



**17119 Red Oak Rd
Unit # 90333
Houston, TX 77090
281-836-6171**

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who sustained work injury on X. The claimant X. The records showed an X was certified on X and again on X. The claimant presented for the follow up with Dr X on X with complaints of X. Multiple courses of X have been certified with the most recent being X. The claimant has been treated with X but only X summary report dated X was submitted for this review.

A X summary report dated X by X, PT, DPT, noted medical diagnoses of X. The claimant reported an overall decrease in X. X continued to have X. The X were increased with X. X was compliant with X. X reported X. X had increased X activity at X. X reported that X. The number of visits to date was noted as X.

Recommendation was to continue with X. Recommendation was made for X. There were 2 previous adverse determinations for the proposed treatment on X and on X. On X, it was denied because the request does not meet clinical review criteria. On X, it was stated X cannot be certified until clinical information is available.

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

After review of records provided, the request for proposed treatment for X is not medically necessary. The claimant has been treated with X but only one X progress summary report was submitted for this review. Prior adverse determination noted that peer to peer call was made and the treating provider did not feel that additional treatment was needed. ODG for X have been met. Thus, the requested services are considered not medically necessary and the request is non-certified.

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