal	5/05/2011

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a married father. He was working as a when, on xx/xx/xx he injured his right shoulder after ‘throwing a tripod’ over it. He underwent cortisone injections, then surgical repair of right rotator cuff on 1/25/2011. His brace and sling were removed on 4/20/2011 and he has commenced post surgical physical therapy. He takes two Tylenol # 3 pills at HS.

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

At present I uphold the denial of psychotherapy for this patient because he does not meet ODG criteria described below.

ODG criteria regarding individual psychotherapy for chronic pain are as follows: Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone.

The outcome of his physical therapy remains to be seen. He resumed post surgical physical therapy after his brace and sling were removed on 4/20/11. There are no records more recent than 4/20/11 to determine the outcome of physical therapy. It is not clear that there is lack of progress from PT alone. It is premature to judge the medical necessity of his benign pain syndrome.

**REFERENCES**

ODG guidelines

**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 KNOWLEDGBASE



7331 Carta Valley Drive | Dallas, Texas 75248 | Phone: 214 732 9359

- 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)