

Parker Healthcare Management Organization, Inc.
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DATE OF REVIEW: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. X

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was X, in a X. The claimant was diagnosed with X. A X was recommended and requested on

X. X were reported to the X. Treatment had included X. A X on X, noted the claimant was X. The claimant was recommended for 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 request was previously noncertified on X, due to lack of medical necessity. No additional medical documentation was submitted. The request remains noncertified. The guidelines would not support X for those who are a candidate for X. The records indicate the claimant was a candidate for possible X. There should be evidence of an X. In addition, the guidelines note that the X. There is no documentation provided supporting that the claimant is not a candidate for additional treatment, such X. Therefore, the medical necessity of X has not been established. The request for X is 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

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

XX ODG- OFFICIAL DISABILITY GUIDELINES &
TREATMENT GUIDELINES