



**MEDICAL EVALUATORS  
OF T E X A S ASO, LLC.**

2211 West 34<sup>th</sup> St. • Houston, TX 77018  
800-845-8982 FAX: 713-583-5943

**EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

**Mechanism of injury:**

The claimant is a X who was injured on X when X. X.  
The claimant was diagnosed with X.

Progress Note from X dated X documented the claimant had started care on X and completed X. X, PT documented the claimant had rated X pain X. X, PT further documented the claimant continued to X.” X, PT reported the claimant was X. X, PT documented the claimant reported X believed X. The claimant stated X would like to continue with X.

Progress Note by X, MD dated X documented the claimant had finished X last course of X. Objective findings on examination by Dr. X included X. Dr. X documented the claimant was improving with X. Dr. X recommended the claimant continue X.

Prior denial letter from X dated X denied the request for X, stating “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Per evidence-based guidelines, X is recommended for X. In this case, the patient returned for a follow-up of a X. Per X dated X, the patient complained of X pain which was rated at X. X completed X. Per the nurse's clinical summary it was noted that per the provider's office verification, X had completed X. A request for X was made. However, the current request exceeds the guidelines recommendation. Exceptional factors were not identified to warrant the need for the additional request versus X.”



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

This is a X diagnosed with X.

According to ODG Treatment/Disability Guidelines, X are considered medically necessary for medical treatment of X. A thorough review of records documented the treating provider felt the claimant was improving with the X. The treating provider recommended the claimant receive X. However, there are no details included in this treatment plan to explain why a X is not adequate, why an extension passed the recommended number of X visits is warranted, and how specifically this would further benefit that claimant's condition. The treating provider's exam noted X.

Therefore, based on the referenced evidence-based medical guidelines, as well as the clinical documentation stated above, it is the professional medical opinion of this reviewer that the request for coverage of X is not medically necessary and appropriate.

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

ODG Physical Medicine Guidelines –

[KG]

*NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive*



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*copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at [www.tdi.texas.gov](http://www.tdi.texas.gov).*