MedHealth **R**eview, **I**nc.
661 E. Main Street
Suite 200-305
Midlothian, TX 76065
Ph 972-921-9094
Fax (972) 827-3707

Notice of Independent Review Decision

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: X
CNA: XX letter by XX.

X denial letter, X denial letter, X letter by X, MD, study by X, MA-treatment of X, study by X., Treatment X, peer review by X and X office notes from X Clinic, X XX healing system script X, X CT X/ CT of the chest report X chest x ray report, X office note X, MD, X non-op progress report XX, X to X notes from Medical X operative report, X laboratory report, X CT of X report, X CT X CT report, X CT report, X report, X x ray reports, X PT eval, X skilled client agreement, Skilled services assessment and POC and reports from X Care X through X PT notes XX, office notes from XX X, X CT chest, X and X progress notes from X Center, and X CT report.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The member is a X-year-old who was involved in a X which X suffered a X and X. Computed tomography of the X demonstrated a X. Computed tomography of the X demonstrated and is completely healed X of the X. Computed tomography of X demonstrated continued healing of the X. X is planned with a 2-3 day inpatient stay.

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

Repair of X is indicated only for X, as these can be these can cause X pain, X, or a X function. Although the member suffered a X, it is X. In addition, computed tomography of the X demonstrated continued healing of the X. No office notes were provided within the last almost four months to document the level of pain or X. In summary, medical necessity is not established for open and close treatment of the X with a 2-3 day length of stay.

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)