**Vanguard MedReview, Inc.**
**101 Ranch Hand Lane**
**Aledo, TX 76008**
**P 817-751-1632**
**F 817-632-2619**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**
X : Re-Evaluation Summary by X , PT with The X XX XX
X : UR performed by X, D.C.
X: UR performed by X, D.O.

**PATIENT CLINICAL HISTORY [SUMMARY]:**
X: UR performed by X, D.C. **Rationale for Denial:** Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request for X is non-certified.

X: UR performed by X, D.O. **Rationale for Denial:** Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request for X is upheld.

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

The request for additional X is denied.

This patient sustained a X. X completed an X) on X. X continues to report X in

the X. The treating provider has recommended additional therapy for this patient (X).

The Official Disability Guidelines (ODG) supports physical therapy for X injuries. According to the ODG physical therapy guidelines, ten visits over eight weeks are recommended for either X. The recommendation for additional X) does not correlate with the ODG physical therapy guidelines. Furthermore, it is unclear whether the patient has already exceeded the X sessions supported by the ODG.

This request is not medically necessary.

Per ODG: XX

**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)**