

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

May 28, 2019

Amended: June 5, 2019

IRO CASE #: X

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:

Orthopedic Physician

REVIEW OUTCOME:

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

X (Agree)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

TDI

- Utilization review (X)
- Correspondence (X)

XX XX M.D.

- Diagnostics (X)
- Office visit (X)
- Procedure (X)

- Pre-authorization request form (X)
- Correspondence (X)

XX

- Diagnostics (X)
- Office visit (X)
- Procedure (X)
- Pre-authorization request form (X)
- Correspondence (X)
- Utilization review (X)

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X-year-old X who alleges an injury on X while X down a X. The X started to X the X. X reached over the X and the X to stabilize it. X heard a X in X X with accompanying X pain that radiated to the X.

The first medial record available for review occurs on X, an MRI of the X that identified the following:

- General: X height maintained and X signal within normal limits. X terminated at the level of X in the partially imaged central X.
- X No stenosis.
- X. No stenosis.
- X [not estimated, measured, or graded].
- X [not estimated, measured, or graded].
- X [not estimated, measured, or graded].
- X [not estimated, measured, or graded].

On X, the patient was seen by X, M.D., for X of the X which radiated from X. The pain was rated at X in severity. The patient had a past surgical history of X and X. The patient had attended X for approximately X. X could not tolerate it anymore and had made X. X had been treated with X which made X XX and X which gave X slight relief of X axial X pain. X continued to have axial X pain and X pain worse on the X. On examination, X had X. X was slightly positive on the X and the X extending to approximately X degrees. X was more positive on the X with the X extended to approximately X degrees. The patient had X in the axial X. X X were nontender. The diagnoses were:

- X region and
- X.

The treatment recommendations included order for X and medication management with X and X.

On X, an X of X showed electrical evidence for a X. This was demonstrated by the spontaneous electrical activity from the X. The lack of a response from the X sensory and X sensory nerves and

decreased amplitude from the X nerve reinforced this finding. There was electrical evidence for an X affecting the X nerve along its length. This finding was consistent with an evolving X.

On X, the patient was seen by Dr. X for constant X pain radiating from X XX and X. X also reported X. On examination, the patient had X. X test was slightly positive on the X and the X extending to approximately X degrees. X test was more positive on the X with the X extended to approximately X degrees. X had X in the axial X. The X were nontender. The diagnoses were X and X region. A X was recommended. X was prescribed.

On X, Dr. X performed X.

On X, the patient was seen by Dr. X for constant X pain with radiation to X worse on the X. The patient reported no relief of pain after X. On examination, the patient had X distribution. X test was slightly positive on the X extending to approximately X degrees. X test was more positive on the X side with the X extended to approximately X degrees. X had X in the axial X. The diagnoses were X of the X region and X. X and X were prescribed. X was recommended. X was recommended to see a surgeon for a second opinion.

On X, the patient was seen by X, D.O. for X pain. The pain was rated at X in severity. X reported X pain at the X levels as well as X in the X radiating X where the X was more severe than X as well as pain radiating X [NEW COMPLAINT] and X and stops at the X [NEW COMPLAINT]. X noted X. X completed about X since the injury. On examination, the station was X. The X was X. The X was unsteady. There were pain and limited X of the X. The X. The sensation was decreased in X. There X pain with X, X. The diagnoses were X. X and X were prescribed.

On X, x-rays of the X showed X at levels X. There was a X that increased to X and essentially completely reduced on the extension.

On X, the patient was seen by Dr. X for X pain. On examination, the station was X. The X was X. There was X. The X was unsteady. There was pain with X of the X. The X and X were X. The sensation was decreased in X. There was X pain with X. X test was positive on the X. The diagnoses were:

- X,
- X,
- X and
- X.

A designated doctor's examination was recommended to determine the extent of the injury. It was deemed X would be a X once the extent of the injury had been clarified [THE EXACT SURGICAL PROCEDURE NOT DEFINED].

On X, the patient was seen by Dr. X for X pain. On examination, the station was X. The X was X. The X was unsteady. There was increased pain with X of the X. The X and X were X. The

sensation was decreased in X. There was decreased sensory on the X. There was X pain with X. The X was positive on the X. The diagnoses were X, X, X and X of the X. X and X were prescribed.

On X, the patient was seen by X, XX.D. X evaluation. The patient was considered a good candidate for X from a X perspective.

On X, the patient was seen by Dr X for X pain. On examination, the station was X. The X was X. The X was unsteady. There was increased X pain with X. The X, X and X strength were X. There was a decreased X sensation on the X. The X was positive X. There was X pain with X on the X as well as the X. There was X pain with X on the X. X WITH X with a X at X was recommended.

On X, a Pre-authorization request form by Dr. X indicated X and X was requested.

Per Utilization Review dated X, by X, M.D., the request for authorization for one X as an outpatient was denied on the basis of the following rationale: "X, *as outpatient when considering that the request for X surgery is not supported, the request for X as outpatient is not indicated.*"

On X, X provided a denial notification to Dr. X.

On X, an appeal requesting reconsideration for a previous submitted request for X with X and X was completed from X, D.O., office.

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

The question in this case appears isolated to a single issue: whether or not a postoperative X is indicated. It appears that the two previous reviewers were tasked with this single issue (there is no indication that either reviewer was asked to determine the medical necessity of the X surgery request).

The current IRO request includes the issue of X surgery as being medically reasonable and necessary; however, it does not appear that this was an issue directed to either previous peer reviewer. Therefore, the medical reasonableness and necessity of the requested X surgery will not be commented upon in this IRO report. Only the issue of the X after surgery will be addressed.

Per current online ODG:

The requesting surgeon provided an Appeal Letter but did not provide any rationale or any evidence-based sources to support X opinion that a X is **MEDICALLY NECESSARY** following and X and X at a X, despite adequate opportunity to do so. Therefore, as noted below the medical necessity for X as related to X has not been established.

Medically Necessary

X Not Medically Necessary for X.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES