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PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X. The claimant was injured due to X. The diagnosis is X.

X: Progress notes by X, MD. Follow up on X. There is a past surgical history for X.

X: Progress report by X, MD. PE shows X to X degrees possibly with pain thereafter abduction to a X degree, X test. Treatment recommendation included

X: CT arthrogram X, MD. Shows X. Assessments include X.

X: UR performed by X, MD. Rationale for denial: Based on the clinical documents provided, there is no documentation of what X treatment has been tried for X or the treatment response to the modalities. Additionally, on CT arthrogram, there is evidence of only mild X. Based on the ODG guidelines and provided, X not medically necessary.

X: UR performed by X, MD. Rationale for denial: Based on the clinical documentation provided the injured worker underwent X and has continued pain despite X. On PE, there is X test. Based on the ODG recommendations and provided documentation, a X is not medically necessary.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS,

FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The request for X is denied.

The patient injured X. X continues to have pain in the X, with limited X on examination. A CT arthrogram demonstrated an intact X. X has mild X. The treating provider has recommended X.

The Official Disability Guidelines (ODG) supports X in patients with post-X. Patients should have X or pain relief following X into this X. X weeks of X care is required prior to X.

This patient has mild X on X. X has no documentation of X. X has not received a X.

Based on the ODG criteria, this patient is not a candidate for X.

The request for X is found to be 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESLEY 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)