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PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X who was injured on X, when X.

On X, the patient was seen by X, M.D., for X. X was confined to the X. It slits the X. The patient denied X but X did have pain over the X. X also observed occasional X. On exam, X had X. X had X. There was a X. There was some X. There was X.

On X, electromyography (EMG)/nerve conduction velocity (NCV) study of the X showed evidence of X. There was evidence of X.

On X, the patient was seen by X, M.D., for X. The patient had X. X had X. On exam, the X had healed surgical incision from X. X had X. X had X. There was a X. There were X. The patient had X. Dr. X discussed the X.

On X, Surgery Order from X was documented. X was recommended.

On X, the patient was seen by Dr. X. The pain was X. The symptoms appeared gradually and had been ongoing for X months due to an injury. The associated symptoms included X. The history was notable for X. The patient had X. The X exam showed a X. The X exam showed X. The patient made a X. The X x-rays showed X. EMG/NCV study of the X. The diagnoses were a pain in the X. X was recommended.

Per Utilization Review dated X, by X, M.D., the request for X was denied on the basis of the following rationale: *"The ODG recommends X. The ODG recommends X. Based on the clinical documentation provided, the injured worker has been diagnosed with X. They report X in the X. The treatment has included X. On physical examination, there is X. It is also noted that electromyography (EMG) results for the X. There is insufficient documentation of objective findings suggestive of X. Based on the ODG*

*recommendations and provided documentation, a X are not medically necessary. As such, recommend **non-certification.***”

On X, the patient was seen by X, M.D., for pain in the X. Exacerbating factors included X. The diagnosis was an injury of the X. X was in the beginning stages. (The report seemed to be incomplete).

On X, PT/OT referral Form from X indicated evaluation and treatment was recommended.

Per Reconsideration dated X, by X, M.D., the request for X was upheld on the basis of the following rationale: “*According to the Official Disability Guidelines, X is recommended after X months of X. X is an X. According to the Official Disability Guidelines, Surgery for X is recommended with the X. Surgical transposition of the X is not recommended unless the X. In this case, the patient noted X. Therefore, the medication records that were given for review displayed subjective and objective clinical findings for the requested surgical procedures. As such, the request for X , per X order is **certified.**”*

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

The records herewith show that multiple independent providers have consistently documented subjective symptoms and objective clinical exam findings consistent with the neurodiagnostic study, and all of which are consistent with the diagnosis of X. While causality may remain debatable, the condition appears to be present and substantial enough to warrant surgery. It is not possible to distinguish the site of X; therefore, BOTH must be considered and addressed. Additional X is NOT indicated. The requested surgery at the X IS INDICATED and is consistent with ODG criteria. This opinion concurs with that of Dr. X.

Medically Necessary

Not Medically Necessary

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES**