

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

**IRO CASE #:**

**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

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 X who was X when X was X. Later on, X sustained X when X and X and X, sustaining a X.

On X, X, M.D., performed X. The postoperative diagnosis was X

From X, through X, the patient attended X. On X, it was documented that the patient presented X.

The X. X was unable to X. X was unable to X. The patient was recommended to X. X was making X and X.

On X, Dr. X saw the patient X. X was X. X was currently X. X could not X. X. The X. X were X. The X x-rays with X. X was continued.

On X, and X, Dr. X saw the patient for X. The patient had to X. X might have X. X pain was X. The X. The range of X was not tested due to the known X. The X with X. There were no X. Dr. X believed the X be a X. On X. The patient might resume X, with X.

On X, Dr. X saw the patient for X. X was doing X and X was X. X reported there was X. X soaked X. X reported that the X. The X was not X. The x-rays of X. No X were noted. The diagnosis was X. Dr. X administered a X. X was continued.

On X, the patient was seen by Dr. X in a follow-up. X was X. X reported that the X. It felt X. The X showed X. X was not tested due to X. X was prescribed. The patient was recommended a referral to the X or X.

On X, the patient was seen by X. The X was notable for X. On exam, there was a X. X towards the X. The pain X. The X and X was most likely X. The diagnoses were X. A X of the X was recommended. An X would be considered. X could be started X, at X. However, the patient X.

Per X dated X, by X, M.D., the request for continued X was denied based on

the following X: *“The patient injured X. X is X. X has attended X. This is the X. There is no indication noted for which the guideline recommendation should be exceeded at this time. Therefore, the request for continued X is denied.*

On X, from X was documented. It was documented that “The peer review from X D.O., dated X, states there is no X. Onset of X related symptoms X. The X did not occur in the X. This is a X and not X. There is no clinical evidence to support that the pre-existing condition was X.

The requested service for continued X: “The X. The X does not support the X. Based on the clinical documentation provided, the X. X, they have X. The provider has noted that they have a X. They are requesting X. Proceeding with additional X would be appropriate as not doing X. However, there were X that would support the X. Based on the X recommendations and available information, X are not medically necessary; however, X are *medically necessary. However, as I was unable to reach the treating physician to discuss treatment modification, the request remains not certified at this time. Evidence-Based Guideline Used: ODG, 2020: X Recommended as indicated below. X - Allow for X. In addition, X. X to the X. Repeat with X. X the X and repeat on the X. X: X and repeat on X. X: Medical treatment: X: X. See the X. See also X. See also X. X compared to X. X decreased X. X had no X. X did not X. X Not recommended over other, simpler X. X is one of several X used for the X. One X concludes that X. (X in X. X may be useful X. For X, the exemption is needed for the use of X.*

Per X, by X, M.D., the request for X were not medically necessary, however, X were medically necessary. X *“The X. The X. Based on the clinical documentation provided, the X. X, they have X. The provider has noted that they have a X. They are requesting additional X. Proceeding with additional X as not doing so could result in X. However, there were no X. Based on the X recommendations and available information, continued X are not medically necessary; however, X are medically necessary.”*

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

The X following a X. The X does not support the X. Based on the clinical documentation provided, the X. X, they have X. The provider has noted that they have a X. They are requesting additional treatments to address the concerns and to X. Proceeding with additional X would be appropriate as not doing so could result in X.

The patient was diagnosed with X by Dr. X. This caused a X. The patient X. The X, as indicated below, allows for X. Based on the ODG recommendations and available information, continued X are not medically necessary. However, X are medically necessary. Thus, the previous decision is upheld that additional X is denied and not medically necessary.

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**