

Applied Resolutions LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/14/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy 1 X wk X 4 wks L shoulder

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

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Radiograph right shoulder 03/19/12

Radiographs chest 03/19/12

History and physical for work hardening 05/09/12

Functional capacity evaluation 05/02/12

Patient activity flow sheet 06/01/12

Work hardening program pre-authorization request 05/16/12

Initial behavioral medicine consult 05/10/12

Rehabilitation progress report 04/03/12

Rehab reevaluation report 04/30/12

Work hardening discharge summary 06/15/12

Prior reviews 06/21/12 and 07/25/12

Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a male who sustained an injury on xx/xx/xx. The patient was status post 10 sessions of work hardening completed in June of 2012. The patient's initial behavior consultation prior to work hardening program on 05/10/12 stated he injured his left shoulder lifting a trashcan. Medications at that visit included Motrin 600mg. The patient reported his left shoulder pain at 5-6/10 on the VAS scale. The patient denied any pertinent prior psychiatric history. Mental status evaluation reported the patient's mood is dysthymic with a labile affect. BDI testing was 25 indicating moderate depression and BAI testing was 21 indicating moderate anxiety. The patient's FABQ scores were 42 for work and 24 for physical activity. Work hardening program discharge summary dated 06/15/12 stated that the patient

had good compliance with the program but expressed need for further services. The patient stated he did not feel like he was able to return to work safely after the program due to elevated psychological symptoms. Repeat BDI testing revealed the patient's score at 35 which had increased from 25. The patient's BAI score reduced to 18. The patient was recommended for further individual psychotherapy and a chronic pain management program. The request for individual psychotherapy for four sessions was denied by utilization review on 06/21/12 due to a lack of comprehensive psychological evaluation provided submitted. The request for individual psychotherapy was again denied by utilization review on 07/25/12 due to lack of improvement with previous psychological treatment and lack of psychological testing validity measures.

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

The request for individual psychotherapy for four sessions is not recommended as medically necessary. The clinical documentation provided for review does not establish the patient made any significant gains with prior psychological treatment combined with the work hardening program. The patient's BDI score during the home exercise program increased from 25 to 35. No repeat mental health evaluations were provided for review following the work hardening program that included validity measures. The patient had significantly increased fear avoidance behavior scores and without validity measurements confirming the patient's subjective complaints, further individual psychotherapy would not be indicated as medically necessary. As such the request remains non-certified and prior denials are upheld

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES