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**PATIENT CLINICAL HISTORY [SUMMARY]:**

Claimant is a X who sustained an injury on the job on X. When X. MRI Arthrogram on X revealed a X. Claimant has undergone X.

X: MR Arthrogram X. Impression- 1.X. 2.X.

X: Progress Note by Dr. X. Pt presents with X. X pain. Pain is X at its worst and X currently. Pain is X. Factors to help alleviate pain is X. Worsened by X. X for this condition. Past treatments include X. X could not tolerate X per therapist. X has X all the time with the X. No X. X noted X. Intact X. X is X. Normal X. On examination of the X. X approx. X degrees, X. X test and X tests are X. X test, X tests, X test, X test are all negative. X-Ray of X is unremarkable except for mild X. Request authorization of X. Current Medications: X.

X: UR by Dr. X. Rationale- Based on the clinical information submitted for this review, non-certified. Given the limited reports, there was no indication if the pt had a history of X. Although X had a X tests, there was no note of X. Moreover, despite having stated the PT had attended X which X tolerated well, there were no actual X reports submitted to objectively verify benefit from prior sessions. There was no documentation of ongoing X, nor was there objective evidence of a failure of previous X.

X: UR by Dr. X. Rationale- Non-certified. Per evidence-based guidelines, surgery is indicated to patients with subjective and objective clinical findings corroborated by imaging studies after the provision of conservative care. In this case, the patient X. It was noted on examination that X had a X test; however, there were limited medical records presented to determine if the PT had a X necessitate the request. Moreover, there was no documentation presented of failure from at least X months of X. No exceptional factors were noted.

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

The previous adverse decision is Upheld. This patient X. The X MR-arthrogram confirmed a X. The patient has been treated with X in the past. X had a X test and a X test at the X evaluation. The Official Disability Guidelines (ODG) supports surgery in patients with subjective and objective clinical findings of X. However, the request for X is not medically necessary at this time, as there is no documentation of X of X months of X.

**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)