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Notice of Independent Review Decision

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 is a X with a date of injury X. While at X, X while X and X. X was diagnosed with X. X was seen by X, MD on X and X. On X, X presented for X. X stated the problem began on X secondary to X. However, X again and X. When X saw X doctor, X mentioned X to X, X took X and told X that X had X. On examination, X had X of the X. There was X and X of the X. X of the X showed X. It looked like it could be X that was X, not in X, but it could be X. There were changes at the X, which looked like there could have been X at the X at some time, it did not look X. On X, X presented for a follow-up. Dr. X opined that "I think the patient's only options are X that was caused by X or to proceed with X. The X is an X involving the X, and X do not believe X. If it could be, X think X. X would still then need to have X with X." Treatment to date included X. Per a utilization review decision letter dated X and peer review dated X, the request for X was denied by X, MD. Rationale: "The X

recommends X, but the request for X comes less than X after evaluation on X. The ODG recommends X before X. Therefore, X are not medically necessary.” Per an adverse determination letter dated X and peer review dated X, the prior denial was upheld by X, MD. Rationale: “Per ODG, ‘Indicated for X, or X following X of X. X has been used with variable efficacy for X, X and X (specifics described in links above)’. In this case. claimant has X and X. X-rays shows X which look to be X, it does not look X. However, there is not X Therefore, the Appeal X is not medically necessary.”

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

The claimant was initially assessed with a X and was X. X concerns included X. The claimant was treated by X. The X assessment of the claimant noted a X of the X. The claimant was recommended for X for at least X. At the X evaluation did not include a specific X. The request for X came approximately X from the X evaluation. However, the current evaluation of the claimant did not include a X exam. It is unclear how the proposed X would improve the claimant’s overall X vs. the risks for X. Further, it is unclear if the claimant’s X has been addressed and X is associated with X.

Therefore, it is this reviewer’s opinion that medical necessity is not established for the request.

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 X
- 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