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IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX XX XX (XX) of the XX XX

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Physical Medicine and Rehabilitation Physician

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Overturned (Disagree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XX-year-old XX who was injured on XX, when XX XX on a XX in a XX. The patient complained of XX pain and had difficulty turning the head to the XX side.

On XX, the patient was seen by XX, for complaints of XX pain and difficulty turning to the XX side and limited range of motion (ROM) in XX directions. On examination, the XX had limited ROM in XX directions and the patient held the XX stiffly. The diagnoses were XX strain and XX pain. XX-XX of the XX XX showed mild XX changes, most conspicuous at XX-XX and mild XX XX in the same region. XX and XX XX were prescribed. Massage and heat application were recommended.

On XX, XX noted the patient had XX improvement in ROM of the XX and had 6/10 pain. Objectively, there were XX seen in the XX XX. The recommendation was given for physical therapy (PT), massage, muscle relaxers and medications.

On XX, XX noted the patient had XX session of PT still remaining and had pain that was worse after exercises. The pain level was XX/10. Objective findings were unchanged from the last visit. The diagnosis was XX strain. Recommendations included XX (XX) of the XX XX, completion of PT and continuation of medications.

On XX, a notice of adverse determination was issued. The XX XX was denied for the following reason: *“XX. Therefore, the XX XX is not medically necessary and is non-certified.”*

On XX, XX saw the patient for increasing XX pain going down the XX side of the XX. A peer review dated XX, with XX had suggested a XX XX be done. On exam, pain radiated from XX to the XX XX area with XX. Recommendations included continuation of XX, completion of PT, heat, massage, order for XX XX and referral to a pain specialist for alternative treatment.

On XX, XX, evaluated the patient for the XX pain. The patient had XX visits of PT that did not help. The XX pain was worse and movement to the XX was more restricted. XX in the XX hand was also now reported. On exam, the ROM of the XX XX was XX degrees rotation to the XX and approximately XX degrees rotation to the XX. The sensation was decreased in the XX hand. Motor strength was XX/5 in the XX XX extremity. The XX XX XX and XX were tender. The diagnoses were XX strain and XX of the XX extremity. Recommendations included continuation of XX and XX XX.

On XX, an appeal of the denial determination for the requested treatment was denied with the following reason: *“This current request is for XX XX. This is an appeal of a previous denial for a XX XX. The previous reviewer noted a lack of documentation regarding severe or progressive XX deficits. There was also no documentation regarding numbness or weakness. The XX clinical report noted complaints of XX pain. The claimant reported that physical therapy provided no improvement. Medications had included XX-XX and XX. Spoke with XX at length and discussed the case. Per case discussion, the patient has previously been seen by a nurse practitioner but in this last visit on XX, the doctor was actually evaluating the patient. The patient noted XX and now weakness in the XX arm and it seems the XX symptoms are worsening. However, there were no additional clinical records provided for review confirming the reported findings that would support the request as medically necessary and recommend noncertification.”*

On XX, XX noted the request for XX XX had been denied. The patient continued to have XX pain. Examination findings were the same as the last visit. XX was stopped. XX was continued. XX was prescribed. A request for IRO appeal of denial of XX XX XX was placed.

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

Medical records indicate the injury occurred on XX and progressive XX signs have been noted including sensory and XX motor strength in the XX extremities. Treatment has

included therapy, XX and medications. According to the referenced guidelines, a patient may be appropriate to undergo an XX after evidence of chronic XX pain with three months of conservative treatment and normal XX as well as XX signs or with evidence of severe or progressive XX deficits.

In my opinion these criteria have all been met and the decision should be overturned,

X 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