

Magnolia Reviews of Texas, LLC

PO Box 348 Melissa, TX 75454* Phone 972-837-1209 Fax
972-692-6837

**INFORMATION PROVIDED TO THE IRO
FOR REVIEW:**

X, Occupational Therapy, Re-Evaluation, Discharge
Summary,X.

X, Occupational Therapy, Re-Evaluation, Discharge
Summary, X.

X, Prescription, Signatures Illegible.

X, Office Visit, X, MD.

X, Appeal Letter, X, PT, DPT.

X, Office Visit, X, MD.

X, Denial,X.

X, Appeal Letter, X, MD.

X, Denial,X.

X, Denial,X.

X, Request for a Review by an Independent Review
Organization, X(patient).

**PATIENT CLINICAL HISTORY
[SUMMARY]:**

This case involves a now X-year-old X with a history of an occupational claim from X. The mechanism of injury is detailed as an X. The patient diagnoses included X involving X.

The prescription that was dated X indicated that the patient required a maintenance program to maintain X current mobility. The patient did not X, unless X was with X. The patient's X was able to assist with XX and all activities

of daily living, but if the patient became X from immobility, then X was at X injury. This already occurred in X, where the patient was hospitalized for a X status post X due to a XX at home. The patient utilized X in the X when XX with assistance. Otherwise, the patient was in a X.

The appeal letter that was dated X indicated the patient continued to have long-term disability following a X with X which included X x3, with X, X, X leading to X disease, X, X, X with X, X, X and X. The patient had X. The provider noted the patient would benefit from an 8-12-week X program to address X decline in functional ability to perform X rehabilitation for X. The patient was unable X assistance of X X alone and required a X. Due to the patient's X, it was noted the patient would always require XX for XX. The patient had been without therapies and was having increasing difficulty with X was noted the patient was at risk for further XX XX X, as well as a X due to the nature of X X. The request was received for a X evaluation and treatment of the X.

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

The Official Disability Guidelines indicate that X treatment is appropriate and to allow for a fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed X. The treatment for abnormality of X visits over 8-16 weeks. The treatment would not be able to be approved without an evaluation. However, the patient had undergone prior X. The quantity of sessions that were attended were not

provided. Additionally, the objective functional benefit that was received from prior therapy was not noted and specific, objective, functional X were not noted. Therefore, the prior decision regarding the X evaluation and treatment of the X is X and not medically necessary.

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

x ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES 17th Edition (web), 2019, XX and XX Chapter, Physical medicine treatment