Magnolia Reviews of Texas, LLC
PO Box 348
Melissa, TX 75454
972-837-1209 Phone
972-692-6837 Fax
Email: @hotmail.com

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
X

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
X

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
X

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a X. The patient was X. The patient X. Office visit note dated X. The patient is X. The symptoms are X. X is rated as X. Office visit note X. Pain is rated X. X notes X. Office visit note dated X. Current medications include X. X pain is rated X. On X there is X. Assessment notes X. The patient was recommended for X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. The initial request was non-certified noting that per ODG Elbow guidelines, "Not recommended. Temporary benefits for X. Although X is described as the

X. The request is not shown to be medically necessary. The denial was upheld on appeal noting that per ODG Elbow guidelines, "Not recommended. Temporary benefits for X. Although X is described as the X. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is a lack of support within the Official Disability Guidelines for X to treat the patient's clinical presentation. There are limited findings documented on X. There is no documentation of any recent X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

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

X MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES