



14785 Preston Road, Suite 550 | Dallas, Texas 75254
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PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X with injury to the X that resulted in a surgery X. No op note is available for specific details on the state of X at the time of the surgery. X has had X. X initially did ok after surgery but reported return of symptoms about X weeks after surgery after working out. According to the clinic note of X X has continued pain and swelling in the X. X feels there is something X. X has been treated with X but had recurrence of symptoms without improvement. X has continued X which makes it worse. X exam at this time demonstrated an X, X limited to X degrees, tenderness at both the X. X has had an X since X symptoms recurred which was done on X. This showed intense X in the X, findings consistent with X with likely X. The request at this point is for a X.



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

Per ODG references, the requested "X" is not medically necessary. The patient has evidence of fairly advanced X by imaging without objective evidence on X of a X surgery. The patient does have symptomatic complaint of feeling like something is X noted on imaging these symptoms certainly can be related to X. Per ODG guidelines, doing a X is not recommended and unlikely to be of benefit, and with no objective evidence of X. Also, per the available documentation X has had aspiration but there is not documentation that X options directed at the X have been tried as attempts at X treatment beyond what X has done thus far. For these reasons, the current request is not 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 KNOWLEDGE BASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES



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- 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