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**PATIENT CLINICAL HISTORY [SUMMARY]:**

X: Office Visit by X, MD. **HPI:** Patient is here for X visit status X. X pain has been under control. **Physical Exam:** X is healing without signs of X. There is some expected X. The X is intact. X tolerates X. There is no X. X is intact, and there is good X. Problem 1: X. Problem 2:X, subsequent encounter. Problem 3:X. **Patient instructions:** 1. An X was applied during X. 2. X removed. 3. Operative findings were reviewed and discussed in detail with the patient. 4. X is an anti-inflammatory, pain medication. 5. X ordered. 6. Patient is to remain X.

X: Operative Report by X, MD. **Pre-operative Diagnoses:** 1.X. 2. X. 3.X. **Procedure performed:** 1. X. 2.X. 3. X.

X: X Evaluation by X, PT, DPT, COMT, and X, PT. **History:** Patient reports that X was initially injured when the X. X states X. X reports that X also has had some X pain since around the incident. X then underwent X. X then had the X removed on X. X reports that X , so it was difficult getting the X. X reports that X was X for a X and has only recently been progressed to a X. X is using a X that was given to X by X . X states that X does not like using the X. X lives X. X reports X would X up the X until recently. X job is available, but X is required to be able to X. **Assessment:** Patient presents with X. X would benefit from X. Good prognosis noted. Patient educated on keeping X covered with X. Asked to change X.

X: Progress Note by X, PT, DPT, COMT, and X, PT. **Assessment:** Patient has progressed with X. X is healing well, with no X noted at this time. X is demonstrating X. Recommend patient continue X.

X: Progress Note by X, PT, DPT, COMT, and X, PT. **Subjective:** Patient reports X pain at this time. X reports that X does feel that X is progressing overall. X reports motivation to progress with activities. **Assessment:** Patient has attended X. X is progressing with X. X continues to demonstrate X. Patient would benefit from

continued X at this time to address all the above-stated deficits. Will start to slowly progress patient's functional mobility activities, X. Patient would benefit from X.

X: UR performed by X, MD. **Rationale for Denial:** Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, the request is non-certified. Per evidence-based guideline, X is an X. It is recommended for those who have X. In this case, had attended X. X was unable to perform the X. X demonstrated X. The X score was X, which is indicative of X. There was a significant mismatch to the patient's required physical demand level which was Medium-Heavy versus X performed physical demand level which was Light Medium PDL. A request for X was made to benefit from the comprehensive multi-disciplinary approach. However, the patient's X which are not eligible for consideration of the X. X is indicated for patients with X. Clarification is needed regarding the request and how it might change the patient's clinical outcomes.

X: UR performed by X, MD. **Rationale for Denial:** Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, tis request is non-certified. The patient's X. The previous adverse determination was upheld. Furthermore, during the peer discussion with X, DPT, the provider stated that the patient has not had X. Patient had plateaued with X. Patient's job has a X. Patient hasn't been able X. There were some X components. Patient was evaluated with FCE and gave good effort. There are no further X planned. Provider believes X will benefit from the program and will be a good candidate. The patient does not fully meet the criteria per ODG guidelines. Patient does have significant X. Patient would best be treated with a X. Therefore, all of the above request are not supported.

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

The request for a X is denied.

This patient is recovering from a X. The functional capacity evaluation of X concluded that X was unable to perform the essential aspects of X job. This

study recommended a X.

This patient has significant X. These X issues need to be addressed first in order to have a successful X for this injured worker.

X is not medically necessary for this patient.

**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)