

Magnolia Reviews of Texas, LLC
PO Box 348
Melissa, TX 75454
972-837-1209 Phone 972-692-6837 Fax
Email: Magnoliareviews@hotmail.com

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X whose date of injury is X. The patient X. The patient sustained a X. The patient X. Plan of care dated X indicates that the patient has X. Patient arrived to clinic with X. Patient reports that X is progressing well with X but feels that X needs to continue X in order to be able to X. The patient reports that X is independent and compliant with X. On physical examination X is rated as X. The initial request for X was non-certified noting that Official Disability Guidelines recommend X. The patient X. The patient X. However, the X far exceeds the guidelines recommendation. Additionally, the patient should be able to perform a X. The denial was upheld on appeal noting that there is no current pain, but complaints of X. X is compliant with a X. X is stated to be X. A re-evaluation on X does not include any current complaints of X and this note states that X is X. X is also independent with a X. Accordingly, there is unlikely to be any additional benefit with X.

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

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. The submitted clinical records indicate that the patient X. Plan of care dated X indicates that the patient has X. The Official Disability Guidelines support up to X for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. There are X. The patient has X. Therefore, the requested X is not medically necessary.

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

X MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND

**EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL
STANDARDS**

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