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Patient Clinical History (Summary)

X who was injured on X when X. X was diagnosed with X.

On X, X presented to X, MD for follow-up for the X. X was X. X reported feeling better and remained off work. X examination revealed X. X range of motion showed X. The rest of the physical examination was unremarkable. X was noted to be approximately X of the way toward meeting the physical requirements of X job. X was started and physical therapy referral provided. X was returned to work with restrictions as of X. The restrictions included X.

On X, X was evaluated by X, PT. X reported X had perceived X improvement and felt increased X pain and had resorted back to taking X. The pain was rated as X. X was able to perform activities of daily living independently. X was performing X. The impairments identified during the examination which prevented X from performing activities of daily living were X. X had been X.

Treatment to date consisted of X).

Per a utilization review determination letter by X, MD dated X, the request for X was non-certified. Rationale: It could not be determined when the X, if any, was done on the X for X. The injury was over X prior, and X had X. There was no literature to support the use of the X. The request was not supported by the Official Disability Guidelines; therefore, the requested X was not medically necessary or appropriate.

A reconsideration (appeal) adverse determination letter dated X by X, MD indicated that the reconsideration request for X was denied. Rationale: "Reviews of submitted document provided, reports a previous X of unknown date with completion of at least X. Prior denial was based on, it could not be

determined when the surgery if any was done on the X for this patient. The injury is over X old and the patient has X. There is no literature to support the use of the X. The request is not supported by the ODG. An appeal to prior cites ODG stating lack evidence that X alone has been clearly unsuccessful in adequately correcting X. Refer to clinical notes for range of motion. Per X encounter with X. All motions expressed in active, no reported passive motion. The claimant is reported to have reached X of X goal at visit. Although guidelines allow for provision, this X cannot yet be broadly recommended, it is an alternative option in conjunction with continued X alone has been clearly unsuccessful in adequately correcting X. In this situation, it could be considered on a case-by-case basis for an initial X. If the patient subsequently experiences well documented gains in motion, then additional approval for a maximum of X could also be reasonably considered. However, without further discussion to overturn prior denial and the requested did not X as mentioned in the guidelines, I am unable to certify. Therefore, based on the lack of guideline support and lack of enough documentation to deviate from guidelines, the request for an X is recommended not certified.”

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The ODG states X are under study for X, and while these devices cannot yet be broadly recommended, they are an alternative option in X alone has been clearly unsuccessful in adequately correcting X. In this situation, the ODG states the device could be considered on a case-by-case basis for an initial X. They provided documentation indicates that as of X, the injured worker had X. The stiffness persisted despite greater than X. However, there is no indication if the device is being requested for X. If X is being requested, the duration of X is not documented. Therefore, the medical necessity of the request cannot be determined. Given the documentation available, the requested service(s) is considered not medically necessary. As such, recommendation is for upholding the two prior denials.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)