



**17119 Red Oak Rd
Unit # 90333
Houston, TX 77090
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PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X. The claimant was working on finding a X. There were X. Records from X revealed X. The claimant reported pain level of X and described as X. Aggravating factors consist of X. Surgical history of X. There is mention of X consultation, but no documentation provided. General appearance was noted as X. X was X. X orientation was noted as X. X and affect was X. Good judgment. Recent X was X and X memory was X. Addendum dated X revealed the claimant has X for which X is taking a X. X was done on X to determine the claimant's physical capacities for work and recommendation for care. X were X, X.X. Results suggest that the claimant did not have the physical capacities to perform the essential demands of the pre-injury job maintenance heavy (X) but able to perform (X) medium tolerance level. Suggested X.

Record review dated X reported associated symptoms of X. X continues to feel X, noted some increased pain with opposition. X was present at X, with X. Work status can return to work with the X. The request is for X Interview with testing X. Prior adverse determination dated X denied the request due to insufficient medical reports submitted to validate a significant change in the patient's X status. Signs of X conditions or barriers were not evident to support the request.

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

After careful review of the records provided, the recommendation of X Interview with testing is based upon a clinical impression of X condition that impacts the claimant recovery, participation in X, or prior to specified interventions. While notes from Dr. X did state that the claimant had X; however, no X notes provided to show interference with recovery state. X

testing showed X. There is no documentation of significant X to warrant X evaluation with testing. Thus, the request for X Interview with testing X, 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:
Official Disability Guidelines (ODG)**