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## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a X who alleges injury on X.

On X, a X of the X performed at X Imaging and interpreted by X, M.D. The indication of the study was X pain following X weeks of X without improvement. The study showed no evidence of X. The findings were evident for X.

On X, X, M.D., evaluated the patient for X pain for X months. The associated symptoms included X. The patient reported previous X helped with X but did not resolve the pain. X reported no relief with X. On exam, X was noted at the X. There was X degrees) and X degrees). X tests were positive on the X. X-rays of the X showed X. The diagnoses were pain in the X. The X was recommended.

On X, the patient was seen by Dr. X for instability of X. The symptoms remained unchanged since the last visit. Dr. X administered a X.

On X, a lab report from X Physicians –X showed.

On X, Dr. X saw the patient for continued X pain. The patient was status X and reported the X was doing about the same. X did not get any pain relief. On exam, X. There was X (X degrees) and X (X degrees). X and X tests were positive on the X. The diagnoses were instability of the X. X and X of the X were recommended.

Per Utilization Review dated X, the request for X of the X was denied. X, M.D. did not certify the request based on the following rationale: *“The patient injured X. X was seen by Dr. X. Per utilization review notes provided, it is possible that the patient already underwent an MRI of the X in X. As this would be considered a repeat MRI and there is a no indication of a significant change in symptoms, recommended non-certification.”*

On X, a denial notification from X was documented.

Per Reconsideration dated X, by X , M.D., the request for X of the X was denied. Rationale. *“The ODG recommends a X when there is suspect for X. A repeat X is indicated only when there has been a new or significant change in symptoms or findings suggestive of new pathology. Based on the documentation provided, the provider is looking to rule out a X on X. During the review process, the provider indicated that a X was completed in X, revealing X, and no evidence of a X. A X was performed on X which demonstrated no X. The repeat X is being obtained due to continual pain despite conservative treatment. They did not mention any significant change in symptoms that would be suggestive of new pathology on a repeat X. As such, based on the ODG recommendations and provided documentation, a X MRI without contrast is not medically necessary.”*

On X, a denial notification from X was documented.

On X, X of the X from X MD X showed there was no evidence of X evidence of X. There was also no evidence of X seen in this study.

On X, the patient was seen by Dr. X for instability of the X. X reported the X was doing the same since the last visit. There was an X in the X. The symptoms failed to improve with the injection and PT. On exam, tenderness of the acromioclavicular (AC) joint, bicipital groove, glenohumeral joint (anterior) and trapezius, lateral cuff insertion. There was limited forward flexion at 130 degrees and abduction at 115 degrees. Hawkin's and Neer's tests were positive on the right side. The abduction was 4/5 and flexion was 3/5 on the right side. The diagnoses were instability of the right shoulder, impingement syndrome of the shoulder region, bursitis of the right shoulder and inflammation of rotator cuff tendon. Worker's Compensation denied repeat MRI. The patient was referred to Dr. X, Pain Management for evaluation of X.

On X, a denial notification from X was documented.

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

The requested X is not indicated. An MR-arthrogram of the X was performed on X, which did not identify any X. The MR-arthrogram is the definitive study, being more sensitive and specific than routine X. There is no medically reasonable explanation for ordering a less sensitive and less specific study. The two previous preauthorization reviewers appropriately formulated each denial of the request for "repeat" MRI based on ODG that states there must be a substantial change in symptoms and/or clinical findings suggestive of X. The medical records herewith do not identify any substantial change in symptoms or findings.

- Medically Necessary
- 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**