

Vanguard MedReview, Inc.
101 Ranch Hand Lane
Aledo, TX 76008
P 817-751-1632
F 817-632-2619

PATIENT CLINICAL HISTORY [SUMMARY]:

X: Occupational Therapy Initial Examination by X, OT with X

X: Daily Note by X, OT with X

X: Visit report by X, MD with X

X: UR performed by X, MD. **Rationale for Denial:** Peer to peer calls were attempted but a case discussion was unsuccessful. A request is submitted for a treatment in the form of X. A medical document dated X indicated that subjectively, there were symptoms of pain described as a X. A medical document dated X indicated that previous treatment did include X. At the present time, for the described medical situation, medical necessity for this specific request as submitted is not established. Previous treatment in the form of X would exceed what would be supported per criteria set forth by the above noted reference for the described medical situation. The above-noted reference would support an expectation for an ability to perform a X when an individual has received excess amount of X previously provided. Consequently, presently, medical necessity for treatment in the form of X is not established. As such, the request for X is non-certified.

X: UR performed by X, DO. **Rationale for Denial:** The request for X was previously denied stating that the request would exceed the guideline recommendations as the patient had participated in X to date and it would be expected the patient would be able to perform an X. No new information was provided since the previous review. ODG state that X are recommended for the treatment of X. In this case, the patient reported X. Physical examination revealed X. There was good X. The patient was recommended to continue to work on X. The patient was recommended an X. The request exceeds the guideline recommendation. There was no documentation of significant functional limitation to warrant X. There was no indication the patient would be unable to participate in a X. In addition, the

request involved in a range which is not supported by the guidelines and partial certifications are not allowed in the state of jurisdiction. I spoke with Dr. X and no additional information was provided to support the request. Therefore, the request for X is non-certified.

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

The request for X is denied.

This patient injured X. X has pain over the X. X has completed X. X was recommended.

The Official Disability Guidelines (ODG) supports X.

The patient has already exceeded the recommendations of the ODG for X, with limited improvement in X condition. This patient can participate in a X. It is unclear whether X has received a X. X may also require further treatment.

X is 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)