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PATIENT CLINICAL HISTORY [SUMMARY]: X who sustained an injury to X on X. While on work, X was X. X was diagnosed with X. On X, X was seen by X, DPM for X. X reported X pain, which was X. Aggravating factors included X. The alleviating factors were X. The associated symptoms included X. On examination, X had pain and X. X had X. There was pain with X. X had limited X. There was X. X had X. On X, X presented for a follow-up. On examination, X had X. Physical examination was unchanged from the prior visit. On X, X was seen by X, DPM for X. X reported X pain, which was X. Aggravating factors included X. The alleviating factors were X. The associated symptoms included X. On examination, X had X on the X. X had X. There was pain with X. X had limited X. There was X. X had X. X had been X. An MRI of the X dated X showed X. Per the note dated X, X showed X. The treatment to date included X. Per a Utilization Review dated X by X, MD, the request for X was noncertified. Rationale, "The most recent dated radiographs of this patient's X are from X. More recent complete and dated imaging studies are not provided. Although the progress note dated X includes other X, it is unclear when they were performed. Accordingly, it is unclear if this patient has a X. Accordingly, this request is not medically necessary." Per a Utilization Review dated X by X, MD, the request for X was noncertified. Rationale, "The only official report of an imaging study is dated X which reveals a X. It is unclear why subsequent notes claim that there has been X. No other official radiographic reports are provided. Considering this distinct contradiction in progress notes and radiographic reports without any subsequent official radiographic reports provided there is no conclusive evidence that a X is present and subsequent use of a X is not medically necessary."

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 is not recommended as medically necessary, and the previous denials are upheld. Per a Utilization Review dated X by X, MD, the request for X was noncertified. Rationale, "The most recent dated radiographs of this patient's X are from X. More recent complete and dated imaging studies are not provided. Although the progress note dated X includes other x-rays, it is unclear when they were performed. Accordingly, it is unclear if this patient has a X. Accordingly, this request is not medically necessary." Per a Utilization Review dated X by X, MD, the request for X was noncertified. Rationale, "The only official report of an imaging study is dated X which reveals a X. It is unclear why subsequent notes claim that there has been X. No other official radiographic reports are provided. Considering this distinct contradiction in progress notes and radiographic reports without any subsequent official radiographic reports provided there is no conclusive evidence that a X is present and subsequent use of X is not medically necessary." There is insufficient information to support a change in determination, and the previous non-certification is upheld. The Official Disability Guidelines require documentation that the patient presents with X. While several x-ray results are documented, none of these reports indicate that the X. Given the documentation available, the requested service(s) is considered not medically necessary and the request is upheld.

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

☒ MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES