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Patient Clinical History (Summary)

X with a date of injury X. X at work and X. X was diagnosed with X.

On X, X had a X initial evaluation by X, OTR. X presented with the complaints of X that occurred approximately X weeks prior. X reported that following the X, X lost use of X; however, that had X, but X continued with X. X had pain in the X. The pain was rated X. On examination, the X score was X. On X, X had an occupational therapy follow-up visit where X reported good progress in the X; however, X continued to have significant limitations in X. X was painful with X/ attempt to use but was much better. X noted a significant issue with X, which continued to be X which had not had much clinical management at the time. X had X regularly and had pain in multiple regions of the X. On examination, the X score was X. The X manual X was X continued to be restricted. The X was X degrees, X degrees, X degrees, X degrees and X degrees. The X had returned grossly as well as to the X; however, X remained limited in X. There was X in the X. X testing was uncomfortable; however, no identifiable specific issue other than X was noted.

Treatment to date consisted of X of X.

Per an Adverse Determination Letter dated X, the request for X was non-certified. It was determined that the Official Disability Guidelines would not support a medical necessity for the specific request as submitted. As documented in the summary, previous treatment had included access to treatment in the form of X. The requested amount of treatment in the

form of X would exceed what would be supported per criteria set forth for the described medical situation. Consequently, medical necessity for the specific request as submitted was not established for the described medical situation. “Screening Criteria and Treatment Guideline: Official Disability Guidelines, X X.”

Per the Letter of Appeal dated X, X stated that X had been under his care for X visits over approximately X weeks. X had sustained a significant injury at work to X including a X. Due to the nature of the X. X had developed a X. X continued to have significant need for X due to X. Details of X limitations were outlined in the most recent progress note dated X. At that time, X was also demonstrating continued X pain. Due to the nature of the X injury resulting in X, there was a X. As of X, it appeared that a X recovery was present; however, X continued to demonstrate significant X in X and continued complaints of X pain. Due to that reason, the progress noted written on X focused heavily on the need for X to the X. It was not intended that the X not remain a demand in the request also; however, it appeared that the reviewing physician might not have taken the X into consideration upon reading the denial.

Per the Adverse Determination letter dated X, the request for X was denied. Rationale: “This X. Per the provider request, the patient had already undergone X. The provider did not document X. The request would exceed the ODG guidelines recommended for this diagnosis. Therefore, the request for X is not medically necessary and the appeal is upheld.”

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

Based on the clinical information provided, the request for X: X exercises and treatment for X recovery, X: X movement, X: X, requiring direct contact with physician or therapist, X: X activities that involve working directly with the provider, X: Occupational X Evaluations is not recommended as medically necessary, and the previous denials are upheld. Per an Adverse Determination Letter dated X, the request for X was non-certified. It was determined that the Official Disability Guidelines would not support a medical necessity for the specific request as submitted. As documented in the summary, previous treatment had included access to treatment in

the form of X. The requested amount of treatment in the form of X would exceed what would be supported per criteria set forth for the described medical situation. Consequently, medical necessity for the specific request as submitted was not established for the described medical situation. "Screening Criteria and Treatment Guideline: Official Disability Guidelines, X Chapter: X visits over X weeks." Per the Letter of Appeal dated X, X stated that X had been under his care for X visits over approximately X weeks. X had sustained a significant injury at work to X. Due to the nature of the X, the therapist assessed that there had been little attention to the X. X had developed a X. X continued to have significant need for X due to X. Details of X were outlined in the most recent progress note dated X. At that time, X was also demonstrating continued X pain. Due to the nature of the X injury resulting in X injury, there was a X. As of X, it appeared that a X recovery was present; however, X continued to demonstrate significant X. Due to that reason, the progress noted written on X focused heavily on the need for X to the X. It was not intended that the X not remain a demand in the request also; however, it appeared that the reviewing physician might not have taken the X into consideration upon reading the denial.

Per the Adverse Determination letter dated X, the request for X of X to the X, denied. Rationale: "This X has a diagnosis of X. Per the provider request, the patient had already undergone X. The provider did not document X. The request would exceed the ODG guidelines recommended for this diagnosis. Therefore, the request for X is not medically necessary and the appeal is upheld." There is insufficient information to support a change in determination, and the previous non-certification is upheld. The request for additional X would exceed guideline recommendations. When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. There are no X. The patient has completed enough X and should be capable of continuing to improve X. Given the documentation available, the requested service(s) is considered not medically necessary and upheld.

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 Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)