

IMED, Inc  
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**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X,X, MRI of the X

X and multiple dates, X and X Clinic, Dr. X, clinical records of evaluation and treatment

X and multiple dates, X, clinical records of physical therapy evaluation and treatment

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This claimant was injured when X jerked the X while working. X had an immediate onset of X pain. X was treated conservatively with X. An MRI of the X showed a complete X. Dr. X recommended X care. The doctor noted multiple non-related medical issues including X, X, X, X and a X.

Dr. X noted on X that Mr. X continued to have X pain. The doctor recommended surgery to include X, X and X. X concluded that X was not indicated that the claimant would not recover well. The doctor diagnosed X

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

The MRI was not related to the X. The X was complete and was appropriately treated with conservative X and an X. There are no indications of X damage on the MRI. Dr. X appropriately diagnosed X that is not related to the compensable injury. If the surgery request included an MRI that showed a X, this would still not rise to criteria of ODG for surgery. If the request was simply for X, it would not rise to the criteria for surgery as ODG research studies show superior results with X and X.

ODG recommendations for X require extensive X including X and X. This claimant has co- X. X is a very poor candidate for improvement with surgery. X has near normal range of motion with mild pain. The X r is stable with no objective physical findings of blocking. X has good strength in abduction, and X has X region.

**This claimant not only does not meet criteria for surgery, X is a very poor candidate for surgery due to the multiple X. The requested procedure is not certified or medically necessary due to not meeting requirements established by the ODG and by established clinical guidelines used by experienced orthopedic surgeons.**

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

**X MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES, 17th Edition (web), ODG recommendations for XX XX XX XX**