

Parker Healthcare Management Organization, Inc.
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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]:

The claimant is a X who X. The claimant was being followed for X. X had been performed. The claimant was recommended X. The claimant was evaluated on X. The claimant had been X. The maintenance medications included X. The claimant reported the X. The claimant demonstrated X. X of the X. X and X was documented. There was X. There was X in the X. X was X. The claimant was X.

**ANALYSIS AND EXPLANATION OF THE DECISION
INCLUDE CLINICAL BASIS, FINDINGS AND
CONCLUSIONS USED TO SUPPORT THE DECISION. IF
THERE WAS ANY DIVERGENCE FROM DWC'S
POLICIES/GUIDLEINES OR THE NETWORK'S
TREATMENT GUIDELINES, THEN INDICATE BELOW
WITH EXPLANATION.**

The request for the medications was previous noncertified on X, and upheld on X, due to X. No additional documentation had been provided. Prior recommendations for X. The request is partially certified in order to X. Regarding the X is not X. There was X. A X. Regarding the X have X. The guidelines recommend X. The guidelines require X. Regarding the X is not recommended by the guidelines. X should only be X. X to X. A X would be X. Of note, the treating provider should follow evidenced-based X for X.

The request for X, are certified as medically necessary.

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

XX DWC- DIVISION OF WORKERS
COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL
EXPERIENCE AND EXPERTISE IN ACCORDANCE
WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES &
TREATMENT GUIDELINES