

IMED, INC.

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

XX and multiple dates, XX Orthopedics, clinical record of evaluation and treatment by Dr. XX
XX

XX, XX Healthcare, MR/XX of the XX XX

XX, Clinical records of Dr. XX XX

XX and multiple dates, Clinical records of Dr. XX XX

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant was injured while XX was working. XX was pulling on a XX when XX had a sudden onset of XX XX pain. XX continued to have pain and clicking, and XX went to see Dr. XX XX for orthopedic consultation. The doctor ordered an MRI XX that reported XX to XX XX in the XX with an intact XX XX . There was a XX in the XX . There was no XX XX . There was minor XX changes in the XX . On XX, Dr. XX recommended a repair of the XX XX .

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

According to the description of the XX by the XX who performed the XX , this is a XX with XX of the XX and an XXXX . ODG recommendations for treatment of these injuries include at least 6 months of conservative care including XX therapy, XX medications and XX . ODG recommends simple XX of the XX if surgery is absolutely indicated after appropriate XX care. There are no indications for repair of xx . This patient has not had any evidence of XX for this injury, and the medical records do not contain evidence of any active treatment.

Therefore, due to lack of compliance with ODG recommendations, and with no evidence that demonstrates conservative care including XX therapy and at least 6 months of conservative care, the request for surgery is non-certified and not medically necessary.

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

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

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES**