

Icon Medical Solutions, Inc.

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PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is a X with a date of injury of X. The mechanism of injury is detailed as a X. The claimant was X. X sustained X. X is now X. The current diagnoses were documented as X. Comorbidities related to history of X. The claimant requires X.

X: F/U with X, FNP. Patient requires X. X is unable to be X. X requires assistance with X. X mobility is achieved with the X. The pt's X previously provided care but due to X. Due to X. The pt will benefit from a X.

X: F/U with X, FNP. Pt continues to take X. On physical exam, X has X and decreased X. Decreased X. Restricted X. X is not intact. X during X. X is more impaired with X. No spastic tone X to BLE with coordination during X. X class X. Treatment plan of X.

X: UR by Dr. X. Rationale- Peer to peer calls were attempted but discussion was unsuccessful. ODG recommends X for pts that are X. Based upon the clinical documentation submitted, the pt was a X. The pt would benefit from X. However, there is no evidence to support an evaluation made by a X with a plan of care prior to the recommendation of X. As such, non-certified.

X: X Certification and X. PRN: X. Precautions: X.

X: UR by Dr. X. Rationale- Determination- Non-Certified

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION: The previous adverse decision is Upheld. The request does not meet ODG criteria as clinically evident by the X which outlines X. Therefore, the request for X is considered 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)