

AccuReview

An Independent Review Organization

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PATIENT CLINICAL HISTORY [SUMMARY]:

X: Notice of Disputed Issue and Refusal to Pay Benefits dictated by unknown.
Reason for denial: Some of your medical conditions were caused by your work-related injury (extent of injury).

X: MR Arthrogram X dictated by X, MD. Impression: 1. Negative MRI arthrogram of the X. 2. Negative-appearing X.

X: Office Visit dictated by X, DO. CC: EMG X. DX: X of X. Claimant complained of X. Severity: when present, the X is described as X -to-X. X does not vary significantly from X. PE: X: X: X present X– mild-moderate. X: X sign along X at the X positive,

along the X at the X positive.

X: Office Visit dictated by X, MD. CC: X pain, EMG results. X denies any changes in symptoms and is currently under the care of a pain specialist. X continues to experience X and notes X pain in X along the X aspect of X. Medications: X. PE: X and X: surgical X– healed. X present X; X and X: X over X deviation with pain, X test positive for pain, X test positive pain, X positive.

X : Office Visit dictated by X, MD. CC: X pain. DX: Other specified X, X pain X.

X: Electronic diagnostic Studies dictated by X, DO. Impression: The below electrodiagnostic study reveals evidence of a mild X(X) affecting the X.

X: Office Visit dictated by X, MD. DX: Other specified X; Pain in X; X. Claimant follows up with increased and worsening symptoms. On exam, claimant has tenderness over the X. There is a positive X at the X. X-rays of the X today demonstrate X change over the X. We discussed X findings and treatment options. X precious X has been delayed due to disputes on file. Given X increased pain at the X, recommending further evaluation with an EMG and MRI of the X to rule out recurrent X, possible X. X after tests.

X: UR performed by X, MD. Reason for denial: The request for X diagnostic X is not medically necessary. The claimant complained of X pain, X in X and X. The X has not decreased. The PE of the X revealed tenderness in X. There was X. The X test was positive with pain and X. The X along the X was positive. The X examination revealed X. The X test was positive. The X test was positive. The MR arthrogram of X revealed negative MRI arthrogram of X. The EMG revealed evidence of a mild X(X) affecting X. The claimant has subjective complaints and the objective findings. However, there was no evidence of any significant pathology on MRI including no evidence of any X. As such, the medical necessity has not been established. Therefore, the request for X is not medically necessary.

X: UR performed by X, DO. Reason for denial: X -year-old X claimant with DOI: X, diagnosed with X. MR arthrogram revealed negative. EMG revealed mild X on the X that affect the X. On X, the claimant complained of X pain complaints with X. X

reported difficulty such as X. There was X noted. There was pain along the X. The previous surgery request for the X was delayed as there was delayed of disputes on file. The physical examination revealed a X. The X test was positive with pain and X. The X at the X was positive. There was X was noted. The X test, X test, and sign were positive. The plan was for EMG and MRI of the X. Request is denied as there is no significant pathology on MRI evidence of a X. Also, the requested X was also denied.

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

The request for X is denied. This patient has pain in the X. X also has X and X. The MR arthrogram of the X demonstrates no evidence of X injury. The EMG-NC study confirms mild X. The treating physician has recommended X to address a possible X. The Official Disability Guidelines recommends X for the treatment of X. In the absence of X injury or X identified on MRI, the requested surgery is not medically necessary for this patient. Therefore, the request for X is denied.

Per 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)