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December 14, 2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX XX XX joint steroid injections

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

This case was reviewed by a board-certified Orthopedic Surgeon who is considered to be an expert in their field of specialty with current hands on experience in the denied coverage.

REVIEW OUTCOME:

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

X Overturned (Disagree)

PATIENT CLINICAL HISTORY [SUMMARY]:

XXXX. The claimant complained of XX XX, XX, and XX pain. Radiographs revealed XX mild XX in multiple XX of XX and XX and XX of the first XX (XX) joint consistent with XX joint XX. The claimant has been treated with regular XX XX, was fit for XX XX XX XX and given instructions for nighttime and partial day time XX and given work restrictions. The claimant had no improvement with XX and work restrictions at follow up.

Orthopedic Note dated XXXX revealed the claimant reported XX XX pain, XXXX side more than the XXXX. There was positive first XX XX test XX of the XX joints and a positive XX test. Both XX were painful to XX at the XX joint. The claimant was diagnosed with XX of XX joint of XXXX XX, XX of XXXX XX, and XX XX pain. The request is made for XX XX XX XX steroid injections.

This case underwent previous adverse determination given that prior treatments had not been attempted or described in the clinic notes.

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

Based on the review of records, the request for steroid injections to the XX XX XX joint is medically necessary. The claimant has been diagnosed with XX XX XX and XX injection is recommended for XX XX XX as per ODG. The claimant underwent a reasonable course of conservative treatments with work activity restrictions and a trial of XX XX XX with no improvement at XX week follow up visit. An injection into the XX XX joint XX is a reasonable next step in non-operative care and is considered a standard of care. Therefore, the request for XX XX XX joint XX injections is medically necessary and appropriate.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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