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PATIENT CLINICAL HISTORY [SUMMARY]:

X: Evaluation/Plan of Care by X, X. **HPI: X.** X complains of X. **Examination: X.** X is moderate decreased for X. X is minimally decreased on X. Functionally is X. X reveals X. **Assessment: Goals:** 1) X. 2) X. 3) X. 4) X) 5) X. 6) X.

Plan/Recommendation: X.

X: UR performed by X, MD. **Rationale for Denial:** This case involves a now X with a history of an occupational claim from X. The mechanism of injury is X. The current diagnoses are documented as X. The ODG recommends X. The guideline recommends X. In this case, the claimant completed X. The claimant continued to complain of X. The remaining functional X. However, there is no documentation provided of the previous sessions to include X. There is X. As such, the request for X is not medically necessary.

X: UR performed by X, MD. **Rationale for Denial:** Based on the clinical information provided, the reconsideration for X is not recommended as medically necessary. The initial request was non-certified noting that the ODG recommends X. The guideline recommends X. In this case, the claimant completed X. The claimant continued to complain of X. The remaining functional X. However, there is no documentation provided of the previous sessions to include X. There is no documentation of increased X. As such, the request for X is not medically necessary. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The submitted clinical records indicate that this patient has completed X. Current evidence-based guidelines support up to X for the patient's diagnoses, and there is X. When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. There are X documented. The patient has completed enough X. Determination: Not medically necessary.

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

The request for nine sessions of physical therapy is denied.

This patient sustained a work injury in X, when X. X has already completed X. Additional X has been recommended.

The Official Disability Guidelines (ODG) supports X.

This patient has already exceeded the ODG recommendations for X. There are no unusual circumstances associated with this case to support additional therapy.

X request are not medically necessary for this patient.

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)