

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:

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

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X when X. The diagnosis was X and X. On X underwent a X. The X of effort was X. The result of X on this date revealed that X was X. X reported the X. X reported X. X described the X stated that the X was X. X were X. X also X, when X. After X reported X. X described the X. X were X. Overall, X the X perform at a X, which X. On X, progress summary by X was documented. It was noted that X had been X and had X and had X. When asked about the causes of X. Some of X include X and X. X stated that since X was in X and X was X had a X and being X. Because of this, X was under a X. can X. The X causes X: however, X had X, so that X can X. Because of X had been X. On the X. On the X scored a X. On the X and X. It appeared as though X has developed X and the X. These symptoms

appeared to be X. X to X, and X and X. The diagnosis was X. It was recommended that X continue with X and X. X should be X or if X. Treatment to date consisted of X and X. Per Utilization Review dated X, the request for X and X was non-authorized. Rationale: "For the X, Official Disability Guidelines would not support a medical necessity for this specific request as submitted. A medical document X, there was an X. A X on X indicated that the claimant was with a X. With such documentation, presently, the above-noted reference would not support a medical necessity for this specific request as submitted. It would appear that there is documentation of an X. Consequently, based upon the medical documentation presently available for review, medical necessity for this specific request as submitted is not established." Per Adverse Determination Letter dated X, the appeal for X and X was non-authorized. Rationale: "In this case, the claimant had a visit with X, DC on X. The claimant has X. The claimants current X and the X. Current functional performance is documented as X, DC explained that X. The ODG does not support X. The request for X.

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 recommended as medically necessary. The submitted clinical records indicate that the X. The Official Disability Guidelines would X. The submitted clinical records indicate that the X. The patient's X. X and X. The patient has demonstrated X. X have increased. X has X.

Given the patient's progress in the program to date, the request for X as medically necessary.

A 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