



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

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

Notice of Independent Review Decision

DESCRIPTION OF THE SERVICE OR SERVICES 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 while X. Operative Report by X, DO dated X documents the claimant was diagnosed with X.

Diagnostic studies:

The claimant underwent X on X that documented X.

Surgeries:

Operative Report by X, DO dated X documents the claimant underwent X.



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Conservative Treatment:

Operative Report by X, DO dated X documents the claimant was X.
X documentation of X.

Medications:

Follow Up Note by X, D.O. documents the claimant is X.

Progress notes:

Office Visit Notes by X, D.O. dated X documented the claimant to have complaints of X. X on exam included X. X had X. X had a X. X were X. X had X. X changes noted. X did have X. X was X. The claimant was diagnosed with X. The following treatment was recommended, "X."

Denial Letter:

Utilization Review Determination from X dated X denied the request for X. There was a previous adverse determination wherein the reviewer X. X revealed X. The request is X. Therefore, the appeal 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 with a past medical history of X. X exam findings were significant for X. An X of the X from X showed an X. A X was requested, but it was X.

Q1. What are the most appropriate practice guidelines for X?

- Official Disability Guidelines: X



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Q2. According to the most appropriate practice guidelines, is the X? Please explain.

- According to the most appropriate practice guidelines and medical documentation the X. According to the Official Disability Guidelines: X. This claimant does X.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

X.

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION) X