



Notice of Independent Review Decision - WC

IRO REVIEWER REPORT – WC

DATE OF REVIEW: 07/22/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Psychological Testing 3 Hours - 96101

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

Physical Medicine and Rehabilitation
Pain Management

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 or not medical necessity exists for each of the health care services in dispute:

- Psychological Testing 3 Hours - 96101 - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx year old who reported an injury on xx/xx/xx when she fell. She diagnosed with disorders of the bursae and tendons in shoulder region. Current medications are gabapentin, hydrocodone/acetaminophen, ibuprofen and trazadone. X-rays of her left hand on 10/30/13 noted soft tissue swelling of left wrist and dorsal surface of metacarpals of left hand without definite evidence of underlying fracture. Left humerus x-rays performed on 10/30/13 reveal a metallic plate overlying the proximal left ulna, stabilizing a previous fracture of unknown age. Left forearm x-ray performed on 10/30/13 noted no acute changes. Left shoulder x-ray dated 10/30/13

noted a normal left shoulder. Records indicate the claimant attended approximately 30 sessions of physical therapy, 8 sessions of individual psychotherapy, and 10 days of work hardening. There is no indication of surgical procedures being performed. She was evaluated for participation in a chronic management program on 06/05/15. The mental status exam noted normal attention, concentration and psychomotor activity and speech. Her intellectual functioning was within normal limits. Her mood was anxious, and affect was dysphoric. Memory was intact. Judgment, insight and impulse control fair. Current records indicate claimant needs psychological testing with validity skills as part of an assessment for chronic pain program to distinguish between conditions that are pre-existing, aggravated by current injury, or work related. A request for 3 hours of psychological testing is being requested.

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

Based upon the current documentation, the additional request for psychological testing is not reasonable or necessary. Psychological trauma resultant from the xx/xx/xx injury has not been established at this time. Further, this appears to be a duplication of services, as the claimant has had extensive psychological testing and psychology visits in the past, both individually as well as associated with a work hardening program. The records submitted for review do not substantiate the necessity for additional psychological testing at this time in line with ODG guideline recommendations.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**