



MedHealth Review, Inc.
661 East Main Street
Suite 200-305
Midlothian, TX 76065
Ph 972-921-9094
Fax (972) 827-3707

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a X who sustained an X injury on X. Injury occurred when X. The X. X included elevated body mass index (X), X. Social history documented X was a X (X). X underwent X on X. X treatment had included X. On X, X reported an X. X stated that X was in X. The X MR arthrogram impression documented a X. There was X. There was X. There was X. Findings documented a X. There was X. The X orthopedic report cited complaints of X. X had a X that revealed X. There was a X. There was X. X exam documented X. The diagnosis included X. The treatment plan recommended X. Medications were continued to include X.

The X utilization review modified the request for X. The request for X was non-certified as it was not supported by the guidelines. The X appeal indicated that the request for X was denied on the basis that "the research has been X". There were no studies referenced with X, therefore the use of non-related research was X. The denial was reportedly invalid on the basis that the X. A meta-analysis of the use of X reportedly demonstrated excellent results many years after the X. The literature demonstrated excellent long-term results with this approach especially in the X population. Pre-certification was requested for X. The X utilization review indicated that the appeal request for X was non-certified. The rationale stated that the Official Disability Guidelines state that X remained controversial and were not recommended for X.

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

The Official Disability Guidelines state that X is not recommended for X. Guidelines state that X research has been X.

A review of X did not reveal any current evidence based medical peer-reviewed literature specifically addressing the use of X. X concluded that X is a promising approach for X and is already in clinical use for X. However, more controlled studies are needed to achieve both efficacy (appropriate biological and biomechanical properties) and safety in patients, given that X are not life-threatening disorders. There are still some issues regarding the effective use of X, including their reduced X. Regarding the safe administration of X, there is a potential risk of X. Further, standardization of the X needs to be addressed from the clinical point of view, depending on the X.

X concluded that among the X options for X. One area that appears promising is X. Various tissues within the human body contain X. These include X. In this article, both preclinical animal studies and clinical studies dealing with the use of X are reviewed. Majority of the clinical papers have shown promising results; however, there are a limited number of studies of high evidence level. Clinical significance of the X as compared to other surgical options as well as X is still to be determined.

X reported that X research arose from the need to explore new X. Although X are basically X. However, few reliable clinical studies have been published, despite the X research for X. X can be applied locally for X. X disease modalities in

X. X are current targets for X. For X are hot topics in clinical research. To date, the literature supporting X -based therapies comprises mostly case reports or case series. Therefore, high-quality evidence, including from randomized clinical trials, is necessary to define the role of X in the treatment of X. It is imperative that clinicians who X into their practices possess a good understanding of the natural course of the disease. It is also highly recommended that treating physicians do not thrust aside the concomitant use of established measures until X is evidently proved worthy in terms of efficacy and cost. [3]

This patient presents with complaints of X. X underwent X. In the post-operative period, X experienced a X and was diagnosed with a X. Surgery has been partially certified to include X. Under consideration is a request for X. The Official Disability Guidelines do not recommend X for early or advanced X. Current evidence based medical literature indicates that X shows promising results for X, but there are a limited number of studies of high evidence level and additional studies are needed. Literature provided upon appeal appears to evidence utilization of X. Specific literature citations supporting the medical necessity of X have not been provided regarding the patient's clinical scenario. There is no compelling rationale or extenuating circumstances presented to support this request as an exception to guidelines at this time. Therefore, this request for X is not 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY 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)**