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PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is a X. Claimant was in an unknown accident. X was diagnosed with X. Prior treatment includes X. X feels limited in X. X reports difficulty with X. The pain was rated X. Exam showed X.

X: Operative Report. X

X: Initial Physical Therapy Eval. X. X along the X, which X says happens occasionally and used to happen more before the X. Reports presence of X. Pt denies having any formal X for this issue elsewhere. Pt states that movement increases symptoms, X. Symptoms are worse in the X overall but are also inconsistent throughout the day. X reveals general limitation of about X compared to non-involved side. X.

X: Physical Therapy Progress Note. Pt states X is currently at X. Reports X is unable to put X. X also has trouble X and pain. X feels like X has made some improvements in X overall X and states X pain isn't as bad as it was a few weeks ago. X reports being compliant with X every day and believes that it is helping X recover. X. Impairment X. X is progressing slow as expected during initial phases of X treatment.

X: Clinical Encounter with Dr. X. Current meds: X. On physical exam again X is noted but X is improving. X elevated actively today to X degrees with X. X continues to make progress. Went over further X. I told X to become more aggressive with X. Continue X. This will be considered a medical necessity.

X: Physical Therapy Progress Note. Reports improvements since beginning therapy although X still feels very limited and does not feel that X could return to doing X work in any capacity at this point.

X: X Progress Note. States X has improved; however, mentions that it is still very limited. Feels X can reach X. Cannot X. States X is having an easier time X. Feels X can perform most ADLs as X usually uses X RUE. Most discomfort X. Reports compliant with X. X and requests to continue X. Pt demonstrates additional gains subjectively and particularly in mobility at this time and not as strongly in X. Functional score reveals an impairment score of X. Pt would benefit from skilled X in this stage of care to decrease impairments.

X: UR by X. Rationale- Based on the fact that claimant is X months s/X. Lack of extenuating circumstances to exceed guideline, the claimant is suitable for a X alone for X. Not medically necessary.

X: UR by X. Claimant is X. Exam of the X. Claimant has completed X, which is adequate for this condition. There is no evidence that prevents this claimant from addressing remaining deficits with a X. Therefore, not medically necessary.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION: The previous adverse decision is UPHELD/AGREED UPON. The request exceeds ODG recommendations and time frame for submitted diagnoses and given clinical documentation of plateau in objective measures upon completion of X. There is question of consideration of progression to a more X for this chronic case now over X-year post-injury and X months 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)**