



**MEDICALEVALUATORS
OF TEXAS ASO, L.L.C.**

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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

**A DESCRIPTION OF THE QUALIFICATIONS FOR
EACH PHYSICIAN WHO REVIEWED THE DECISION**

The case was reviewed by a physician who is board certified
in X

REVIEW OUTCOME

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

X

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was X when X and X. The claimant
further reported the X.

Letter by Dr. X, MD documented "X had an injury to X and did X. X
was X. X to X with an X and did X. X believe with a X.

X Note from X documented the claimants continued X. Patient X
and X. Patient will X. X, PTA documented the claimant rated X.

Follow up Evaluation from X documented the claimant reported X.

X documented the X. The claimant was documented to X.

Prior denial letter from X denied the request for X does not meet medical necessity guidelines. The principal reason for the determination for non-certification is as follows: The X is X with our clinical review criteria.”

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

The claimant is a X diagnosed with X. X also had X.

The claimant was diagnosed with X.

According to ODG Treatment/Disability Guidelines, the recommended X. It was documented that the claimant X. The X to establish that X for the claimant.

Therefore, based on the referenced evidence-based medical guidelines, as well as the clinical documentation stated above, it is the professional medical opinion of this reviewer that the request for X is not medically necessary and appropriate.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING
CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE
THE DECISION:**

1. ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
2. ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
3. ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES