

**Medical Assessments, Inc.**

**4833 Thistledown Drive**

**Fort Worth, TX 76137**

**P: 817-751-0545**

**F: 817-632-9684**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a X who sustained X. X was authorized for X and additions of X. X: Letter of medical necessity by X, CPLP. This letter is to provide medical necessity for X to use along with X. X does very well in X life since the accident, completing and being discharged from X, and continuing to master each obstacle set before X. However, there are still a few tasks X still finds difficult. One such would be X. These X would allow X to use X is required to complete the task. X: Office visit note by X, MD. The X issue such as X. The claimant had a X. The wearing time of X. It was noted that there were problems with the current X. It was also noted that X was not X. There were no modifications made to the current X. The X had been revised. X was not using X. There were no recent X. X did not have a X. X was not X. X was currently X.

X: Letter of medical necessity by X, CPLP. X needs X. X currently uses a X. However, there are several areas of X life where a X would be more appropriate and functional. X is starting to have signs of X due to the X. X has trouble operating the X. X is starting to have some pain in X. This is exacerbated by the operation of the X.

X: UR performed by X, MD. Rationale for denial: Claimant is a X who sustained X. Based on the clinical information submitted for this review and using evidence-based guidelines, this request is non-certified. It is not documented that this claimant is free of X that could interfere with maintaining function of the X and that the claimant retains enough threshold in the X.

X: UR performed by X, MD. Rationale for denial. X was starting to have signs of X due to the X. X had trouble operating the X. Per report dated X, the claimant has more than enough X. X is a X. X has no X noted. There was no mention that the patient could not function in an environment that would inhibit function of the X. This should be presented as this is one the guidelines criteria. Pending this information, this request could be supported. Based on the clinical information

submitted, this request is non-certified.

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

The request for a X is approved in part.

This patient sustained a X. X currently uses a X, which is now causing X pain. This X does not allow X to perform X. X has enough X. A X was recommended for X.

The Official Disability Guidelines (ODG) supports a X in the patient with a X. This type of X is indicated in the patient in which X. The patient should not function in an environment which would inhibit the function of the X.

This patient meets criteria for a X once there is documentation of no X.

The request for X is found to be partially 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)