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PATIENT CLINICAL HISTORY [SUMMARY]:

This is a X who sustained X on X when a X. X was seen immediately in the emergency department. X-rays dated X revealed a X. X was treated with X was given instructions to follow up in XX XX. X was seen for initial XX XX visit on X by Dr. X. Exam at that time revealed X, a wound over the X, no X, and X. X had good XX refill and limited X. Recommendation was made for continued wound care, X, and work restrictions. X followed up in clinic on X at which time X was performing X and taking X as instructed. X was X. Exam revealed X, continued X, and an intact X

with X. Plan was made for continued observation and conservative modalities. At last documented follow up with Dr. X dated X, X complained of continued pain along the X region with continued X. X had no fevers or chills. Exam revealed X with X, X, X, and some X. Recommendation was made at that time for X. This case underwent initial adverse determination on X by Dr. X. The procedure was not recommended as it is not supported by ODG. Determination was upheld in 1st appeal on X by Dr. X for the same reason and lack of clinical documentation supporting the need for a procedure outside recommendations of ODG.

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

According to Official Disability Guidelines (ODG), surgical procedures to address X are not supported because of increased post-operative infection. This claimant is noted to have X, some X, and without X. There is lack of clinical documentation supporting the need for this procedure outside ODG recommendations. There is no documentation of exceptional circumstances or additional clarification provided to deviate from ODG recommendations warranting X excision. Therefore, it is the opinion of this reviewer that the requested X is not medically necessary and the request is non-certified.

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

Official Disability Guideline Treatment Index, 24th Online Edition, 2019

Not recommended.