

CASEREVIEW

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

**X: Progress Notes by X, PA
 X: Progress Notes by X, PA
 X: Progress Notes by X, PA
 X: PT Note by X, PT
 X: Progress Notes by X, PA
 X: MRI X
 X: Progress Notes by X , PA
 X: X-ray X
 X: Progress Notes by X, PA
 X: Progress Notes by X, MD
 X: Progress Notes by X, MD
 X: Progress Notes by X, MD
 X: Progress Notes by X, PA
 X: X-ray X
 X: Progress Notes by X, PA
 X: Progress Notes by X, MD
 X: UR performed by X, MD: UR performed by X, MD**

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant is a X year old X who was injured on X. While at work, a X. X. X felt pain to X, but continued to work and then later went to the ER.

On X, the claimant presented to X, PA with X pain, increased with movement and resolved with rest. On exam the X revealed tenderness to the anterior surface. No X. X degrees, X, and normal external rotation. X. Plan: Regular duty, X.

On X, the claimant returned to X, PA with continued X pain. The claimant finished up the XX XX and is XX for the XX. MRI was denied due to lack of completing X. Plan: Continue X.

On X, the claimant returned to X, PA with continued X pain that was generalized and was a soreness. It extended into X. It was worse in the morning and with use. Resolved with rest and ice. On exam there was no tenderness. X revealed X of approximately X degrees, X. Plan: MRI X.

On X, MRI X: 1. X. 2. X 3. Additional findings as above.

On X, X-Ray Impression: No evidence of an acute process is seen in the X.

On X, the claimant presented to X, MD with X pain that was X but also a X. X pain was worse at night and caused difficulty with XX. X reported completing 3 weeks of therapy which did not provide much relief. Plan: X.

On X, the claimant returned to X, PA in somewhat worse condition. X increased after work or with use. It was also painful at XX when X XX onto X. X did see orthopedic and an X was planned. X was working and requested to continue on regular duty. Diagnosis: X. Plan: Follow instructions from Ortho.

On X, the claimant presented to X, MD for a X.

On X, the claimant returned to X, MD and reported being notably better since the X. X still reported pain which occasionally interfered with X XX schedule, but in general was pleased with progress. X pain was reported as X. On exam, X press were negative. X was to X degrees, FF was to X degrees, and X. X were positive. Plan: Continue to work on X, take OTC medication for pain management, and X as needed.

On X, the claimant returned to X, PA. X advised that the X provided essentially total pain relief for 2 months, but returned around the end of X and was back to X level. The X pain was constant and increased with use. X

reported being "XX" and wanted to proceed with X. X was working full duty. On exam there was tenderness to the anterior surface. X, forward flexion X degrees, X and normal X. Plan: Follow up with Ortho.

On X, X X-ray Impression: Unremarkable X.

On X, the claimant returned to X, MD with resurgence of symptoms. Pain was more diffused about the X. X endorsed XX pain on most days. On exam there was no tenderness to palpation. X was negative. X was negative. X was negative. X, ER X degrees, X. X was positive. X was positive. X test was positive. X was markedly positive. Impression: X. Plan: Diagnostic X.

On X, H.X, MD performed a UR. Rationale for Denial: The patient's level of functioning does not indicate a need for the surgical intervention treatment proposed. X range of motion is full with intact strength and the patient is working full duty.

On X, X, MD performed a UR. Rationale for Denial: The appropriate conservative efforts have not been exhausted. ODG Guidelines have not been met. Supporting documentation does not indicate continuous (X) as well as no weakness on examination.

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

The request for diagnostic X with X is not medically necessary. The claimant injured X. X MRI demonstrated a X. The claimant completed three weeks of X, with little improvement in X symptoms. X had two months of pain relief following a X.

The Official Disability Guidelines (ODG) recommends surgery for a X in patients who have completed 3-6 months of X care. X indicated in patients with objective and subjective clinical findings, which correlate with imaging studies.

This claimant has X and continues to work full duty. X has no functional limitations associated with X complaints. It is unclear whether X has completed

the recommended 3-6 months of X care. Therefore, the recommended surgery is not medically necessary.

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**
- AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**

**PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
(PROVIDE A DESCRIPTION)**

**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**