

Magnolia Reviews of Texas, LLC

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**INFORMATION PROVIDED TO THE IRO
FOR REVIEW: PATIENT CLINICAL**

1. X, Determination Letter, X
2. X, Determination Letter, X
3. X, Determination Letter, X
4. X, Prior Review, X, DO
5. X, Prior Review, X, MD
6. X, Clinical Note, X, MD
7. X, Work Status Report, No Signature
8. X, Clinical Note, X, MD
9. X, Work Status Report, No Signature
10. X, Clinical Note, X, MD
11. X, Work Status Report, Signature Eligible
12. X, Clinical Note, X, MD
13. X, Work Status Report, Signature Illegible
14. X, Patient Referral, No Signature
15. X, Clinical Note, X, MD
16. X, Clinical Note, X, OT
17. X, Clinical Note, X, MD
18. X, Clinical Note, X, OT
19. X, Clinical Note, X, OT

HISTORY [SUMMARY]:

This case involves a X with history of an occupational claim from X. The mechanism of injury was detailed as occurring when the patient was X. The occupational therapy note from X noted that the patient was seen for a follow-up. The patient stated that X was doing X. On examination, there

was X to the X. The treatment plan was for the patient to attend X.

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

The official disability guidelines recommend up to X visits over X weeks for X. The patient had previously completed at least X X sessions. There was no evidence of the patient's significant objective functional improvement with prior X. Furthermore, the request would exceed guideline recommendations. As such, the request for X is not medically necessary and the prior determination is X.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES, Physical/ Occupational therapy**