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

- Clinical Records –X
- Appeal Letter – X
- Peer Review – X
- Letter – X
- Utilization Review – X

**PATIENT CLINICAL HISTORY**

**[SUMMARY]:**

X is a X-year-old X who suffered an on-the-job injury on X when X was involved in an X resulting in X. X also underwent an X due to XX in X. X ongoing diagnoses were X involving X, other abnormalities of X.

On X, X. X was evaluated by X, MD. X suffered an on-the-job injury on X while working with “X” when X was involved in an X.

Treatment to date consisted of medications (X), X to the X, and X.

Per a letter dated X , Dr. X documented that X. X had been under XX care and continued to have long-term disabilities following a X with X which included X times three with X, X times five, X, X, X, X, X, X and X. X had X and would be benefited from an 8- to 12-week outpatient rehabilitation program to address X decline in functional ability to perform XX-to-XX XX and household XX, XX with X for activities of daily living and ongoing X rehabilitation for X. At the time, X was unable to XX with the XX of X X XX and required X. Due to X X and X, X would always require assistance for safety. X. X had been without any therapies, and X was having increasing difficulty with X. X was at risk for further disuse muscle X as well as XX XX due to the nature of X injury.

A reconsideration review letter dated X by X, DO indicated that the reconsideration request for X evaluation and treatment of the X, 8-12 weeks (frequency unspecified), as outpatient between X was noncertified. Rationale: "The claimant has had extensive X since X initial injury and according to the medical records reviewed, X functional capabilities have not improved in spite of the extensive X and in spite of the extensive treatment that X has had for X debilitating condition. The request at this time is essentially an extensive rehabilitation program involving all of X X and the medical records indicate that the goal is to prevent further deterioration. Based on the review of the extensive medical documentation, it is my opinion that the request for Reconsideration for X Evaluation and Treatment of the X, 8-12 weeks (frequency unspecified), as Outpatient, is not medically reasonable, necessary or appropriate.

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

Based on the clinical information provided, the request for X and treatment of the X, 8-12 weeks is not recommended as medically necessary, and the previous denials are X. In X. X's case, X sustained an X resulting in X, X, and multiple X. X had been participating in therapy on an ongoing basis for rehabilitation, in order to regain range of motion and prevent decline. There were X and generalized weakness documented. The provider noted that additional therapy was being recommended. However, the request was submitted for evaluation and treatment, and the frequency and duration of intended treatment was not specified. Also, X. X had an extensive history of prior rehabilitation, but there were no therapy notes provided or rehabilitation summaries to identify specific improvements as a result of prior therapy. Given the above, the request was not supported or medically necessary. A reconsideration review letter dated X by X, DO indicated that the reconsideration request was noncertified. There is insufficient information to support a change in determination, and the previous non-certification is X. The submitted clinical records indicate that the patient has undergone extensive therapy to date. Additional supervised therapy would continue to exceed guideline recommendations. There is no

documentation of significant and sustained improvement as a result of therapy completed to date. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

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