

Applied Resolutions LLC
Notice of Independent Review Decision

Case Number: X

Date of Notice: X

Applied Resolutions LLC
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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 who was injured on X. At that time X. X noted X. The diagnosis was X. X was seen by X, MD on X for evaluation of a X that occurred to X on X. At that time X. X noted X. X noted X. Since that time, if X and X noted X along the X of the X. X was also noted to have some X. X also noted X and X. On examination, the X was X. Examination of the X revealed X. X was X. Further X did cause X. X was noted. X was X. No X or X of the X was noted. X and X were X. No evidence of X or X. X was X. The majority of the X was noted along the X. X was X for X. It was X. It caused

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the majority of X. There was a X on X and X in the X consistent with an X. X for X was X. No X was noted over the X of the X. An X of the X dated X demonstrated X of the X of the X of the X. X was noted. There was X. X was noted. Treatment to date included X. Per a utilization review adverse determination letter dated X the request for X with X between X and X was noncertified. Rationale, "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is non-certified. A peer review was attempted but did not occur. I was informed that the treating provider does not do peer reviews. In this case, the guideline recommends X prior to considering for the contemplated X. It was noted in the most recent medicals that the patient had not undergone X. Clarification is needed with the request and how it might change the treatment recommendations as well as the patient's X." On X and X, X was seen by X, MD in a follow-up visit. X complained of X with X. Despite the fact X had X and had a X the reviewer in regards to X stated it was not authorized because of X being X. They did acknowledge the fact X was having X. As previously described since the injury, if X and X noted X. X also noted X. X also noted X and X. X had been X and also doing X. X had noted that the more X did with X had more X. X continued to complete X. X symptoms had actually X. X continued to X with an X when X noted the X. X revealed X and X was X. Further X did cause X. X was noted. X was X. No X was noted. The majority of the X was noted along the X. X was X for X and it was X. It caused the majority of X. With X and X a X was noted in the X consistent with an X. No X or X of the X was noted. X and X were X. No evidence of X or X. X was X. X was consistent with a X. The assessment was X with X with X in the X and X. Per a utilization review adverse determination letter dated X, the request for X with X between X and X was noncertified. Rationale, "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is non-certified. Per the report dated X, the patient's X was X. Clarification is needed regarding the patient's current X since per guidelines, X suggests X. Thus, the request is not supported at this time."

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

The ODG supports a X for X when there are X and X, X to X and X, and X. If there is documentation of X (including X), earlier X is supported without completion of X. In this case, the worker has been diagnosed with X. The treatment has included X and X. The worker reports X including X and X for which the provider notes a X or X would not be X. The examination is consistent with X, an X, and a X. The X is consistent with a X and X to X with no evidence of X. While the X is X which is consistent with X, the guidelines do not require a specific X and X would not be expected to alleviate the X. Further X would not be expected to provide meaningful X and would delay definitive treatment. In consideration of the available information, X with X is medically necessary.

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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