

# **Parker Healthcare Management Organization, Inc.**

3719 N. Beltline Rd Irving, TX 75038

972.906.0603 972.906.0615 (fax)

IRO Cert#

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a X who was injured on X, in a mechanism that was not denoted. The claimant was diagnosed with X. An evaluation on X, revealed X. A recent X. A X was used intermittently. The most recent MRI of the X was performed in X and only referenced an X. The calculated Body Mass Index was X. The clinical examination X. There were reports of X. X testing was X and there was X. There was a X.

## **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

The claimant has X. According to the guidelines, X are not recommended for X based on insufficient evidence. There is no objective medical evidence provided to support the claimant is currently suffering from X. Therefore, medical necessity has not been established for the X. The requested X are not certified.

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

XX      DWC- DIVISION OF WORKERS  
          COMPENSATION POLICIES OR GUIDELINES

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XX MEDICAL JUDGEMENT, CLINICAL  
EXPERIENCE AND EXPERTISE IN ACCORDANCE  
WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES &  
TREATMENT GUIDELINES