

**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 injured on X. The mechanism of injury is not available in the provided records. The diagnosis was X. X was scheduled for X. On X, MD saw X for a follow-up. X was yet to be authorized. X continued to have X. X revealed X. On X continued to have X. X was yet to be authorized. There was X and X. X was noted with X. There was X. X and X. X was noted at the X. An MRI of the X, showed X. As there was X. X at the X was X. A X was noted at the X. X included X. Per a Utilization Review Adverse Determination Letter and a peer review by X, MD dated X, the request for X & X, X, was denied with the following rationale: "The request for X is not medically necessary, so is request for X." Per a Reconsideration Review Adverse Determination Letter dated X, and a peer review by X, MD dated X, the prior denial was upheld as not medically necessary, with the following rationale: "The request for authorization notes the procedure to be a X. A X is noted. The progress note dated X, noted X. The X noted X. A X is noted, there is X. Reference is made to an X. The clinical assessment is a X. It is noted that a X. The clinical record dated X notes X. Plans for the X is noted. The X is X. The MRI of the X notes X. Understanding that not all X. Given that the underlying

request for X is not supported, there is no support for X.”

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

The claimant had been recommended for X. The proposed X was not recommended by other peer review physicians and the concurrently requested X were denied as there was no indication to proceed with X. At this point, there is no indication that the recommended X for the claimant had been approved.

Therefore, there is still no requirement for the X in question.

Therefore, in this reviewer’s opinion medical necessity has not been established and the previous denials are 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