



**MEDICAL EVALUATORS
OF T E X A S ASO, LLC.**

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Mechanism of injury:

The claimant is a X injured on X. The claimant experienced X. Office Visit Note by X, MD dated X documented the claimant presented with X. Dr. X reported the claimant reported X was always X. The claimant used X. Dr. X reported X test performed that day revealed X. The claimant was diagnosed with X.

Letter of Clarification by X, MD dated X documented the claimant did not present with “X. X did not complain of X. This information was entered by mistake. X reported that X X ... We performed an X test that showed X.”

Letter of Medical Necessity by X documented the claimant’s evaluation revealed X. In both the X, X was within normal limits up to X. However, in the X beginning at X, X has a X...X has difficulty X. This type of X.”

Prior denial letter from X dated X denied the request for X “Based on the clinical information submitted for this review and using the evidence-based peer-reviewed guidelines referenced below, this request is non-certified. This patient has long standing X related to work. X had X. An X has seen the patient but the delegated designee (X who is X is out of the office for 2-3 days.) could not locate a report or any evidence that Dr. X had requested the purchase of X. X did say, in a letter of explanation on X that the mention of a X was an error. There is enough confusion in this case that the patient is not certified for the request, pending an evaluation of X by an X who should give a detailed reason if and why the patient needs a X.”



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

This is a X diagnosed with X.

X. In this case, the claimant's X test results, as well as the medical history documented by the treating physician support a diagnosis of X. The Official Disability Guidelines (ODG) recommends the use of X.

Therefore, based on the referenced evidence based on the ODG guidelines and criteria as well as the clinical documentation stated above, it is the professional medical opinion of this reviewer that the request for coverage of X is medically necessary and appropriate.

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES – Online Version**