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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: X

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured X. The injury was X. X was diagnosed with X. X was seen by X for a follow-up of X. X noted X. Examination of the X. X revealed X. X and X. X and X was X. X was X. On examination of the X. X had X. X revealed X and X. X and X. X, and X. An MRI of the X showed a X. There was X. X had X. There was X. X had X. X had X. The treatment to date included X. Per a Peer Review dated X and X the request for X was denied by X MD. Rationale: "The X sustained an injury on X. The X was X. According to the documents provided, the X. According to the examination noted X. There is a X and a X. There is a X. Prior treatment includes X. The X is X and X. Currently, there is a X is not medically necessary." Per and X and peer X, the prior denial was upheld by X MD. Rationale: "Per ODG guidelines of the X. There is no justification in the medical records to explain the need for X. Multiple peer to X. There are X. Because there is X is not medically necessary."

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

The ODG supports X. There should be documentation of X. Based on the clinical documentation provided, the X. The submitted documentation does not X. There remains insufficient documentation to support the need for X.

Based on the ODG recommendations and available information, X are not medically necessary, and the request 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