

CASEREVIEW

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PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X when X. X sustained a X. X required X.

On X, Operative Report by X, MD. Post-operative Diagnosis: X.

On X, the claimant presented to X, MD with X. X had been X. X used a X. On examination there was X. The X. There was no evidence of X. There was X. X. It was difficult to X, but X did have X. X was X with X. X had about X. X was able to place the X. The X was X. There was X. X X-rays of the X were obtained and demonstrated a X. There was X. There was also evidence of a X. The X itself appeared to be X. The X was congruent, and there was X. Assessment: History of X. Plan: X will probably need at least a X. X will begin working diligently on X. X will begin X. X will begin X. Discontinue daily X.

On X, the claimant presented to X, MD reporting X had started to progress with X, but continued to have X. On examination, the X had centrally completely healed since X stopped using the X. X had X. X were in a X position. X had decent motion without gross irritability. X was X with X. Most of X was throughout the X. X was X. The X was X. There was X. X X-rays of the X demonstrated that the X. There was a X. The X was X. The X itself was perfectly concentric without any obvious damage to the X. Plan: Both of the X. X injury resulted in X. It is reasonable to go ahead and proceed with a X.

On X, X, MD performed a UR. Rationale for Denial: In this case, it indicated prior treatment included the use of X. The patient underwent an X. However, it is unclear if there are recent x-rays showing X. As such based on lack of evidence, the request is not medically necessary.

On X, the claimant presented to X, MD with X. X had been trying to progress with

X but was still unable to X. X continued to X. On exam, the X. X still had significant discomfort to X. The X itself has X. X had a X over the X. X X-rays of the X. There was a X. There was a X. The X appears to be in slight varus. Plan: X has painful X. The only reasonable treatment for X is going to be a X.

On X, X, MD performed a UR. Rationale for Denial: The claimant sustained a X. The provider is requesting a X. In this case, there is minimal evidence upon diagnostic imaging of a X. In addition, there is minimal evidence regarding attempts at other conservative treatment besides the use of a X. Therefore, the medical necessity of this request is not established.

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

The request for X is not medically necessary at this time.

This patient sustained a X. X continues to have pain with X, even in a X. X is X with X. The treating provider identified X. X has recommended X.

The Official Disability Guidelines (ODG) supports X in patients who have subjective and objective clinical findings consistent with imaging studies that confirm X. Surgical candidates have X.

This patient has X following treatment for this X. Based on the office notes, the primary concern is X.

Further diagnostic imaging, such as a CT scan, would be required to confirm the diagnosis of X, in order to meet ODG guidelines. Therefore, at this time, requirements have not been met.

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 UM KNOWLEDGEBASE

- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)