



**363 N. Sam Houston Pkwy E.
Suite#1100
Houston, TX 77060
281-931-1201**

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X Request for a review by an Independent Review Organization
- X Adverse determination letter by X
- X Utilization review peer reviewers response letter by X, MD
- X Follow up report submitted by X
- X Follow up report submitted by X
- X Follow up report submitted by X
- X Initial evaluation report submitted by X
- X Appeal/ Reconsideration determination letter by X
- X Utilization review peer reviewer's response letter by X, MD

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who sustained X. Work injury occurred on X while X was X. Treatment was provided at X and X was scheduled the following day to X. Follow up visit dated X listed as improving the claimant noted to be concerned with the inside of X, which had an X. There was X concerns with scar on X examination.

Follow up visit dated X revealed X. Dr. X recommended X with X for symmetry. Records revealed that on X the claimant was approved for X with X for X. However, denied services possible X.

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

The Official Disability Guidelines (ODG) does not address the requested services of X. Therefore, evidence-based medical literatures were used. After review of the medical records provided, the decision to deny coverage of X is X. The records submitted showed no documentation of X. There is lack of clinical findings of X. Thus, medical necessity has not been established for X. Therefore, the request for X is not medically necessary and the request is non-certified.

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

1. X
2. X
3. X
4. X