



**MEDICAL EVALUATORS  
OF T E X A S** ASO,LLC.

2211 West 34<sup>th</sup> St. • Houston, TX 77018  
800-845-8982 FAX: 713-583-5943

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

<b>Type of Document Received</b>	<b>Date(s) of Record</b>
Office Visit by X, PR, DPT	X
Re-Evaluation Visit by X, PR, DPT	X
Appeal from XX X for Rehabilitation	X
Denial Letter from X Services	X
Daily Note Visit by X, PR, DPT	X
XX X Medicine Report from X	X
Peer Clinical Review Report from X	X
IRO Request Fax from X	X
IRO Request form from X	X
IRO Request Details from Texas Department of Insurance	X
Fax Records from X	X
Notice of Assignment Fax from Texas Department of Insurance	X
XX Case Assignment from Texas Department of Insurance	X
Claimant Records Email from X Services	X

**EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The claimant is a X injured X when “X” sustaining an injury to the X. Office Visit by X, PR, DPT dated X documented the claimant was diagnosed with unspecified X, not specified as traumatic; Pain in X; and X, not elsewhere classified. The claimant reported to X, PR, DPT X experienced a strain in X the previous day while X.

The Re-Evaluation Visit by X, PR, DPT dated X documented after X injury the claimant underwent X for approximately X weeks and saw improvements in X (X), but continued to have significant pain. The claimant underwent an MRI that showed a X and subsequently underwent a X. X, PR, DPT documented the claimant presented with pain rated a X and a X while at work. Objective findings on



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examination by X, PR, DPT included range of motion of the X was X,X;X,X;X; and X. X testing of the X revealed -X; -X; +X; +X. The claimant reported to X, PR, DPT X could carry no more than X pound, could hold the base of a X, able to lift X pound, could touch the top of the X, and rolling onto the X. X, PR, DPT recommended the claimant attend X for X visits a week with an expected duration of X weeks.

Daily Note Visit by X, PT dated X documented the claimant presented for X X visit. The claimant complained of pain and tightness in X X that was worse about an hour after completing X exercise. X, PT documented the claimant's pain was X and X when X was elevated. X, PT reported the claimant was "still X and X today. X responds well to [X] and [X] to decrease tightness and increase tolerance for [X] strengthening activities." X, PT recommended the claimant continue with current program.

Denial Letter from X dated X denied the request for X X times per week for X weeks stating, "The available documentation indicates that the claimant sustained a work-related injury to the X on X and completed X weeks of X with reported benefit. The claimant subsequently underwent X. The claimant has completed an unknown number of X sessions thus far. The notes indicate that X has had pre-op X and currently undergoing X weeks of X. There are no notes indicating when the first visit was completed and how far along X is with the current sessions. The most recent examination provided from X is dated on X that indicated X. Within those notes indicate an initial assessment was completed on X and a re-evaluation on X. There have been no documented improvements noted thus far. More specifically, according to the notes, X has decreased in all ranges from the initial to the most current note. X has minimally improved in some areas such as X, whereas X have remained unchanged. There were no notes indicating the progression of treatment and response to the unknown number of visits of X. It is not clear the benefits of X and how



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additional therapy will provide further benefit. The provider has not provided any objective evidence to support the X has been beneficial and or complicating factors with current X that would allow for deviation from guideline recommendations. ODG Guidelines recommend X and allow for fading of treatment frequency (from up to X visits per week to X or less), plus active self-directed X. X visits over X weeks or X visits over X weeks for X or up to X visits for X. The claimant has had an unknown number of visits since the procedure on XX. Furthermore, the request is for 2x a week and this does not indicate that there is fading treatment frequency with promotion of independence from passive care. This request is not medically necessary.”

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

This is a X diagnosed with unspecified X, not specified as traumatic; Pain in X; and Stiffness of X, not elsewhere classified. The request is for X X times per week for X weeks.

According to Official Disability Guidelines (ODG), X visits of X over X weeks are recommended for post arthroscopic X. In this case, the claimant underwent surgical intervention on X and had attended X X visits as of X. At this point in X treatment the claimant is not fully recovered and would be expected to have some residual decreased X, as outlined by the therapist in the exam portion of the notes. The claimant was not yet at X weeks from date of service at the time of the last X visit and additional X was warranted based on the ODG guidelines, time from X , and residual X noted in X and X. The request, however, was for X visits. This exceeds the recommended X visits.

Therefore, based on ODG guidelines and criteria, as well as the clinical documentation stated above, it is my professional medical



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opinion that the request for X X times per week for X is not medically necessary and appropriate. I recommend the claimant instead be approved for X visits to allow for X.

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

**ODG-TWC**

*e section of TDI's website at [www.tdi.texas.gov](http://www.tdi.texas.gov).*