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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X: XX XX interpreted by XX, MD with XX
X: Follow-Up Visit by X, MD with X Orthopedic
X: Follow-Up Visit by X, MD with X Orthopedic
X: Physical Therapy Re-Evaluation by X, PT
X: Follow-Up Visit by X, MD with X Orthopedic
X: Plan of Care by X, DPT with X XX
X: Plan of Care by X, PT with X XX
X: Follow-Up Visit by X, MD with X Orthopedic
X: XX-XX guide XX by X, MD
X: Follow-Up Visit by X, MD with X Orthopedic
X: Designated Doctor Examination by X, D.C.
X: XX XX Guide XX by X, MD
X: Follow-Up Visit by X, MD with X Orthopedic
X: XX XX Guide XX by X, MD
X: Operative Report by X, MD
X: Certification of Permanent Impairment by X, XX, XX
X: Follow-Up Visit by X, MD with X Orthopedic
X: Physical Therapy Initial Evaluation by X, XX with X Physical Therapy
X: Physical Therapy Progress Report by X, XX with X Physical Therapy
X : Physical Therapy Progress Report by X, XX with X Physical Therapy

X: Follow-Up Visit by X, MD with X Orthopedic
 X : Designated Doctor Evaluation by X, MD
 X: Follow-Up Visit by X, MD with X Orthopedic
 X: Poste-Designated Doctor XX by X, MD
 X: Progress Notes by X, MD
 X: UR performed by X, DO
 X: UR performed by X, MD

PATIENT CLINICAL HISTORY [SUMMARY]:

X: X interpreted by X, MD. **Impression:** 1.X. 2.X.

X: Follow-Up Visit by X, MD. Patient is doing well. X to help with pain at night. We will start therapy.

X: Follow-Up Visit by X, MD. Need to start PT. Unable to start due to XX issues.

X : Follow-Up Visit by X, MD. Patient still has some pain X. X has completed six weeks PT. **Assessment:** X status post X , likely X. **Plan:** I X

X: XX-XX guide XX by X, MD. **Impression:** Successful X attachment medication X.

X: Follow-Up Visit by X, MD. I explained sometimes it takes a few X. Set up for another X.

X: Designated Doctor Examination by X, D.C. The examinee has not reached Maximum Medical Improvement, therefore, no impairment could be rendered at this time.

X: XX XX Guide XX by X, MD. **Impression:** Successful X Medication

X : XX XX Guide XX by X, MD **Impression:** Successful X Medication

X: Operative Report by X, MD. **Pre-Operative Diagnosis:** X. **Procedure:** Open X.

X: Follow-Up Visit by X, MD. Patient was doing great, completely pain free at 2 weeks. X states X symptoms have now returned. We will start X.

X: Follow-Up Visit by X, MD. Pain has returned. Continue X. Patient may ultimately require a conversion to a X. However, we will continue with conservative measures as long as possible.

X : Progress Notes by X, MD. **XX: X** comes in today for follow up of X X post-X. X is well-known to myself. X had a X at work and sustained a displaced X which we treated with a X. Unfortunately, X is developed X. Currently, X has significant pain X is X X can barely get around to do things X needs to throughout the day. Pain X, improved with rest. **Exam:** Well appearing X. Pain with X and extension XX XX intact. **Assessment:** Post X. **Plan:** Schedule X. I feel X symptoms are originating from the X. We have tried X therapy, X and X still is.

X : UR performed by X, DO. **Rationale for Denial:** The proposed treatment consisting of inpatient X is not appropriate and not medically necessary for this diagnosis and clinical findings. The claimant presented to X, MD on X with complaints of significant pain and X related to X. Pain was rated X. Examination of the X revealed pain with X. The claimant was diagnosed with post-X. However, imaging from X of the X indicated the claimant had X changes. As a result, it is unclear why the X is recommended at this time. It is unknown if there are complications from the current X. Therefore, inpatient X is not medically necessary.

X: UR performed by X, MD. **Rationale for Denial:** The proposed treatment consisting of Inpatient X is not medically necessary. In this case, this claimant presented with complaints of XX XX pain. The exam of the XX XX revealed pain with XX and pain with flexion and extension. This claimant was diagnosed with post-traumatic XX. However, there is limited subjective evidence to support the request. There is no documentation of limited ROM, night time joint pain or no pain relief with adequate conservative care. There is no imaging of X to support the request. It is unclear why X is being requested. Therefore, the proposed treatment consisting of inpatient 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 denied.

This patient underwent X in X for a X. X subsequently underwent an X. The patient currently has X pain. On examination X has pain with X. The treating physician has recommended X.

X frequently fails in XX, XX patients who are treated for a X with this XX. It is reasonable to convert a X pain associated with X.

Prior to this type of procedure, X should be documented on an advanced imaging study, such as CT scan. Infection should also be ruled out with bloodwork (XX, XX, XX) and blood cultures.

This patient requires further work-up before considering conversion from a X. At this point, X 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
- 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
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESLEY 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)