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PATIENT CLINICAL HISTORY [SUMMARY]: X. X injured X. The diagnoses were X. X was evaluated by X, MD on X. X continued to be X. X had been out of work for X months. X could not do some of the things that X needed to do for X job including X. Review of X showed no X. Examination showed X but marked X. Dr. X informed X that X would benefit from an X. On X presented with X complaints. Per report, X had tried to work but really had trouble. X could X. X had pain at the X. X had X. Examination of the X showed that X had a X. X had marked X. X had no X. An X dated X identified X. Treatment to date included X. A peer review was conducted by X, MD on X. X rendered the following opinions: The most probable work-related injuries based on the provided medical records was a X. These injuries correlated well with X mechanism of injury, X exams, and X. The X were in medical probability work-related. There was also X. This was simply X. X sustained a X as a result of X incident at work. X had pre-existing and causally unrelated X. None of this was related to X mechanism of injury at work. Per ODG, treatment for this injury would include up to X to take as needed for pain. If there was continuation of X pain and / or any functional limitations after X therapy, or if at any point during therapy X developed new-onset mechanical symptoms like X, then ODG would allow X. If surgery was required, X would need up to X. Dr. X stated X saw no indication for pain management, X. There was no reason to be off work unless X work just could not accommodate X restrictions. Appropriate restrictions would include X. These restrictions were expected to last for the duration of X, and if this did not resolve X symptoms, to last another X as indicated. X could return to work at the point with ongoing restrictions to the X. Per utilization review dated X, the request for X was noncertified by X, MD. Rationale: "Per evidence-based guidelines, surgery is recommended to patients with subjective complaints, objective complaints, imaging clinical findings, and conservative care. In this case, the patient complained of X pain. X stated that X has difficulty with work and was unable X with pain. X reported pain with X. X also noted difficulty with X. A

request for X was made. However, there were limited medical reports submitted to objectively verify exhaustion and failure of X. I made multiple attempts to contact the X to garner additional information or exceptional circumstances. This was unsuccessful. Therefore, based upon the provided documentation, the request is not currently supported.” On X, X, MD denied the appeal request for X. Rationale: “Per evidence-based guidelines, X are recommended for patients with significant subjective complaints and objective findings corroborated by imaging report and after exhaustion of conservative care. In this case, the patient complained of X pain. X of the X dated X showed a X was requested; however, objective clinical findings were insufficient to necessitate the need for X. A comprehensive and thorough assessment of the patient's condition was not addressed as there were no provocative testing and quantifiable X. Furthermore, detailed objective evidence of a recent, reasonable and / or comprehensive non-operative treatment trial and failure was not addressed in the medical records submitted to consider the requested surgery. Clarification is needed with the request and how it might affect the patient's clinical outcomes. Exceptional factors were not identified.”

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

The ODG recommends X when there are pertinent subjective and objective clinical findings, confirmation of a X on X, and a failure of X. Per the most recent progress note from X, the injured worker remained X and was unable to perform some required functions of their job; however, there are no specific subjective symptoms documented. While an X has confirmed a X, the physical examination is limited to X. Prior treatment has included X, but there is no evidence of a failure of treatment with X. There is no evidence of a X that would support progression to X. Based on the provided documentation and ODG recommendation, the request for X is not medically necessary.

Recommendation is to uphold the two prior denials.

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