

**Applied Resolutions LLC**  
***Notice of Independent Review Decision***

---

**Applied Resolutions LLC**  
**An Independent Review Organization**  
**900 N. Walnut Creek Suite 100 PMB 290**  
**Mansfield, TX 76063**  
**Phone: (817) 405-3524**  
**Fax: (888) 567-5355**  
**Email: [justin@appliedresolutionstx.com](mailto:justin@appliedresolutionstx.com)**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was injured on X. The injury occurred when X. The diagnosis was X. X, MD evaluated X on X. X was status X. X reported X had remained in X as previously advised. Examination of the X showed X. There was X. The diagnoses were X. Dr. X indicated that X was X weeks out from X. The plan was to have X start working on X with a therapist. X-rays of the X dated X demonstrated status X. Treatment to date included X. An initial prospective review for X and evaluation by the treating doctor was reviewed on X and non-certified. Rationale: "A medical document dated X indicated that X. A medical document dated X indicated that objectively, there was an X. For the described medical situation, the above-noted reference does X. However, the submitted clinical documentation does not provide specifics as it relates to the exact number of X. Consequently, at the present time, the medical necessity for this specific request as submitted is not established. At the present time, medical necessity for treatment in the form of X is not established. Recommend non-certification." Per a Physician Advisor Report dated X, the request for X was non-certified. It was noted that the date of the previous utilization review was X and the requested X was denied due to the submitted clinical documentation did not provide specifics to the X. An appeal request had been submitted for X. Analysis and Clinical Basis for Conclusion: "The Official Disability Guidelines recommends X. The guideline recommends fading of treatment frequency directed towards a X. In this case, the patient was status X. The patient reported improved pain. Upon physical examination, there was a X. The request was previously denied due to no documentation of the number of X. The documentation submitted for this review still did not provide the number of previous sessions completed. There is no documentation of the previous sessions to include X. As such, the request for X is non-certified."

**Applied Resolutions LLC**  
***Notice of Independent Review Decision***

---

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

The ODG supports up to X. The documentation provided indicates the injured worker underwent a X. A recent progress note documented X. The provider states that x-rays showed maintained X. The provider recommended X. There is a request for X. A previous request for X was denied as it was unclear how many visits were previously attended. However, administrative documentation indicates that previous treatment has not included X. Given the guideline support up to X would be considered medically necessary.

Given the documentation available, the requested service(s) is considered medically necessary.

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

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