

# **INDEPENDENT REVIEWERS OF TEXAS, INC.**

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 10/06/10

**IRO CASE NO.:**

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

Item in dispute: 96101 Psychological Testing x 3 hours; MMPI-2RF BHI-2

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

Texas Licensed Psychologist

**REVIEW OUTCOME**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Xx/xx/xx- Employer's First Report of Injury or Illness
2. 08/16/09 - Physical Therapy Notes
3. 08/19/09 - Physical Therapy Notes
4. 09/17/09 - Physical Therapy Notes
5. 09/23/09 - Physical Therapy Notes
6. 09/24/09 - Physical Therapy Notes
7. 09/28/09 - Physical Therapy Notes
8. 10/07/09 - Clinical Note - Unspecified Provider
9. 10/08/09 - Clinical Note - Unspecified Provider
10. 10/12/09 - MRI Right Elbow
11. 10/21/09 - Clinical Note - Unspecified Provider

- 12. 11/03/09 - Clinical Note - Unspecified Provider
- 13. 11/04/09 - Clinical Note - Unspecified Provider
- 14. 01/05/10 - Clinical Note - Unspecified Provider
- 15. 03/30/10 - Clinical Note - Unspecified Provider
- 16. 04/02/10 - Physical Therapy Note
- 17. 04/06/10 - Clinical Note - Unspecified Provider
- 18. 04/08/10 - Clinical Note - Unspecified Provider
- 19. 04/19/10 - Clinical Note - Unspecified Provider
- 20. 04/30/10 - Clinical Note - Unspecified Provider
- 21. 05/10/10 - Clinical Note - Unspecified Provider
- 22. 05/12/10 - Physical Performance Evaluation
- 23. 05/18/10 - Clinical Note - Unspecified Provider
- 24. 05/25/10 - Clinical Note - Unspecified Provider
- 25. 06/04/10 - Psychological Evaluation
- 26. 06/09/10 - Clinical Note - MD
- 27. 06/14/10 - Clinical Note - Unspecified Provider
- 28. 06/16/10 - Initial Behavioral Medicine Consultation
- 29. 06/22/10 - Clinical Note - Unspecified Provider
- 30. 06/25/10 - Clinical Note - Unspecified Provider
- 31. 07/09/10 - Electrodiagnostic Studies
- 32. 07/12/10 - Clinical Note - MD
- 33. 07/15/10 - Physical Therapy Note
- 34. 07/21/10 - Clinical Note - Unspecified Provider
- 35. 07/28/10 - Clinical Note - MD
- 36. 08/05/10 - Physical Therapy Notes
- 37. 08/19/10 - Designated Doctor Evaluation
- 38. 08/19/10 - Functional Capacity Evaluation
- 39. 08/19/10 - Report of Medical Evaluation
- 40. 08/19/10 - Texas Work Status Report
- 42. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee is a female who sustained a non specific injury on xx/xx/xx when she developed pain in the arm while giving a.

The clinical notes begin with physical therapy notes from 08/16/09 through 09/28/09.

An MRI of the right elbow performed 10/12/09 demonstrated normal findings with no evidence of fracture, dislocation, or marrow signal abnormality.

The employee was seen regularly for medical management; however, the clinical notes were difficult to interpret due to poor handwriting and copy quality.

A Physical Performance Evaluation performed 05/12/10 stated the employee's occupation as a required a light medium physical demand level. The employee demonstrated the ability to perform at a below sedentary to sedentary physical demand level.

The employee was seen for psychological evaluation on 06/04/10. The employee's BAI score was 17, indicating moderate anxiety. The employee's BDI score was 31, indicating severe depression. The employee was recommended for a work hardening program.

The employee saw Dr. on 06/09/10 with complaints of right arm pain. Physical examination revealed decreased hand grips. There was decreased sensation and motor of the right upper extremity. The employee was assessed with right cervical/thoracic sprain. The employee was recommended for physical therapy.

The employee was seen for initial behavioral medicine consultation on 06/16/10. The employee rated the pain at 9 out of 10 on the visual analog scale. The employee described a burning pain on the right side of the neck and a stabbing/numbing/pins and needles sensation throughout the right arm. The employee stated her current level of overall functioning was 50%. The employee reported sleep disturbance. The employee's BDI score was 29, indicating severe depression. The BAI score was 32, indicating severe anxiety. The employee was assessed with major depressive disorder and anxiety disorder. The employee was recommended for a formalized batter of psychological tests, including MMPI-2-RF and BHI-1.

The request for psychological testing x 3 hours was denied by utilization review on 07/08/10 as this was a two-year-old injury, the employee had returned to work, and the initial psychological evaluation documents the employee's reported symptoms.

Electrodiagnostic studies performed 07/09/10 reveal fibrillations in the right flexor carpi radialis, suggestive of a C6 or C7 radiculopathy on the right.

The employee saw Dr. on 07/12/10. The employee reported a good sleep pattern and good mood. The employee rated her elbow pain at 5 to 9 out of 10. The employee reported numbness in the right arm. Physical examination revealed positive sensory deficits to the right upper extremity. The employee was advised to follow up in four weeks.

The employee saw Dr. on 07/28/10 with complaints of pain to the lateral aspect of the right elbow. Physical examination revealed no tenderness over the shoulders, left elbow, wrist, or hands. There was marked tenderness to the right shoulder. There was no swelling, crepitation, or masses noted. Range of motion

was normal. The employee was assessed with right lateral epicondylitis. The employee was given a steroid injection.

The request for psychological testing x 3 hours was denied by utilization review on 08/06/10 as this was a two-year-old injury, the employee had returned to work, and the initial psychological evaluation documented the employee's reported symptoms. There was also no evidence of lower level attempts to address the purported psychological distress.

The employee was seen for a Functional Capacity Evaluation (FCE) on 08/19/10. The employee gave a reliable effort. The employee's occupation as a required a light physical demand level. The employee tested at a light physical demand level.

A Designated Doctor Evaluation was performed on 08/19/10. The employee complained of pain in the right elbow/wrist, pins and needles in the right elbow/wrist, tingling in the right elbow/wrist, weakness in the right elbow/wrist, and hypersensitivity in the right elbow/wrist. The pain worsened with sitting, standing, walking, sleeping, pushing, pulling, stooping, bending, reaching, sexual activity, and weather changes. Previous treatment included physical therapy, TENS unit, and injections. Current medication included Cymbalta. Physical examination revealed normal testing of the spinal dermatomes. Deep tendon reflexes were normal. Palpation of the right elbow revealed tenderness over the lateral epicondyle. Palpation of the right wrist revealed tenderness over the radial aspect. Range of motion was within normal limits. Testing of the bilateral median, radial, and ulnar nerves were within normal limits. The employee was placed at Maximum Medical Improvement (MMI) and was assigned a 0% whole person impairment.

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

The requested psychological testing x 3 hours to include a MMPI-2 and BHI-2 is not supported by the clinical documentation provided for review. The employee's most recent psychological examination adequately addresses the employee's

behavioral symptoms and provides a valid diagnosis with the use of BAI and BDI testing which report objective findings per ***Official Disability Guidelines***. At this point in time, the clinical documentation does not demonstrate that additional psychological testing will provide any additional information that would reasonably guide the course of care for the employee. As such, medical necessity is not supported.

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

**Official Disability Guidelines**, Online Version, Mental Illness and Stress Chapter.