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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 mechanism of injury occurred on a X. X was X. The diagnoses included X. On X, X was seen in a X by X, PT, DPT. This was X. X reported X. There was X. There was X. X had X. X had X. X was X. X demonstrated X. X was X. X had X. X was X. The plan was to X. The assessment included X. On X, X was evaluated by X, NP at X for diagnoses of X. X was referred to X. A X completed documented X was X. The X were specific . X was not allowed to X. X was X. In a letter dated X, X, PT, DPT stated X was X. X would X. X was X. More X was X. Later, X. Focus on the X occurred and X had been X. X had X. Based on X in the X with X, X would X. Treatment to date included X. Per a utilization review dated X, X, MD X the request for X. Rationale: "Regarding the request for X. Within the documentation provided for review, the patient has X. It appears the patient has had at X. However, the requested X. There is X. Based on the currently available information, the X." Per a reconsideration review dated X by X, MD, the request

for X. Rationale: "The claimant has X. The treatment in X. ODG further X. Here, the claimant was X. The claimant has X. The claimant has X. X treatment is X. Therefore, the request for X. Based on the clinical information provided, the request for X. Per a utilization review dated X, X, MD X the request for X. Rationale: "Regarding the request for X. Within the documentation provided for review, the patient has X. It appears the patient has had at X. However, the requested X. There is X. Based on the currently available information, the X." Per a reconsideration review dated X by X, MD, the request for X. Rationale: "The claimant has X. The treatment in X. ODG further X. Here, the claimant was X. The claimant has X. The claimant has X. X treatment is X. Therefore, the request for X." There is X. The requested X would X. When treatment X be noted. There are X documented. The patient has X. Therefore, X is X. Therefore the X.

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

Per a reconsideration review dated X by X, MD, the request for X. Rationale: "The claimant has reportedly had X. The treatment in X. ODG further X. Here, the claimant was X. The claimant has X. The claimant has X. X treatment is X. Therefore, the request for X." There is X. The requested X would continue to X. When treatment X should be noted. There are X documented. The patient has X. Therefore, X. Therefore the requested 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
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- 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**
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**