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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: April 22, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Mental health evaluation for right thumb, wrist and hand pain; out-patient.

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

M.D., Board Certified in 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)

The requested service, mental health evaluation for right thumb, wrist and hand pain; out-patient, is medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient experienced a work-related injury on xx/xx/xx when she lacerated her right thumb. The patient underwent a functional capacity evaluation on 1/26/11 which noted that she demonstrated the ability to safely and dependably perform at light physical demand level. However, this fails to meet the minimum job requirements for her previous job and employer. A gradual return to work has been attempted with restrictions. The evaluator further noted the patient was currently working at that time but continued to experience diminished grip strength in her dominant right hand, precluding her ability to pursue activities of daily living and to safely fulfill certain job demands to the best of her ability. The patient was given restricted use of the right hand pending electrophysiological study. An EMG/NVC study was performed on 2/3/11 and revealed evidence of carpal tunnel syndrome at the level of the right wrist. On 2/28/11, the patient's provider recommended participation in a work hardening or work conditioning program. The provider has ordered a mental health evaluation prior to selection of a work hardening/conditioning program. The request was denied on the basis that a mental health evaluation is not medically necessary for this patient.

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

The patient's physician has proposed a mental health evaluation as a pre-requisite to selection of a work hardening/conditioning program to treat the patient's chronic pain and weakness related to the traumatic thumb injury and carpal tunnel syndrome. According to the Official Disability Guidelines (ODG), in order for a patient to be eligible for a work hardening/conditioning program, there must be no evidence of other medical, behavioral or other comorbid conditions (including those that are non work-related) that prohibits participation in the program or contradicts successful return-to-work upon program completion. The recommendation for a mental health evaluation as a pre-requisite evaluation for a work hardening/conditioning program is therefore consistent with ODG guidelines, as it is needed to rule out a psychological condition that could preclude participation in such a program. As such, the requested mental health evaluation is medically necessary for this patient.