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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:

- Overturned                      Disagree
- Partially Overturned    Agree in part/Disagree in part
- Upheld                              Agree

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

**X**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

X who sustained an injury to the X. The injury occurred when X. The diagnoses included X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "While ODG's X. In this case, it is unclear why the patient is X. Finally, X notes were X. The most recent note on file is dated X, i.e., X. The patient's current clinical state, X. X treatment X. Therefore, the request for X. "Per a reconsideration review dated X by X, MD, the appeal for X. Rationale: "Based on the clinical information provided, the Appeal Request for X. The initial request was non-certified noting that, "While

ODG's X. ODG further stipulates that the X. In this case, it is unclear why the patient is X. Finally, X notes were X. The most recent note on file is dated X, i.e., X. The patient's current clinical state, X." There is X. The total number of X. There is X. Therefore, medical necessity is not established in accordance with current evidence based guidelines. "Based on the submitted medical records, the requested X. The patient is X. This was performed on X. However, the documentation does X. Due to this lack of information, X. X

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

Based on the submitted medical records, the requested X. The patient is X. This was performed on X. However, the documentation does X. Due to this lack of information, X. X

**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