

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038

972.906.0603 972.906.0615 (fax)

IRO Cert # X

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 a X. An evaluation on X, revealed continued pain in the X. The pain becomes X. The claimant denied any X. It was noted that X was improving but was not yet full. The claimant reported doing X. The clinical examination revealed no X. X revealed 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 continued pain in the X. The guidelines do not specifically address the use of X. They do not specifically recommend this treatment as there are limited supporting studies to warrant the use of X. Also, the claimant was noted to have X. There is no medical reason provided as to why the claimant could not actively participate in a X. Therefore, the request for an X is not certified as medical necessity was not established.

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IRO Cert#5301

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