

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038
972.906.0603 972.906.0615 (fax)

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X, in a mechanism that was not denoted. The claimant was diagnosed with a X. An evaluation on X, revealed continued pain in the X. The clinical examination revealed X. It was recommended that X would get the claimant back to a level of functionality of being able to work without restrictions. It was noted that the claimant had already completed X.

No X plan noted.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The claimant has continued pain in the X. According to the guidelines, X can be recommended for up to X and the claimant has already completed X. The request of an X would exceed recommended treatment guidelines without documentation to support the medical necessity of this request. The claimant should be X. The records do not reflect the reason for X. The request for X is not certified because medical necessity was not established.

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

XX DWC- DIVISION OF WORKERS
 COMPENSATION POLICIES OR GUIDELINES

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

XX ODG- OFFICIAL DISABILITY GUIDELINES &
TREATMENT GUIDELINES