

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: January 19, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

3 hours behavioral testing to include CPT codes 90801, 96102, and 96103.

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

Board Certified by the American Board of Psychiatry and Neurology

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

PATIENT CLINICAL HISTORY:

The patient slipped and fell at work, injuring her right wrist, elbow, shoulder, cervical spine, and right knee. She has had extensive conservative treatment, pain medications, injections, and right shoulder arthroscopy. She has had individual counseling, work hardening, and work conditioning. She indicated to her orthopedic surgeon that she retired due to complications of diabetes and other medical problems. She has had

persistent depression and individual therapy. There are indications of prior bouts of depression and anxiety pre-existing the condition.

The most recent evaluation from the orthopedist notes that her shoulder is fine. He is not sure what is keeping her out of work. It is his understanding that she is retired.

The request for a chronic pain management program was performed, including a psychological evaluation. This program was appealed; it was not authorized on an independent review.

There is a subsequent request for initial psychological evaluation and psychological testing. This was not authorized on two occasions and is the subject of this review.

Additionally, it is noted that the patient was determined by a designated doctor examination to be at maximum medical improvement as of June 20, 2008.

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

It appears that this patient has had two prior psychological evaluations and one recently as part of the request for a chronic pain management program. In my opinion, there is no indication for repeating this evaluation. Additionally, it appears that her physical complaints per the orthopedic surgeon have improved and that her disability appears to be arising from other non-injury related conditions.

Finally, the patient is retired. The purpose of repeating the psychological evaluation and doing psychological testing would be to guide her rehabilitation further. However, as previously noted, the patient is retired from work. Her condition has substantially improved according to the orthopedic surgeon. She has also been found to be at maximum medical improvement. The ODG recommends psychological evaluations, including psych testing, as a part of guiding effective rehabilitation.

A final point is that the patient has participated in individual therapy and work hardening. The request for a tertiary level of behavioral program was denied, and there would not appear to be any subsequent behavioral interventions that would likely be reasonable or necessary. Such that, the purpose of doing the psychological evaluation does not seem to be clear as it is unlikely to really guide therapy.

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)