

CASEREVIEW

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PATIENT CLINICAL HISTORY [SUMMARY]:

According to the information that was provided, the patient is a X who was injured during a X. The Authorization Request indicates the patient has X. During the X Eval X complained of X. X presented with signs/symptoms of insufficient X. X required X. The therapist felt the patient would benefit from completing X. The plan was to include X.

On X, X, DC performed a UR. Rationale for Denial: The ODG allows X. This claimant has had X. The request for an X and must therefore be denied.

On X, X, MD performed a UR. Rationale for Denial: The ODG recommends up to X. The provided documentation indicates X have been completed for X injury with improvements but some persistent defects. While defects remain, there is no evidence that the injured worker would be unable to transition to a X which they should be well-versed in following the completion of X visits. Based on the provided documentation and ODG recommendation, the request for X is not medically necessary.

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

Determination: Denial of X is UPHELD/AGREED UPON since the request exceeds ODG recommendations for the number of visits and time frame for submitted diagnoses, and clinically after completion of a prolonged course of X, there is question as to further diagnostic testing, question as to further invasive procedures such as X, question as to instruction in and compliance with a X, question as to concomitant medications, question as to concomitant activity limitations, and depending on functional goals, question regarding

consideration of progression to more comprehensive rehabilitation programs for this X since injury. Therefore, the request for additional X is 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)