



**17119 Red Oak Rd
Unit # 90333
Houston, TX 77090
281-836-6171**

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who sustained a work injury on X due to X. X was transferred to X XX XX for traumatic injury. The claimant underwent X -the-X on X as a result of X injury. Examination on X revealed X degree. There was a X on the most X but doing well postoperatively. Request is for X(X), X were approved on X, as there was a medical need. The claimant was seen by X, DO on X and had X sensation and pain. Request for X was made and denied on X.

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

The claimant is a X who underwent X on X and subsequently had received the X as there was a medical necessity, but the request is for a X for the use in X. Review of records revealed that there is no change in diagnosis or medical rationale documented for the need of a X. Therefore, it is the opinion of this reviewer that the request for X is not medically necessary. Thus, 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 Guidelines (ODG)**