



Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone:
877-738-4391 Fax: 877-738-4395

PATIENT CLINICAL HISTORY [SUMMARY]:

On X, the patient was X. X incurred a X. X was X. X-rays showed the X in good position and it was noted the patient was a X, so X might need more time to heal. On X, X was utilizing a X and there was noted to be some delayed healing, as X was a X. There was X and X was advised to X. On X, x-rays showed X. X continued to heal slowly and local wound care was continued. X was recommended. On X, X was X regular shoes for X. X did report X. X-rays showed the X appeared to be X. There was X. Continuation of X was recommended. A case management note that day indicated the patient had X due to X, but X did not have evidence of a X. On X, the patient reported X. X could bear full weight, but X had discomfort due to X. X was recommended and X was prescribed. An FCE was also recommended at that time. On X, Dr. X noted the patient had undergone the FCE, which placed X in the medium PDL and X job required the medium-heavy PDL. X could currently lift X pounds and needed to be able to lift X pounds. X had X. X was recommended at that time and per a note on X, X days had been authorized. Dr. X noted on X, the patient continued to X, but had improvement in X. Additional X was recommended at that time. X-rays that day showed X. As of X, the patient was currently in a X week X. X reported gaining X. X was unsure how helpful X was. X had X. X. No X was noted on the X. Two additional weeks of X were recommended. As of X, X still had X. X had also been placed at MMI as of X with a X impairment rating by the Designated Doctor. X was X that day

and an X were again recommended. X-rays showed a X. On X, the patient reported X. They discussed X options about return to work and further treatment. On X, it was noted X. X had X. X was X. Dr. X recommended the use of a X. Dr. X then wrote a letter of medical necessity for the X. On X, X provided a denial of the requested X. The patient returned to Dr. X on X and the recommendations were essentially unchanged. On X, Dr. X wrote a prescription for the X. X addressed a letter of appeal on X, which was reviewed. On X, X provided another denial of the X. Dr. X re-evaluated the patient on X. It was noted the X had been denied. The patient was noted to be concerned about this job and wanted to return to full duty as of X, which Dr. X did. X advised to continue X. The X information was also reviewed.

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

The patient is a X. X sustained a X. An X was performed by Dr. X and X. X is now over X. The X has been documented on radiograph to have X reported. A Designated Doctor Examination on X by Dr. X placed the patient at MMI with a X impairment rating. It should be noted DWC guidelines note that certification of MMI implies that further active treatment is unlikely to result in significant clinical improvement or change in function. Dr. X has subsequently requested the above X which is reported at less than X degrees based on the documentation reviewed. The requested X was non-certified upon initial review by Z. This non-certification was upheld upon reconsideration/appeal on Z. Both reviewers attempted a peer-to-peer review without success with the requesting physician. They based their opinions on the criteria as outlined by the evidence-based Official Disability Guidelines (ODG).

The evidence-based ODG does not recommend these devices for X due to the lack of any quality supportive evidence. See also the X is recommended only following X. A small study (N = 44) of X suggests that X started immediately after X might have better outcomes than X. However, a X. However, it was associated with a higher rate of adverse events. X lacked any quality evidence (Lin 2012). An SR of 107 studies in X reported that overall the description of X protocols was disappointing regarding initiation, initial range of motion, and duration (Karnes 2013). In addition, Dr. X office note of X documented X. There was noted to be X. The patient was also released to full duty on that date. The evidence-based ODG and the most recent clinical notes do not support the request X. Therefore, the requested X is not medically necessary, appropriate, or supported by the evidence-based ODG and the previous adverse determinations should be upheld at this time.

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

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

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY 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)