

Applied Resolutions LLC
Notice of Independent Review Decision

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PATIENT CLINICAL HISTORY [SUMMARY]: X with date of injury X. The injury occurred while X. X was diagnosed with X. X was seen by X, MD on X for the follow-up of X complaints, status X. X reported doing well. X also reported having X. X was no longer doing X. On examination, the X was X pain-free active and passive X test. The inspection of the X was negative for X. Intact X was noted. The examination also revealed X. Examination of the X showed a X. The X was noted to be X. It was opined that X could return to work with X but continued to need to X. A Letter of Medical Necessity dated X by X, PA-C indicated that X was approximately X weeks status post X. A custom-X was medically necessary and the condition necessitating that X was expected to be X. There was a need to X while X was undergoing X and X, which was one of the reasons that specific X was medically necessary. That X was medically necessary and was X. That X was of utmost importance for the recovery of X. X visited X on X for a follow-up status X. X complained of X. On examination, the X was X pain-free active and passive X test. The inspection of the X was negative for X. Intact X was noted. The examination also revealed X. Examination of the X showed a X. The X was noted to be X. It was opined that X could return to work with X but continued to need to X. An x-ray of the X dated X revealed appropriate X. No signs of X were noted. An x-ray of the X dated X showed no X. Treatment to date consisted of X; medications (X); X. Per an Initial Review Determination Letter dated X and Peer

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Review dated X by X, MD, the recommended prospective request for one reconsideration request for X: X on X), was non-certified. Rationale: “The Official Disability Guidelines, X chapter, does not support the use of a X. This guideline indicates that there are no high-quality studies to support the use of a X for this purpose as it is not shown to improve clinical outcomes. This request for X is not medically necessary.” Per a Reconsideration Review Determination Letter dated X and a Reconsideration Peer Review dated X by X, MD, the recommended prospective request for one reconsideration request for X: X on X), was non-certified. The rationale was as follows: “The ODG does not recommend X. The provided documentation indicates the claimant underwent a X has been recommended postoperatively. In this case, there are no extenuating circumstances that would warrant deviation from the guidelines. As such, based on review of the available documentation and the ODG recommendation, the request for X is not medically necessary.”

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

Based on the clinical information provided, the request for Reconsideration request for X: X, as an outpatient X is not recommended as medically necessary, and the previous denials are upheld. Per an Initial Review Determination Letter dated X and Peer Review dated X by X, MD, the recommended prospective request for one reconsideration request for X: X, X on X), was non-certified. Rationale: “The Official Disability Guidelines, X chapter, does not support the use of a X. This guideline indicates that there are no high-quality studies to support the use of a X for this purpose as it is not shown to improve clinical outcomes. This request for X is not medically necessary.” Per a Reconsideration Review Determination Letter dated X and a Reconsideration Peer Review dated X by X, MD, the recommended prospective request for one reconsideration request for X :X on X), was non-certified. The rationale was as follows: “The ODG does not recommend X. The provided documentation indicates the claimant underwent a X has been recommended postoperatively. In this case, there are no extenuating circumstances that would warrant deviation from the guidelines. As such, based on review of the available documentation and the ODG recommendation, the

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request for X is not medically necessary.” There is insufficient information to support a change in determination, and the previous non-certification is upheld. The submitted clinical records indicate that the patient is status post X on X. Postoperative note dated X indicates that the patient is X. The submitted clinical records fail to establish that this patient presents with a diagnosis for which the Official Disability Guidelines would support the utilization of X. When treatment is outside the guidelines, exceptional factors should be noted. There are no exceptional factors of delayed recovery documented. Therefore, medical necessity is not established in accordance with current evidence-based guidelines and the decision is upheld.

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