Applied Assessments LLC

Notice of Independent Review Decision

Applied Assessments LLC

An Independent Review Organization
900 Walnut Creek Ste. 100 #277
Mansfield, TX 76063
Phone: (512) 333-2366
Fax: (888) 402-4676
Email: @appliedassessmentstx.com

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:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X is X who was injured on X. X injured X while X at work. Diagnoses X. On X, X presented to X, MD for X. X continued to have X. Initially, X complained of X. X reported X after X in X. X reported X during examination with X and X but had X. X was not able to X and X. X had some X. X had been X. Examination revealed X. X examination revealed X. An MRI of the X dated X revealed X. Treatment to date included X. Per a utilization review determination letter dated X, the request for X was denied by X, MD. Rationale: "Per Official Disability Guidelines; Recommend X. After X is X and the X. Only if X after X, will it be possible to X. In this case, the examination shows X.X, X and X. X examination. There is X in the X but with X in X. X at the X. X is X. The MRI shows X. X, could represent X. X of the X. X of the X and the X noted. The guideline does not support the request. Therefore, the request is not medically necessary and is not certified. Per Official Disability Guidelines; Recommended as indicated below for treatment of X; also as an option for X Patient must be willing to commit to X - For X, X should be X otherwise X. In this case, the examination shows X. X examination. There is X in the X but with X on the X. X at the X is noted. X is X. The MRI shows X. The guideline does not support the request. Therefore, the request is not medically necessary and is not certified. Per the reconsideration review decision letter dated X, the appeal for X was not certified by X, MD. Rationale: "Per Official Disability Guidelines; Recommended as indicated below. X is not recommended. X should be X. X should be reserved for X. X. In this case, the claimant was diagnosed with X. On examination, the claimant was X. An MRI of the X was performed and revealed X. Although there are X revealed on X, there is no evidence to support this request based on criteria. Furthermore, there is no evidence of X. Therefore, the request is not medically necessary and is not certified. Per Official Disability Guidelines, recommended as indicated below for treatment of X. In this case, the claimant was diagnosed with X. On examination, the claimant was experiencing X. An MRI of the X was performed and revealed X. Although there are X revealed on X examination. There is no evidence of X. Therefore, the request is not medically necessary and is not certified."

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

The claimant has continued to describe X. The claimant did X. The claimant's physical exam findings noted X. MRI studies of X noted X. There were X. No other specific physical exam findings were noted indicative of X. For X and X, other X would be X. It is unclear based on the clinical findings how the X.Therefore, it is this reviewer's opinion that medical necessity is not established for the X requests X and the prior denial is upheld.

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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

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

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TMF SCREENING CRITERIA MANUAL