Health Decisions, Inc. 1900 Wickham Drive Burleson, TX 76028 P 972-800-0641 F 888-349-9735

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

X who sustained an injury on X during an X. X had sustained X. There was also a X. Current diagnosis includes X. X comorbidities are documented as X.

The record dated X noted the claimant has a history of X. The last X. X in the last X years are managed with X. The record noted the claimant presented with X. The claimant X. The claimant can perform X. The claimant X. The objective findings for mobility noted X standing transfer required minimal assistance. The record noted the claimant has had X. The plan of care was to recommend X with goals for claimant to perform X.

A record dated X indicated the claimant was seen for follow-up after a hospital stay. The claimant was X. A CT of the X was done which did not demonstrate any new findings. X remain unchanged and X stated X has not been X. X is not able to X. The X exam indicated X. The treatment plan was to refer to X regarding X.

A progress note dated X indicated previous treatment with X from X through X. X required assistance with X. X examination revealed X. There was a X. There were no X examination findings in the X. A request for authorization was submitted on X.

X: UR performed by X, MD. Rationale for Denial: The request does not meet guidelines as although the records submitted indicated the claimant had benefited with X, there was no additional documentation to indicate the extent of previous X to include the number of sessions completed. As such, the request for X in non-certified.

01/21/2020: UR performed by X, MD. Rationale for Denial: The request for X for the X is not supported. This claimant has had X in the past to include treatment

from X to X. It is unclear what benefit X has provided for this claimant over that period of time. There are also no X examination findings of the X. Without significant benefit from previous X, any benefit from X is unlikely. Accordingly, this request is not medically necessary.

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

Determination: Denial of X is UPHELD/AGREED UPON since there is no documentation regarding benefits of X attended X to X, and there is no documentation regarding X. Therefore, this request is not medically necessary at this time.

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 ACCORDANCI
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)