



**MEDICAL EVALUATORS
OF T E X A S ASO, L.L.C.**

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Notice of Independent Review Decision

DESCRIPTION OF THE SERVICE IN DISPUTE:

X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH
PHYSICIAN 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]:

Mechanism of injury:

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

Diagnostic studies:

X Evaluation from X dated X documented the claimant demonstrated the ability to X. The claimant demonstrated the ability to X. X, PT, MPT documented the claimant would benefit from X.

Surgeries:

The claimant underwent an X.

Conservative Treatment:

X

Medications:

X

Progress notes:

X dated X documented the claimant reported X. Objective findings included the claimant was X, Follow-Up from X, MD dated X documented the claimant reported X. Dr. X documented the claimant underwent x. Documented X. The claimant was diagnosed with X.

X Note from X dated X documented the claimant reported X. It was documented the claimant reported X. Documented X.

Prior UR dated X denied the request for X.”

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 a piece of X. The request is for X.

A thorough review of The Official Disability Guidelines (ODG) for X. The claimant was referred to and completed an X. ODG states that upon completion of any X. Due to the fact that the claimant already X.

Therefore, based on the ODG guidelines and criteria, as well as the clinical documentation stated above, it is the professional medical opinion of this reviewer that the request for X.

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

□ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES**

X.