

## **AccuReview**

An Independent Review Organization

P. O. Box 21

West, TX 76691

Phone (254) 640-1738

Fax (888) 492-8305

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

X: Progress Note dictated by X, PA-C. Attestation dictated by X, MD: Claimant has been evaluated and discussed with X. X history and exam are X. We are obtaining an MRI with X. CC: pain of X. Claimant was injured while X. X is a X. This has persisted since injury. Worse with X. X does have X to localize source. Pain is reported in X. X was placed on X. X used X, which helped X. PE: RLE: X. Assessment/Plan: X pain. Discussed at length with claimant that location of X pain is not classic for X however, history and exam are suggestive it may be. Explained that is X does have a X but may not completely resolve symptoms. Discussed need for X.

X: Progress Note dictated by X, PA-C. CC: X pain. Claimant has increased X. Also noted just X. X also increase pain. At no time has X had X. No relief of pain flowing X. PE: X. MR Arthrogram X revealed X. Assessment/Plan: X. Referral to Dr. X. X specifically for X. Encouraged X. X. Asked X to keep a X.

X: Progress Note dictated by X, DO. Procedure Orders: X.

X: X Notes dictated by X, PT. PE: X: X. X special tests: X. Additional X Comments: X.

X: X Notes dictated by X, PT, DPT. Claimant reported being initially denied which is X. Claimant reported consistent pain X stating it X. X reported that X does have a X tries to X. Stated X tries to X. O: X. A: claimant tolerated X. P: continue with X.

X: X Notes dictated by X, PT, DPT. Claimant reported X.

X: X Notes dictated by X, PT. Claimant reported recent X. Assessment: the claimant

X. X does not indicate X. X shows X. Continue with X.

X: Office Visit dictated by X, MD. CC: X pain. Claimant reported X pain is X. X notices X. Denies X. X had X. PE: X: X. Positive X. Full X without pain. Difficulty with X. X testing reproduces X pain. X. Assessment: X. X symptoms are not consistent with X. Referral to Dr. X for discussion/evaluation possible X. Continue X.

X: X Notes dictated by X, PT. Claimant met with MD yesterday and determined X is not appropriate. X is being referred to Dr. X to determine is X may be warranted. X well, continue X.

X: X Notes dictated by X, PT. Claimant reported X. X stated when X. X tends to X. Pain X. Assessment/Plan: Claimant X. X continued to X. At this time, claimant has completed current X. Will X at this time?

X: Urgent Care Visit dictated by X, DO. CC: X pain. X: reported X. PE: X: normal X, abnormal decreased X. Assessment/Plan: X. Referred to MRI imaging and X; X, not elsewhere classified X; X, site unspecified X sending for X referral of X.

X: Progress Notes dictated by X, MD. CC: X. Claimant is a X who has had X. X has attempted X. It has been recorded in our X system. The X did not help with the pain in the X. Claimant does not have X. Current medications: X. PE: X: X maneuvers of the X include results below: X test is X, X test is X. X over the X. And this is after aggravating it with X. X does have pain with X. Plain views of the X. MRI of the X. CT scan ordered today. Assessment: 1. X, 2.X. Plan: Having X, the claimant has elected to proceed with CT scan of the X.

X: CT X dictated by X, MD. Impression: 1.X. 2. X. 3.X.

X: X Notes at X dictated by X, PT. DX: X. Claimant reported X. Stated X has had X months of X in total X. Stated X is unable to X and that X is not able to increase X activity level. Stated X is X. Stated X takes X as needed. However, X workers' comp has X. X wants to be able to find out "X" as so far X has had X. X is X. Non-X noted to -X degrees X, able to perform X Assessment: Claimant reported X has had a MMI of X approved by the state doctor. X Evaluation X.

X: UR performed by X, DO. Reason for denial: The claimant complained of X. Exacerbating factors included X. Exam showed X: X test was X, X. On X, the claimant had a X evaluation with X, PT. the claimant had X months of X symptoms. X is unable to X. The X noted that they were not sure if X will really help improve X symptoms. However, X can be used for X. X has had X in the past to the X. There are limited indications that the claimant would benefit from X. Therefore, X is not medically necessary.

X: Recommendations dictated by X, MD. CT scan confirms X. X if not indicated. The claimant's pain is more X. X would benefit from X y as it was ordered, will order today.

X: X dictated by X, MD. Please eval and treat for X.

X: UR performed by X, MD. Reason for denial: The ODG supports up to X. The review documentation available indicates that the injured worker has been diagnosed with X. X has previously completed, but the X. Additionally, the treatment response has been documented to be X. There were no exceptional factors documented that would indicate a need for X that would exceed the guideline recommendations. When considering the ODG and available clinical documentation sessions (X) for the X are not medically necessary.

X: UR performed by X, MD. Reason for denial: The claimant has X. X is again being referred to PR by Dr. X specifically for X. ODG recommends up to X. This request is outside of guideline recommendations without any exceptional factors to support additional skilled X. After X, X should be capable of performing a X. The request is not medically necessary.

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

The previous adverse determinations are upheld and agreed upon, as the request for X is denied. The claimant was injured at work in X. X continues to have pain in the X. The X CT of the X. X was recommended for this claimant. According to the Official Disability Guidelines (ODG), guidelines only supports X. This claimant has exceeded the recommendations of the ODG, without any significant benefit. At this point, X can transition to X. X is not medically necessary for this request. Therefore, after reviewing the medical records and documentation provided, the request for X is upheld and denied.

**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)