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PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X who was injured on X when the X.

X: Operative Report by X, MD. **Procedure Performed:** 1. X open X and X of X. 2. X open X with X. 3. X of fluoroscopic images of X.

X: Office Visit by X, MD. **HPI:** X HM X weeks X. Doing well, pain different than before. Pain well controlled. **Assessment/Plan:** Healing well in good alignment. May progress activity as tolerated. X as needed.

X: Office Visit by X and X, MD. **HPI:** Still has pain after X. Unable to X for X. **Plan:** FCE and WH ordered. X given. May progress as tolerated. X as needed. Will try to order X as well.

X: X X Program Progress Note by X, PT, DPT, COMT and X, PT. **Assessment:** Patient demonstrated increased X. X has progressed from a medium physical demand characteristic level to a medium heavy. X job requires X to be able to lift/carry up to X pound bags of X which is why physical demand capacity has changed. X continues to demonstrate decreased ability to perform the X component of X job; however, X is progressing well towards X goals. X demonstrated increased X of X. X continues to demonstrate significant tenderness to palpation with light palpation. Repeated education on desensitization which had been given to X during X physical therapy. As patient is progressing well towards goals, recommended patient continue the WH program for 10 additional sessions to X towards established goals. X demonstrates good motivation and effort with all activities when present.

X: UR performed by X, DO. **Rationale for Denial:** Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Comparative findings from initial and after 5 sessions regarding X psychological status and behavioral assessment were not evident in the records submitted.

X: Office Visit by X, MD. **HPI:** Completed X X program with some improvement. Feeling a bit better. Has to be able to lift X pounds for X and X. **Assessment:** X months X. Healing well in good alignment. **Plan:** May progress activity as tolerated. X as needed. X restrictions given. Recommend refill of X X.

X : UR performed by X, MD . **Rationale for Denial:** Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Per guidelines, there should be documentation of the proposed benefits from the program including functional, vocational, and psychological improvements, as well as the treatment plan to achieve these gains. In this case, the patient was progressing

towards goals and would likely meet X goals if allowed an additional X sessions as X has already shown significant gains within X sessions. Although X physical demand category was from medium to medium heavy, there no significant improvement since they fall under the same category. Furthermore, X XX was previously scored as X per X but on X report it was scored as X. Continuation of the multidisciplinary program considered when there is an improvement for both functional and psychological X. Furthermore, X, PT stated that the patient has made great gains in regards to X. Patient does not want to go back to X. The patient does not fully meet the criteria per ODG guidelines. Patient has made progress with the present X X program, but still complains of significant levels of pain. The patient would be best treated with a continuation of a strong home rehab program. Therefore the request is not supported.

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

The request for additional X is denied.

This patient injured X XX on XX. X underwent XX of the XX XX and XX XX fusion of the XX XX on XX. X continues to have pain and swelling in the XX, which limits X ability to wear a XX-XX XX. X XX is tender to the touch. X has completed several sessions of X X. Additional X X (80 hours) has been recommended.

The Official Disability Guidelines (ODG) recommends 10 physical therapy sessions over 4 weeks for X conditioning (30 hours).

I am concerned that the patient continues to have XX pain nine months after X original surgery. Prior to additional therapy, I would recommend a CT scan of the XX to confirm bone healing. There is a possibility that X has a deep infection, which would be identified with blood X (ESR, CRP, blood cultures). X may also have a XX in the XX, which may require a XX injection or additional surgery. If this X-up is negative, it is unlikely that X condition will improve at this point in the post-op period.

Further X-up is required prior to consideration of additional X X, which exceeds the recommendations of the ODG.

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)