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PATIENT CLINICAL HISTORY [SUMMARY]:

Dr. X performed X. The X. Dr. X examined the patient on X and X had no unusual complaints. X had X. There was X. It appeared the X did not take as well as Dr. X had wanted, but there was no sign of X. There was a X. It was felt X needed X. X was then seen in X. On X, Dr. X addressed a letter of medical necessity for an X. On X, it was noted X wound was X. On X, a prescription was submitted for the X. The patient continued in X. Dr. X examined the patient on X. X was taking X. They discussed X was continued. On X, X provided an adverse determination for the requested X. On X, X requested reconsideration and provided a letter, as well as information on the X. The patient returned to Dr. X on X and was still in X. X had good signs of X and X were X. X was referred for an X and it was noted X would need X following the X. On X, X provided another adverse determination for the requested X. On X, X submitted a request for an IRO.

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

The patient was involved in a X. On that day, X had X. X injury was considered a X. X was subsequently followed by Dr. X for follow-on X done X, X, and X. Initially in X on X, X. As of X, X had attended X. Passively, X lacked X was recommended. As of

X, X well and was able to complete X well, including the addition of X. It was also noted X. As of X, it was noted X, but X were not provided. As of the X, X had noted some improvement with X. X was still limited though in all categories and had been unable to reach any set goals thus far and it was noted that X. The patient also stated X had improved a large amount. X pain and wounds of the X had improved too. X still had difficulty with X. X still X with X. X was X. X were recommended. As of X, Dr. X documented that X was now to X. X was at that time again referred for X and it was noted X would need an X, as X would need a X. No other X were documented.

It is noted in the guidelines that an X could be recommended as an option in conjunction with X. However, there is no reference in regard to these X. Based on the documentation provided at this time, X has continued to improve based on the X notes reviewed. In fact, as of X, Dr. X noted X was to X. X also recommended X followed by an X. Given the type of injury sustained by the patient and the X. There was no peer reviewed medical evidence provided that the use of a X. In addition, it should be noted per the evidence-based guidelines, X are considered experimental, investigational, and/or unproven. Therefore, the requested X is not appropriate, medically necessary, or supported by the ODG and the previous adverse determinations should be upheld 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 KNOWLEDGBASE

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

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY 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)