



**MEDICAL EVALUATORS
OF TEXAS ASO, L.L.C.**

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**Notice of Independent
Review Decision**

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**

X

REVIEW OUTCOME

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

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X when X.

X dated X documented the claimant underwent X which revealed the
following impression: "1. X on both sides of the X could be X. X in the
X may represent X versus prior injury. 2. X with X likely due to prior X
and X. 3. X, likely related to X versus prior injury. X of the X is likely
related to prior injury. 4. X of the X 5. Findings suggesting X of the X.
6. X defects of the X as described with X. 7. Other findings as

detailed.”

X from X dated X documented the claimant reported X after a X stating “Patient states on X and states X as the days went on. Patient describes X. Patient states X is X with X. Patient reports X. X presents X with X. X had prior X performed with X which were X.”

X from X dated X documented the claimant reported “X at the X from X. X states X was X but reports X did X and X as discussed last session. X on this date, stating X but then X. Still X after the X. Assessment show X. The claimant was X, it was X and X which was X so the X was d/c on this date. The claimant would benefit from X to address remaining X and allow for X. Plan is to continue X for X and X, X and X to promote X.”

X from X dated X documented the claimant denied “any X and notes X with X, which X. X also complains of X in X. X presents today X with X and X. Patient is X. No other associated symptoms reported at this time.”

Prior UR from X dated X denied the request for X stating “Based on the clinical information submitted for this review and using the evidence based, peer reviewed guidelines referenced below, this request is non-certified. There was no clear objective evidence of a X and/or X noted in the X. There was insufficient documentation of X as it was noted in the X dated X that the patient would benefit from X to address remaining X and allow for X. As such, the request could not be supported. As the requested X is not deemed medically necessary, the X are also not supported.”

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

The claimant is a X who was injured on X when X. The request is for coverage of X.

According to the ODG, X may be indicated when all of the following are met (1): X and/or X (2) (3); and X on X, or documentation on X of injury that is appropriate for X (4) (5).

In this case, X of the X on X demonstrated X on both sides of the X which could have been X. The study did not demonstrate a X and/or X. Furthermore, the X dated X did not document a plateau of the claimant's progress but did in fact suggest the claimant would benefit from X. Lastly, there is no evidence of X on examination.

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 coverage of 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:

ODG by MCG (X), X
X for X

Conditionally recommended for X.

ODG Criteria
ODG Indications for X -- X: