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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 with date of injury X. The mechanism of injury is not available in the records. The diagnoses were X. X underwent an X. X presented with X. X main X. X had X. X had X. The plan was to see X. On X, the request for X was non-certified. Rationale: "Per the submitted information, the claimant was X. X was X but the X was not disclosed. As a result of this injury, X had X. Prior treatment had included X. No X was submitted. Per the X, the claimant had X. The pain was X. The Official Disability Guidelines recommend X. X are recommended for X. X is recommended as an X is recommended. X are preferentially recommended over X. This request cannot be authorized. The requested X guideline recommendations. It was also not clear if the claimant had X. It has also not been established that X. Also, the claimant's X. Therefore, the request for X is non-certified." On X, the appeal request for X was non-certified. Rationale: "The request for X to include: X was non-certified by Dr. X in review X. The X noted that the requested X guideline recommendations. Also, the reviewer noted that X. Moreover, medical necessity for X was not established by the submitted medical records. An appeal request

was made X on behalf of Dr. X. However, the appeal request did not offer additional clinical information that would address the rationale for non-certification. The requesting provider is appealing the previous determination at this time. Per the submitted information, the claimant was being treated for X. X was initially X. As a result of this injury, X had X. Prior treatment had included X. X was submitted. Per the X, the claimant had X. The pain was X on the X. The examination noted X. The Official Disability Guidelines recommend X. X are recommended for X. X is recommended as an X. X are X. The requested X is not supported at this time. As mentioned above, the requested X guideline recommendations X. Also, information regarding previous X was undisclosed. Finally, medical necessity for X has not been established. Therefore, the request for X to include: X is non-certified.”

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 X is not recommended as medically necessary and the previous denials are upheld. On X, the request for X being treated for X. X was initially injured as a result of X was not disclosed. As a result of this injury, X had X. Prior treatment had included X. No X was submitted. Per the X, the claimant had X. The pain was X. The Official Disability Guidelines recommend X. X are recommended for X. X is recommended as an X. X are X. This request cannot be authorized. The requested duration of X exceeds guideline recommendations. It was also not clear if the claimant had X. It has also not been established that X. Also, the claimant's X. Therefore, the request for X was non-certified. Rationale: “The request for X was non-certified by X in review X. The physician reviewer noted that the requested X exceeds guideline recommendations. Also, the reviewer noted that it was unclear if the claimant had X. Moreover, medical necessity for X. An appeal request was made on X. However, the appeal request did not offer additional clinical information that would address the rationale for non-certification. The requesting provider is appealing the previous determination at this time. Per the submitted information, the claimant was being treated for X. X was initially injured as a result of X was undisclosed. As a result of this injury, X had X. Prior treatment had included X. Per the X. The pain was X. The examination noted X. The Official Disability Guidelines recommend X. X are recommended for X. X is recommended as an X. X are X. The requested X. As

mentioned above, the requested X exceeds guideline recommendations without offering X. Also, information regarding previous X was undisclosed. Finally, medical necessity for X has not been established. Therefore, the request for X is non-certified.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is no specific information provided regarding X. There are X provided with X. Given the X.

Therefore, medical necessity is not established in accordance with current evidence-based guidelines 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