

# Pure Resolutions LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Feb/12/2013

**IRO CASE #:**

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

Individual Psychotherapy X 6 sessions (1 X wk X 6 wks)

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

Board Certified Family Practice

**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  
Utilization review determination dated 12/21/12, 01/18/13, 10/01/12  
Request for reconsideration dated 01/10/13  
Initial interview dated 12/04/12  
Preauthorization intake form dated 01/10/13, 12/18/12  
Preauthorization request dated 11/27/12, 01/23/13, 09/26/11  
Operative report dated 11/04/10  
Handwritten note dated 04/27/11, 04/13/11, 04/07/11, 03/30/11, 03/28/11, 10/12/10, 10/18/10  
Designated doctor evaluation dated 06/16/12  
Orthopedic evaluation dated 11/15/11  
Peer review dated 01/09/12  
Soap note dated 12/19/12, 12/18/12, 12/12/12, 12/06/12, 12/03/12, 11/29/12, 11/28/12  
Patient demographics form undated  
Office visit note dated 11/26/12, 09/18/12, 12/19/12, 09/05/12, 04/11/11, 12/06/10, 11/04/10, 10/18/10  
Letter dated 03/16/11  
Radiographic report dated 01/10/11  
Functional capacity evaluation dated 09/25/12, 06/02/12  
MRI right shoulder dated 02/15/11, 01/20/11  
Request for individual psychotherapy dated 12/18/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female whose date of injury is xx/xx/xx. On this date the patient injured her right shoulder when she was arising from the commode and pulling on the toilet roll dispenser with her right hand when she felt immediate sharp pain in the right shoulder. The patient's surgical history is positive for right shoulder arthroscopic rotator cuff repair on 11/04/10. Peer review dated 01/09/12 indicates that the only treatment that the patient needs is an active home program. If she does get a flare up in the shoulder, she might benefit from a cortisone injection. Designated doctor evaluation dated 06/19/12 indicates that extent of injury is a re-tear of the tendon. Initial interview dated 12/04/12 indicates that treatment to date includes x-rays, MRI, physical therapy, pain injections, TENS unit and surgery. The patient reports that she has been diagnosed with bipolar disorder, severe depression, and ADHD. The patient reports several suicide attempts in the past to include cutting her wrist, hanging herself, overdosing and walking in front of an 18-wheeler. Current medications are listed as Norco and Neurontin. BDI is 20 and BAI is 31. Diagnosis is pain disorder associated with both psychological factors and a general medical condition.

Initial request for individual psychotherapy x 6 was non-certified on 12/21/12 noting that the patient presents with significant pre-existing psychological diagnoses. The patient has not been placed on psychotropic medications and MMPI testing needs to be completed to validate the patient's complaints. The denial was upheld on appeal dated 01/18/13 noting that the claimant has a history of previous psychological issues prior to the event on 01/05/11. The claimant apparently sustained a shoulder sprain/strain that required 6 sessions of physical therapy. There is no indication that the current psychological overlay is a manifestation of the alleged event on 01/05/11. There is inadequate documentation to substantiate medical necessity of psych sessions for the sprain/strain injury.

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

The patient sustained a shoulder sprain/strain on xx/xx/xx and subsequently completed six sessions of physical therapy. Initial interview dated 12/04/12 indicates that the patient reports that she has been diagnosed with bipolar disorder, severe depression, and ADHD. The patient reports several suicide attempts in the past to include cutting her wrist, hanging herself, overdosing and walking in front of an 18-wheeler. Current medications are listed as Norco and Neurontin. BDI is 20 and BAI is 31. There appears to be a relatedness issue as the patient's subjective complaints appear to far outweigh any objective findings, and the patient presents with significant pre-existing psychological factors. There is no confirmation through validity testing that the patient's reported symptoms are accurate. The patient has not been placed on any psychotropic medications to date. As such, it is the opinion of the reviewer that the request for individual psychotherapy x 6 sessions (1 x wk x 6 wks) is not recommended as medically necessary.

**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**