CALIGRA MANAGEMENT, LLC
344 CANYON LAKE
GORDON, TX 76453
817-726-3015 (phone)
888-501-0299 (fax)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

XX:

- Correspondence (X)

XX XX, M.D.

- Diagnostic (X)
- Office Visit (X)

XX

- Diagnostics (X)
- Office Visit (X)
- Utilization Review (X)
- Correspondence (X)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X who was injured on X, when X was at work moving X. As X attempted to do this, X. X had quite a bit of pain ended up X.

On X, x-rays of the X were performed for the indication of pain. The study showed X. X might be X. Moderate X.

On X, a magnetic resonance imaging (MRI) of the X was performed at X Hospital and interpreted by X, M.D. The indication of the study was X. The study showed X.

Moderate X. Moderate X collection. Nonspecific X.

On X, the patient was seen by X, M.D., for evaluation of X. X was previously treated for X. X was at work moving X. As X attempted to do this, X X. X had quite a bit of pain ended up X. Within a couple of days, X had a lot of X in X X. X had just continued at work at light duty but had x-rays and an MRI which showed a X. X was referred to the clinic for further evaluation and treatment. On examination, the patient had well-healed surgical XX from X X. The X examination revealed the patient had X, but X had got a very obvious X. X had X degrees X, X degrees X and X. X had good X with X and X, although that was a little painful. X had some discomfort with X and less so with X. There was some pain with X, X, X, but did not really distinguish between the three. The X-rays and MRI were reviewed. The diagnoses were X, overexertion from strenuous movement or load and civilian activity done for financial or other compensation. The recommendation included authorization for X, X. In the meantime, the patient could stay at work on light duty basically just supervising and instructing other people what to do and would be planned two weeks off for surgery.

On X, the patient was seen by Dr. X for the X injury. Initially, X employer was going to pay for this, but when it became clear that X was going to require a surgery, now it was going through official workers compensation channels and X returned to have it reevaluated. X was previously treated for X on this X, the opposite X, X did well with that. The examination remained unchanged as of X. The diagnoses were X. The recommendation included an exam under X. An X would be recommended to prevent X. X repair, if there was anything to be repaired, although no X could be seen on the MRI. In the meantime, the patient was to continue to work light duty, mostly supervising at work and would be seen back once for preoperative, at which time X would be kept off work probably about X weeks for recover, and then X would be at light duty after that. The recovery from this surgery would take X months.

Per Utilization Review Referral dated X, the request for outpatient treatment was requested for the diagnoses of X.

Per the Notification of Adverse Determination dated X, from X Workers

Compensation, the request for X was upheld. X, M.D., denied the request on the basis of following rationale: "*Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Per evidence-based guidelines, surgery is indicated to patients with pertinent subjective complaints and objective findings corroborated by imaging after conservative care. In this case, the patient complained of X pain. Examination showed obvious X. Reviewed MRI revealed X, non-specific X; however, there was no actual report submitted to validate this information. A request for X was made. However, the subjective and objective findings presented were limited to necessitate the current request. There was no pain with active XX motion X degrees and pain at night. Moreover, the exhaustion and failure of first-level treatments were not established to warrant the need for a higher level of treatment such as surgery. There was no actual office visit report submitted. Clarification is needed regarding the current request and how it would affect the patient's clinical outcomes. X factors were not noted*".

Per the Notification of Reconsideration Adverse Determination dated X, the request for appeal dated X, for X was upheld. X, M.D., upheld the decision on the basis of following rationale: "*Based on the clinical information submitted for this review and using the evidence based, peer-reviewed guidelines referenced above, this request is non-certified. The subjective and objective findings presented were still limited to support the currently requested surgery. Documented reports of pain with X degrees and pain at night were still not evident in the records provided. Moreover, X persisting at least X year were also not presented. In addition, pain relief obtained with an X was also not established. Furthermore, an actual report of x-ray was not submitted for review. Lastly, adequate compliance, exhaustion, and failure from all indicated conservative treatments could not be fully established in the records. There were no additional medicals noting significant objective findings in the medical records submitted to overturn the previous denial of the request. Clear exceptional factors were not identified."*

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

Medically Necessary

X Not Medically Necessary

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES