

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038

972.906.0603 972.906.0615 (fax)

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 X

REVIEW OUTCOME

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

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who reported an injury on X. The diagnosis was a X. An evaluation on X, documented X on examination. The claimant was recommended a X. The medical records suggested X and that the claimant was awaiting a designated doctor examination. X was prescribed for X. An x-ray was provided X, demonstrating X. The claimant had previously been recommended an X; however, based on the medical documentation provided, it is 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/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE: The request was previously noncertified on X, and again on X, as there was no evidence of X which would be X. No additional medical documentation was provided. The previous noncertification is supported. X are not recommended by the ODG as there is no further X that can be recommended based on any diagnostic information potentially rendered. There is insufficient X evidence of X. Therefore, the request for X is not certified as medical necessity has not been established.

Official Disability Guidelines

X Not recommended, including X and X. Diagnostic X are not recommended (a change as of X) as there is X treatment that can be recommended based on any diagnostic information potentially rendered (as X are not recommended for X). Consideration can be made if the X is required for X recommended X. See X. Not recommended: X.

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