CASE**REVIEW**

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X: Office Visit by X, MD
X: Physical Therapy Note by X
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X: Office Visit by X, MD
X: Office Visit by X, MD
X: UR performed by X, DO
X: UR performed by X, MD

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who sustained an injury on X. Prior treatment included X which improved the X, and X under went X on X.

On X, the claimant presented to X, MD status post X. X was doing well. X had been doing work conditioning and reported that it did not help as much as X therapy. Plan: Request more X therapy. Do not return to work secondary to pain.

On X, the claimant presented to X, MD with improving pain and resolved. X reported wanting to improve X. Plan: Continue with therapy to improve X strength.

On X, the claimant presented to X, MD status post X, subsequent X. X was much improved but still has some swelling and some pain. X reported difficulty using X with a X on. X was given a X and then subsequent X to take. On examination of the X, incisions were well healed, nontender and X had good range of motion. Assessment: X Plan: Continue with therapy and strengthening.

On X, the claimant presented to X, MD overall much improved, however, had decreased X. On examination X had significant X and had been working on it for many months with therapy. Plan: Due to X extensive X management, but having decreased X, the claimant wanted to proceed with surgery consisting of X.

On X, X, DO performed a UR. Rationale for Denial: The claimant previously underwent X. X presented to Dr X   on X with complaints of decreased X. The examination of the X revealed significant X. X strength was X. X has been treated with multiple rounds of X therapy. However, the ODG states, "If X does not achieve sufficient ROM, repeated X is not indicated." The claimant previously had a X and there is no indication why X would benefit from a repeat surgery. Therefore, the request for X is not medically necessary.

X, X, MD performed a UR. Rationale for Denial: The patient is a X individual who sustained an injury on X. Prior treatment included X which improved the range of motion. The patient had work conditioning which did not help as much as X therapy. The patient underwent X. The patient already had a X and it did not help. Per ODG, a repeat X is not indicated. Therefore, the request for X is not medically necessary.

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

The request for X is approved. This claimant sustained a X injury on X. X underwent X. Following an extensive course of therapy, the patient has decreased X associated with X. The treating provider has recommended X.

X are required for the correction of X. There may also be X, which was not addressed during the previous surgery on the X. This patient has failed an extensive course of X care; X will continue to have X without further surgery to address X. This surgery for X is medically necessary for this claimant.

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)**