

Applied Assessments LLC

Notice of Independent Review Decision

Case Number:

Date of Notice: 6/24/2019 2:26:25 PM CST

Applied Assessments LLC An Independent Review Organization

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INFORMATION PROVIDED TO THE IRO FOR REVIEW: • Employer's First Report of Injury or Illness –X

- Report of Accident –X
- Clinical Records –X
- Texas Workers' Compensation Work Status Reports –X
- Physical Therapy Notes –X
- Diagnostic Data –X
- Peer Review –X

PATIENT CLINICAL HISTORY [SUMMARY]: X. X X is a X-year-old X with date of injury X. X was lifting a X, X. X was diagnosed with X. A Peer Review was documented by X, MD on X. It was opined that the extent of the compensable injury for the date of X was a X; X including the X; and a X. X were the result of forceful injury to the X beyond its mechanical limits. Full-thickness (complete)X that caused marked weakness or interfered with daily activities, were repaired surgically, either X). Based on the medical records available for review, all of the documented diagnoses appeared to be a direct result of the work-related injury. The MRI findings of the X that were not causally related to the compensable injury. X. X had pre-existing, ordinary disease of life X that were not causally related to the compensable injury. Based on the peer-reviewed, evidence-based Division-mandated Official Disability Guidelines, all treatment rendered to date had been evidence-based and met accepted standards of care, including office

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visits, diagnostic testing, and physical therapy. There was no documentation of any referrals or surgery for the compensable injury. The peer-reviewed, evidence-based, Division-mandated Official Disability Guidelines, X Chapter (updated X), would support the current medication of X, referral to an X surgeon, X. X would consist of up to 24 visits over 14 weeks for XX repair and 30 visits over 18 weeks for open repair. While X medications would be indicated in the immediate post-operative period, these should be discontinued in favor of over-the-counter medications such as X at the lowest effective dose for the shortest period possible and postoperative use of a X would be causally related to the compensable injury. No further diagnostic imaging would be supported. The peer-reviewed, evidence-based, Division-mandated Official Disability Guidelines would support the current medication of X, a X medication, as reasonable, necessary, and causally related to the compensable injury. A physical therapy progress note was documented on X by X, PT. X. X had sustained an injury while at work on X. X had been referred for X to enhance recovery. X had functional limitations of X. X condition was very slowly improving. X complained of persistent pain in the X. X had work restrictions of X with the exercise was good, but X continued to be apprehensive with range of motion of the X. Examination of the X resistance. X continued to be limited when using X. Examination of the X showed persistent X was also noted. X test was noted to be positive. The active / passive range of motion of the X revealed flexion X degrees, abduction X degrees, internal rotation reaching up to X level, and external rotation X degrees. X continued to show guarding with the range of motion. Tenderness to palpation was noted at the region of the X. Examination of the X showed tenderness to palpation of the X. X. X continued to show guarding with active range of motion of the X and moderate guarding in the X with tenderness to palpation of the X base. X condition was slowly improving. X had not yet realized the rehabilitation potential. Continued X for three additional weeks was suggested to increase the X. X. X was seen by X, MD on X for a follow-up. X reported that X had been hurting at a moderate-to-severe intensity as a result of the X session on X. X reported some X with the pain. X felt as if X was not helping X. X had been unable to XX well due to the pain. X stated that X might need to cancel X upcoming X session due to the intense pain. Examination of the

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X revealed tenderness to palpation of the X and X, X rotation. The test was X. An MRI of the X identified X. The treatment to date consisted of X.

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

The ODG recommends up to 10 visits of X from the nonoperative treatment of X, up to 24 visits of X for X, and up to 30 visits of X for X. A X X MRI radiology report from X revealed a X. However, the most recent clinical progress note from a treating provider is from X and there are no notes indicating if the X is being managed nonoperatively or if the injured worker has undergone surgery. Given the lack of clinical notes since the MRI performed on X and lack of documentation regarding the treatment of the X, medical necessity of the request for additional 12 sessions of physical therapy for the X two times a week for six weeks cannot be determined.

Given the documentation available, the requested service(s) is considered not medically necessary so the request is X.

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