

Medical Assessments, Inc.
4833 Thistledown Dr.
Fort Worth, TX 76137
P: 817-751-0545
F: 817-632-9684

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who sustained X. X was authorized for X.

X: Letter of medical necessity by X, CPLP. This letter is to provide medical necessity for various tools for X to use along with X. X does very well in X life since the accident, completing and being discharged from therapy, and continuing to master each obstacle set before X. However, there are still a few tasks X still finds difficult. One such would be X. These tools would allow X to X.

X: Office visit note by X, MD. The skin or wound issue X. The claimant had a X. The wearing time of X. It was noted that there were problems with the current X. It was also noted that X was not X. There were no modifications made to the current X. The X had been revised. X was not using X. There were no recent X. X did not have a X. X was not X. X was currently X.

X: Letter of medical necessity by X, CPLP. X is in need of a X. X currently uses a X. However, there are several areas of X life where a X. X is starting to have signs of X. X has trouble operating the X. X is starting to have some pain in X. This is exacerbated by the X.

X: UR performed by X, MD. Rationale for denial: Claimant is a X. Based on the clinical information submitted for this review and using evidence-based guidelines, this request is non-certified. It is not documented that this claimant is X.

X: UR performed by X, MD. Rationale for denial. X was starting to have signs of X. X had X. Per report dated X, the claimant has more than X. X is a X. X has no X noted. There was no mention that the patient could not function in an environment that would X. This should be presented as this is one the guidelines criteria. Pending this information, this request could be supported. Based on the

clinical information submitted, this request is non-certified.

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

The request for a X is approved in part.

This patient sustained a X. X currently uses a X. This X does not allow X to perform X. X has sufficient X. A X was recommended for X.

The Official Disability Guidelines (ODG) supports a X. This type of X is indicated in the patient in which X are insufficient to meet functional needs. The patient should not function in an environment which would X.

This patient meets criteria for a X once there is documentation of no X or negative environmental factor.

The request for X is found to be partially medically necessary.

All of the listed codes would be authorized once criteria are met for a X.

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)