



14785 Preston Road, Suite 550 | Dallas, Texas 75254
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PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X who sustained an injury to X. X has undergone a X. The clinic notes indicate that X continues to have X. X has undergone extensive X since the surgery and per the available clinic and X notes X has had improvement since surgery but has not been improving with this in the more recent time frame. X describes having grinding in the X. On exam X is noted to have X. X has X. At the time of the last notes X was being treated with oral medications including X. The recommendations from both the orthopedic and family medicine note were to finish out X current therapy course and progress to a X with note made that X may not regain full motion in the X. The request currently is for X which came from X physical therapy facility.

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

Per ODG references, the requested "X" for the patient" is not medically necessary. Based on the available information, the patient has exceeded the recommended number of X per the ODG guidelines. Also, it seems that X has not been improving with the present course of X and there is no indication as to why that would change with the addition of further X. For these reasons, the current request for X is not certified.



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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE KNOWLEDGE BASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL



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- PEER REVIEWED NATIONALLY ACCEPTED
MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY
VALID, OUTCOME
FOCUSED GUIDELINES