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PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a X who sustained an industrial injury on X. Injury occurred when X. Comorbidities included X. The X CT scan impression documented X. There was a moderately displaced X. X underwent X on X. The submitted medical records documented X from X to X with X pain, X. As of X, X degrees. The X CT scan impression documented full X. The X demonstrated X. The X orthopedic report cited complaints of X pain, X. X was doing X and not making progress with regards to X by the X month visit, so repeat imaging was performed and demonstrated failure of the prior X. Current pain was reported grade X. Current medications included X. X exam documented well-healed surgical X. X active range of motion was documented as X, X degrees with X. There was MRI evidence of X. X-rays showed X, no X, and X. The

injured worker had a X and X. Treatment options were discussed. The patient would like to attempt to salvage the X with attempted X. The X utilization review determination letter indicated that the request for X versus X was not medically necessary. The rationale stated that the physical exam on X documented X and X. The only abnormal exam finding was X. Considering these objective findings and physical abilities, it was unlikely to be any improvement achieved with a X. Furthermore, the Official Disability Guidelines did not support the practice of a X literature studies had not shown there was a significant beneficial clinical outcome.

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

The Official Disability Guidelines state that the results of X to those of X. While pain relief may be achieved in most patients, selection criteria should include patients with an X, preoperative elevation above the X and only one prior procedure.

The Official Disability Guidelines state that X is not recommended for lack of higher quality studies; this procedure remains investigational due to X outcomes. X might be considered for X” based on low-quality evidence.

This injured worker presents status post X. X has persistent X pain with X that is affecting X work ability. Clinical exam findings document limited active range of motion to X degrees X and X degrees abduction, with passive range of motion reported to X degrees forward flexion and X degrees abduction. Recent imaging documents X. X has been diagnosed with X and X. X would like to attempt to X with attempted X versus X. Guideline criteria have not been met

for this request. There is no detailed discussion regarding the quality of the X to support proceeding with a X. There is no specific rationale presented to support the medical necessity of X as an exception to guidelines. There is no compelling rationale presented or extenuating circumstances noted to support the medical necessity of this request as an exception to guidelines at this time. Therefore, this request is 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 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 (PROVIDE A DESCRIPTION)**