

Applied Assessments LLC
Notice of Independent Review Decision

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PATIENT CLINICAL HISTORY [SUMMARY]: X with a date of injury X. X had a X injury. X was diagnosed with X. On X, X was evaluated by X, MD for the follow-up of X. X continued to X. The examination showed X. X was noted with X. X-ray of the X dated X showed X. X injury present at the X. Mildly X injury present through the base of the X. Treatment to date consisted of medications X. Per a utilization review determination letter dated X, the request for X was denied. It was determined that Official Disability Guidelines state X was not recommended X. In the case, X reported ongoing X. Physical examination revealed X. However, there was no documentation of significant pain with X. As such, the request for X was non-certified. Official Disability Guidelines also state that X was supported for treatment of X but should be delayed at least X months from X. In addition, if X would not achieve X was not indicated. In the case, X reported ongoing X to the X. Examination revealed X. However, X on X. The guidelines stated X should be delayed at least X months to X. Therefore, the request for X was non-certified. A letter dated X indicated that the reconsideration request was non-certified. The date of the initial utilization review determination letter was X and the request for X was denied due to the guidelines not recommending X. There was no documentation of significant pain with X. The X was denied due to the guidelines recommending X should be delayed at least X months from the X. The Official Disability Guideline did not recommend X. Not recommended solely to protect

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against X. X previously underwent X. X wanted the X. There was tenderness to palpation with X. Also, the Official Disability Guideline recommended X. The criteria for the X includes willingness to participate in X. For a X should be delayed at least X months to avoid X and otherwise at least X months of X. X underwent a X on X. The treatment plan included X. It was discussed that X had painful X. Also discussed the X was done on the X. An additional documentation to support the peer to peer contact was awaited. Therefore, the request for X was non-certified.

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

The ODG does not recommend X. The ODG recommends a X when there is presence of a X and when the patient is willing to commit to a X. Based on the clinical documentation provided, the injured worker underwent X on X. The injured worker now presents with a X. While there is documentation of X. As there is clearly documented evidence of painful X would be supported. Based on the ODG recommendations and provided documentation, X is medically necessary; however, X is not medically necessary.

Recommendation is for partially overturning the prior denials with certification of X and noncertification of 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