

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
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 X who was injured on X when X The diagnosis was X. On X, X was evaluated by X, PT / X, PT at X for X. The diagnosis was X. X presented with complaints of X. X rated the pain an X. X reported X. X complained with X. X ongoing X. On examination, there was X. Active X showed X. There was X. X showed X. A X was noted. Functionally, X was unable to perform X. X was unable to perform X. X aggravated symptoms on the X. X was X. X in X was X. X relieved symptoms X. X was X. X was unable to X. X was X. It was X required X in X. Impairments identified included X. The symptoms were X. It was recommended that X attend X. X would include X. Treatment to date included X. Per a utilization review adverse determination letter dated X, the request for X. Rationale: "The ODG recommends up to X. The documentation provided indicated that the injured worker reports X. On examination they have X. They were X. There is a current request for X. There is X. As such, X is X. Therefore, X. "Per a reconsideration

review adverse determination letter dated X, the request for X. Rationale: "All available X had been reviewed. It is understood the claimant suffered a X. There is X. However, there is only X. There are X. However, it is unclear how many X. The official disability guidelines have X. The Worker's Compensation guidelines will X. However, since there is X. Therefore, the request for X. The request for X. Per a utilization review adverse determination letter dated X, the request for X. Rationale: "The ODG X. The documentation provided indicated that the injured worker reports X. On examination they have X. They were previously authorized for X. There is a X. There is X. As such, X. Therefore, X." Per a reconsideration review adverse determination letter dated X, the request for X. Rationale: "All available X had been reviewed. It is understood the claimant suffered a X. There is X. However, there is X. There are X. However, it is X. The X have been reviewed. The Worker's Compensation guidelines will X. However, since there is X. Therefore, the request for X." There is X. The claimant was x on x. The request for X would X. When X and/or X, X should be noted. There are X of X documented. There are X records submitted for review with documentation of progress. Therefore, X. X.

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

The request for X. Per a utilization review adverse determination letter dated X, the request for X by X, MD. Rationale: "The ODG recommends X. The documentation provided indicated that the injured worker reports X. On examination they have X. They were previously authorized for X. There is a current request for X. There is X. As such, additional X. Therefore, X." Per a reconsideration review adverse determination letter dated X, the request for X. Rationale: "All available X. It is understood the claimant suffered a X. There is X information regarding the previous X. However, there is only X. There are X. However, it is X. The X have been reviewed. The Worker's Compensation guidelines will X. However, since there is X. Therefore, the request for X." There is X. The claimant was X. The request for X. When X. There are X. There are X. Therefore, 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