

Applied Resolutions LLC
An Independent Review Organization
900 N. Walnut Creek Suite 100 PMB 290
Mansfield, TX 76063
Phone: (817) 405-3524
Fax: (888) 567-5355
Email: @appliedresolutionstx.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:

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

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was X on X, when a X. X sustained injuries to X. X was X. X was diagnosed with X. X presented to X, MD on X, with X. X was needing X for some sort of X. On X examination, X was noted to be X. X were X and X were X and X. Per history of present X stated that X and would go X had been to the X. X stated having X with X. X had X since the X. The pain was X and X did not X. X was X. It was noted that X had a X; but X The provider noted that it was somewhat difficult to get information, would need to reword questions. X stated X, but there was a lot of documentation of X. X stated that X pain management X, but X could not X. Examination of X. The X was X. The general X had a X. X strength was X in X. On X exam, X was X and X. X and X were X X had X and X. X and X were X. X had X. Treatment plan included a referral to X. X ongoing X included X. The prior treatment included X. On X, MD denied the request for X testing and evaluation X. Rationale: "Per evidence-based guidelines, a X examination and X should be performed by a X to evaluate the X and X While X are generally accepted, well X,

but also with more X. X evaluations should X. X should determine if further X are indicated. In this case, acknowledging the justification for the requests. Nevertheless, the medical appropriateness for a referral to X and evaluation; and X. Clarification is needed with respect to the requested treatment and how it might affect the patient's clinical outcomes.” On X, M.S., LPC-S in response to the denial requested reopening the case for an appeal stating that with the medical information provided (referral from doctor received on X), the requests were medically appropriate to gather information and perform necessary testing to determine X of reported X and X. Next, it was evident X had developed X. These conditions over time had caused X was X. X had provided all references and stated that according to references by Official Disability Guidelines (ODG) – X; in order to determine if there was a diagnosis of X. Furthermore, when reviewing specific guidelines for X, since X injury was X would be medically appropriate to help improve X overall X. On X, MD upheld the denial for Appeal Diagnostic Interview X. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced above, this request is non-certified. During peer discussion the provider indicates that the patient has been X. It was unclear that the testing would significantly change the treatment course of this patient. The provider feels that it may be related to X but at this juncture from a X the request is noncertified.”

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, MD denied the request for X. While X are generally accepted, well established diagnostic procedures not only with selected use in X. Diagnostic evaluations should X. X should determine if further X are indicated. In this case, acknowledging the justification for the requests. Nevertheless, the medical appropriateness for a X to X could not be established contingent upon the presented X on X recent X. Clarification is needed with respect to the requested treatment and how it might affect the X.” On X, X, MD upheld the denial for Appeal Diagnostic X. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced

above, this request is non-certified. During peer discussion the provider indicates that the patient has been X. It was unclear that the testing would significantly change the treatment course of this patient. The provider feels that it may be related to X but at this X from a medical necessity standpoint the request is noncertified.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that on X, the patient was X. X and X were appropriate. X had X and X. X and X were X. X had X. There is no clear rationale provided to support the request based upon these findings. Additionally, there is some indication that the patient has X. There are no prior diagnostic X submitted for review. It is unclear how the results of the requested X would alter the patient’s treatment course at this time.

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

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