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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. X had X.

Per a letter dated X, from X, the patient presented with X. The purpose of
this letter was to X. Examination of X and the X. The patient X. The X were
necessary for X and X. The X and were X. This leaves X. For continuing X
and X would be necessary. X and X and X was requested. The need for X
was X and was medically necessary to X. In addition, the patient reported
that X. The X was necessary for X.

On X, M.D., completed a Statement of Medical Necessity for X. The patient had X. X was X. Evaluation of the X indicated that they were X. X were required so that the patient had X.

On X, Dr. X completed a Statement of Medical Necessity for X. The patient X. X with the X and the X. To X. The need for X.

On X, Discharge Instructions by Dr. X were documented. (Illegible handwritten report).

On X, the patient was seen at X and X. X was X. Examination showed X. The X had been X. The diagnoses were X and X. The treatment plan included a X.

Per a letter dated X, from X, the patient X. X was X. The X of the X. X had to keep X. The current X and X. X of the X. The X would be X. Dr. X was in X.

Per Correspondence dated X, from X, Dr. X was notified about the denial of requested X. The requested service was non-certified for the X. Rationale: "Non-authorization given for X. It was noted that X. However, the X. Therefore, medical necessity has not been established."

Per a Utilization Review dated X, by X, D.O., the request for X was denied on the basis of the following rationale: "1. The requested X is medically necessary. On X, the injured worker presented to Dr. X for X. The examination revealed there is X. It was noted that the injured worker's current X. The X. Therefore, medical necessity has been established. 2. the requested X. This is non--authorized. The requested X is not medically necessary. It was noted that X. However, the X is to be X. Therefore, medical necessity has not been established. Criteria for the use of X.

On X, Correspondence from X was documented. (Largely illegible scanned report).

Per Correspondence dated X, from X, Dr. X was notified about the denial of requested X. The requested service was non-certified for the date of service from X. Rationale: "Non-authorization given for X is not medically necessary.

Per the ODG, "Criteria for the use of X.

Per a Utilization Review dated X, M.D., the request for X was denied on the basis of the following rationale: The requested X. This is non-authorized. The requested X is not medically necessary. In this case X. The injured worker's X. Should the X. Therefore, the requested X is not medically necessary. Per the ODG, "Criteria for the use of X.

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

The denial of X has been authorized already as medically reasonable and necessary.

Although there is X. There is X. Furthermore, X. There is X and X.

X has been authorized, other than that X with Dr. X. IF X has been authorized, then there is X. X of any ODG or other evidence to the X.

It is understandable that having a X medical necessity per any evidence-based source of which X familiar. If evidence-based literature is available that is X. It appears X on the need for X is considered necessary and must be X).

Medically Necessary

X Not Medically Necessary

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

MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES