

Applied Resolutions LLC
An Independent Review Organization
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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 who was injured on X. The biomechanics of the injury was X. The diagnoses were X. On X, X was evaluated by X, MD, for a follow-up visit for the X. There was a complaint of X. Symptoms were X. Previous treatment for the X. A previous X. The X was X. X was currently X. A physical examination of the X. There were X. X was X. Dr. X recommended X. An X report of the X dated X showed X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "This X request is X. There has been some X. Furthermore, progress notes dated X, which recommend X. Accordingly, this request for X. "On X, Dr. X provided an appeal letter regarding the request for X. They added X report of X dated X showed X. Per a reconsideration review adverse determination letter dated X by X, MD, the request for X. Rationale: "As stated in the previous review, the Official Disability Guidelines X. It is X. Furthermore, X.

Additionally, X. It is also X. The requests for X. The requested X. The guidelines have recommended at X. In addition, the patient X. The X report only demonstrated X. Based on this report, there is X. In addition, a X. The guidelines have X. Therefore, the request X.

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

The requested X. The guidelines have recommended at X. In addition, the patient X. The X report only X. Based on this report, there is X. In addition, a X. The guidelines have X. Therefore, the request 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 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