## Magnolia Reviews of Texas, LLC PO Box 348

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#### **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:

**Board Certified X** 

#### **REVIEW OUTCOME:**

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

Χ

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

#### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Χ

### PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant was injured while X was X. The medical records indicate that X injured the X. X has subsequently had X. X subsequently had a X. X now has been X and X. X is X for pain, X, X and X. On X, Dr. X noted that the claimant had X. The history included an injury to the X, but there are no further records provided regarding that

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

Recommended as an X, regardless of X. X can be X. Careful instruction and X.

## **Evidence Summary**

The specific purpose of an X is to provide X during the X, medial and/or X during X, and, if necessary, X. An X is helpful only if the X can X when standing and any X successful use. Most commonly used X for X are constructed of X and X. When X to the X provides X, particularly when X. When the X to the X, X is allowed, and X for the X. This provides X. A X that X may also be used.

The medical records that have been provided for this claim do not contain any objective X or other X that would rise to the criteria established by the ODG. Therefore, due to lack of compliance with ODG recommendations, the request for the is not medically necessary.

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

- X MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES