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PATIENT CLINICAL HISTORY [SUMMARY]:

X who was diagnosed with X, X of unspecified, X, other complications of procedures, X of the X, pain in the X, other complications of X, and X conditions and X. Per a peer review dated X, X sustained injuries to the X on X. X was seen by X, MD on X for a follow-up. X had prior X of X and had undergone X to the X. X continued to do well. X had minimal pain when the X. X continued to X everyday. X had undergone first physical therapy appointment a day prior. X reported that X X was X. X stated that at physical therapy, they had massaged X and were working to strengthen X. Examination of the X showed a well-X transfer and no signs of X. Dr. X opined that X was healing well. X continued to have a X of the X and would likely need a second surgery in approximately X months. No diagnostic investigations were available in the provided medical records. The treatment to date included X. Per a Peer Review dated X by X, MD, the request was determined to be not medically necessary. Rationale: "The Official Disability Guidelines do not specifically address X. Therefore, outside resources were referenced in this case and have indicated that X (X) provide a means for X to repair X, restoring X, and in many cases X, and X. The most common reasons for claimants undergoing X is after treatment for X or after X. In the case of this claimant, the physician stated that X still had a X that would likely need a second surgery in approximately X months. However, the document did not provide a sufficient overview of the extent of the claimant's X in terms of area of coverage,

depth of the injury, and integrity of the surrounding tissues to support the need for this procedure. In addition, the physician did not specify how the claimant's condition was affecting X ability to function on a daily basis, nor was there indication that the procedure would effectively treat the claimant's condition. Given the minimal information, the medical necessity of the request could not be established. As such, the request for X(X)X, as an outpatient, related to status post X due to X is not medically necessary.” A Utilization Review Determination Letter dated X by Dr. X indicated that the recommended prospective request for X (X)X, as an outpatient, related to status post X due to X between X and X was noncertified. Rationale: “The Official Disability Guidelines do not specifically address X. Therefore, outside resources were referenced in this case and have indicated that X(X) provide a means for reconstructive surgeons to repair X, restoring X, and in many cases X, and X. The most common reasons for claimants undergoing X is after treatment for X. In the case of this claimant, the physician stated that X still had a X of the X that would likely need a second surgery in approximately X months. However, the document did not provide a sufficient overview of the extent of the claimant's X in terms of area of coverage, depth of the injury, and integrity of the X to support the need for this procedure. In addition, the physician did not specify how the claimant's condition was affecting X ability to function on a daily basis, nor was there indication that the procedure would effectively treat the claimant's condition. Given the minimal information, the medical necessity of the request could not be established. As such, the request for X(X)X, as an outpatient, related to status post X is not medically necessary.” A Peer Review was documented by X, MD on X. The request was determined to be not medically necessary. Rationale: “Documentation on last exam of X revealed claimant previously had X who underwent X to the X, yet the assessment was not provided in the records. Treatment plan includes continuing with X and a follow-up in X month to discuss future plans for X. The request for X on X, related to X is not medically necessary per ODG guidelines.” Per a Reconsideration Review Determination Letter dated X by Dr. X, the prospective request for one reconsideration for X on X, related to X conditions and X, X, as outpatient between X and X was noncertified. Rationale was as follows: “Documentation on last exam of X revealed claimant previously had X who underwent X, yet the assessment was not provided in the records. Treatment plan includes continuing with X and a follow-up in X month to discuss future plans for X. The request for X on X, related to X is not medically necessary per ODG

guidelines.”

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

Denial is upheld. Request for surgery is noted to be due to a X. However, more documentation is needed regarding the X to establish medical necessity.

Until such documentation can be adequately shown, medical necessity has not been established.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**

X MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

- **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**