



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

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

A 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

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a X who sustained injury on X. The patient sustained X. X reportedly X. A X. Those X were not included. X underwent a X. Request was submitted for X.

X-rays dated X revealed X. Op report dated X, Dr. X, the patient underwent X.

Follow-up clinic visits with Dr. X revealed patient was X. Of note, these visits did X. On X, patient followed up. Recommendation was to X. On X, patient returned for X. Provider recommended continued X but authorization was denied.

Recommended repeat X. On X, patient was recommended to X. On X, provider reported patient was X. X was having X. On X, patient reported X. X was X. X was recommended for X. On X, provider reported X. Patient's X. On X and X, patient returned X.

The patient underwent X. Provider reported a X here for initial evaluation of X. X reported X. X had X. On X, there were X. There were X. There was a X. Patient expressed X. X-rays performed in the office revealed X. The provider suggested X. The patient did X.

Clinic visit with Dr. X revealed patient had X. X had a X. Exam revealed X. The X appeared although X. The provider offered X. X returned for follow-up visit on X. The procedure was denied, and the provider recommended appeal.

This case underwent X. On X, Dr. X denied authorization as there was insufficient objective evidence of X. Additionally, there was X to support the request. An appeal was denied on X stating X the need for the request. He added that clarification was needed and how it might change treatment recommendations as well as patient outcomes.

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

Based on the clinical documentation submitted and application of the evidence-based Official Disability Guidelines (ODG), the request for X is not medically necessary. This patient has a fixed X. Extensive contracture release and X. Both Drs. X to this likelihood in their clinical notes, and both seemed to conclude the patient would be X. The guidelines conclude that X. Additional clarification is needed how that might change treatment recommendations and patient outcomes.

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

Official Disability Guidelines Treatment Index, 25th Online Edition, 2020

Recommended as indicated below for treatment of X

See also X

Criteria for X

- Failure of X
- Diagnostic X
- Imaging (MRI) consistent with X, without signs of X