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PATIENT CLINICAL HISTORY [SUMMARY]:

X: X interpreted by X, MD. **Impression:** X. There is not convincing X. Above and below the X.

X: History and Physical by X, DO, DABA, DABPM. X: Patient presents for X. The patient had X. The patient was initially on X.X:X:X. The patient recently is having X. X has been X. The patient had X. There was an X improvement and decreased X. X has X. **Assessment:** History of X. **Plan:** X.X. The patient is having X under review by orthopedic surgeon.

X: History and Physical by X, DO, DABA, DABPM. **Plan:** X. The patient has had improved X. The patient is X.

X: UR performed by X, MD. **Rational for Denial:** Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. X on X was reviewed which showed status X

X: UR performed by X, MD. **Rationale for Denial:** This is a case of a X. There was no mechanism of injury documented in the medical reports submitted with this request. The X of the X. There was not convincing X. Above and below the X. Per PR Episode Details, there was a prior adverse determination dated X, whereby the request for X was non-certified. Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced above; this request is not medically necessary. In light of this presenting issues and in the absence of pertinent extenuating circumstances that would require deviation from the guidelines, the request for appeal X is not medically necessary as evidence of X. Exceptional factors were not identified.

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

This is a case of a X patient who sustained an injury on X. Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced above; this request is not medically necessary. In light of this presenting issues and in the absence of pertinent extenuating circumstances that would require deviation from the guidelines, the request for appeal X is not medically necessary as evidence of X was not established in the limited medial reports submitted to warrant the need for this intervention. Exceptional factors were not identified. Therefore, this request is non-certified.

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)