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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. X was X. When X. X was diagnosed with X. X was seen by X, DO on X for a follow-up. X was X. X had X. X pain was rated X. X was on X. On examination, X. X with X. X was X. Dr. X stated X would re-submit a request for a X. It was X could X. X returned to Dr. X for a follow-up. X was X. X had progressed with X. There was also X. X was on X. X had been X. X continued with X. On examination, X. There was X noted X. X was X. The X. The X. The plan was to continue to X; however, due to the lack of significant progress in X as well as X in the X, Dr. X believed that it might be X. A letter was documented by X on X. Per the letter, Dr. X had recommended a X. X injury to X. X was X. The X included X and X. X was X and felt Dr. X recommendations for a X would benefit X in X. A X. By X should X. A X was a X. It was X, which X. This system would X. The X was designed to X. Being that, X was X. A X would benefit X to X. An x-ray of the X. There was X. An x-ray of the X demonstrated X. There was X in the X. No evidence of X. An MRI of the X showed X. X was seen X. At the X, there was X. An x-ray of the X. A X identified X with X. An

MRI of the X. There was X. X was noted. Treatment to date included X. A Notification of Adverse Determination was completed by X, MD on X. The request for X was non-certified. Rationale for determination was as follows: "Per evidence-based guidelines, X is recommended as an X. X can be X. X is recommended after X. X is not recommended due to lack of quality evidence. In this case, the patient presented for X. X reported X. X had X. A request for X. However, it was not indicated in the medicals reviewed if the patient X. Also, there was no clear indication on how X, when X. X is not recommended due to lack of quality evidence. Clarification is needed regarding the current request at this time. Clear X were not noted." A Notification of Reconsideration of Adverse Determination was completed by X, MD on X. After careful review of all available information, the Texas Licensed Utilization Review Physician had determined that the proposed treatment did not meet the medical necessity guidelines. The request was non-certified. The rationale was as follows: "There were insufficient clinical findings in the medicals submitted to support this request. It was still not indicated in the medicals reviewed if the patient X. Also, there was no clear indication of how X was to be applied as it is only recommended after X. X is not recommended due to a lack of quality evidence. Clarification is needed regarding the current request at this time. Pending this information, this request could not be supported. Furthermore, during the peer discussion with X, the X stated that the patient has a X. The X is designed to X. ODG recommendations were discussed. Therefore, the request remains not supported for the reasons listed above."

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: Addition to X: Addition to X is not recommended as medically necessary, and the previous denials are upheld. A Notification of Adverse Determination was completed by X, MD on X. The request for X was non-certified. Rationale for determination was as follows: "Per evidence-based guidelines, X is recommended as an X. X can be X. X is recommended X. X is not recommended due to lack of quality evidence. In this case, the patient presented for X. X reported X. X had X. A request for X, Addition to X was made. However, it was not indicated in the medicals reviewed if the patient X. Also, there was X as it is only recommended after X. X is not recommended due to lack of quality

evidence. Clarification is needed regarding the current request at this time. Clear exceptional factors were not noted.” A Notification of Reconsideration of Adverse Determination was completed by X, MD on X. After careful review of all available information, the Texas Licensed Utilization Review Physician had determined that the proposed treatment did not meet the medical necessity guidelines. The request was non-certified. The rationale was as follows: “There were insufficient clinical findings in the medicals submitted to support this request. It was still not indicated in the medicals reviewed if the patient X. Also, there was no clear indication of how X as it is only recommended after X. X is not recommended due to a lack of quality evidence. Clarification is needed regarding the current request at this time. Pending this information, this request could not be supported. Furthermore, during the peer discussion with X. X is X. The X. ODG recommendations were discussed. Therefore, the request remains not supported for the reasons listed above.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. No additional information was provided to address the issues raised by the previous reviewers. The Official Disability Guidelines note that X is recommended after X. X is not recommended due to lack of quality evidence.

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