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

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:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X who was injured on X, when X. The patient sustained injuries to X.

Post-Injury Records:

On X, X of the X were performed at X. The indication of the study was X. The study revealed X.

On X, a X was performed at X. The indication of the study was X. The study

revealed: X.

On X, a X of X at X. The indication of the study was X. The study revealed: X.

On X, the patient was evaluated X M.D., for X. The patient reported X. The X was X by X. There was no X. The X was X. The X into the X. X included X. The X included X. The X was X. The history was notable for X. Examination of the X revealed X. There was X. X was X. X was X. X a X. There was X. X revealed X. There was X. X was X. X was X in X. X was X. The diagnoses were X. X and X were X. X was recommended for X. Ordered X.

On X, X of the X revealed no X.

On X, X of the X revealed: X.

On X, the patient was seen at X for X. The claimant presented with X. The symptoms were X. The treatment diagnoses were X. X was recommended for X. From X, through X, the patient X.

On X, and X, the patient was seen in follow-up visits by X for X. There was X. X and X provided X. X of the X and X were reviewed. X was X and X was put on hold due to X. A X of the X were ordered. X was maintained.

On X, the patient was seen by X, M.D., for X. X had X. X provided X. X noted X. X and X provided X. Examination revealed an X. The X had X. Examination of the X revealed X. The diagnoses were X. Dr. X noted that the patient's X was X. The plan was to continue X. The patient was X.

On X, an MRI of the X was performed at X. The study revealed: X.

On X, an MRI of the X was performed at X. The study revealed: X.

On X, the patient was seen in a follow-up visit by Dr. X for X. The assessment was X. Dr. X noted the patient had X. X were continued. An X referral were provided. X was X.

On X, the patient was seen by X, M.D., for X. X noted X had X, but X. X also X. X was due to X on X, but the appointment was cancelled. X was now able to X. X was X, and X was due to see an X on X. X remained X. X was not X. On examination, the X had X. X with X was noted. The X had X. There was good X with X over X with X. The assessment was X. Awaiting visit by the X.

On X, the patient was seen by X M.D., for X. The X into the X, and X. The X was X. X was not X. X has had X without X. History was notable for X. On examination, X was X. X was able to X. The X had X. X had X. X and X by X. X had a X. The assessment was X. The treatment plan included X.

On X, the patient was seen by X, who noted that X. MRI of the X showed X, and MRI of the X showed X. X saw Dr. X for X on X, and X recommended an X and was waiting for approval. X was scheduled to see X, for the X on X. X had X, but X continued to have X. X might also experience X. X remained X. X was not X. The plan was to follow-up with Dr. X in X and to see Dr. X for X on X. Recommended continuing with X.

On X, the patient was seen by X, M.D., for X. The X started following X on X. The X was X and X. The X was X by X. The X revealed X. X were X. X was noted. X had X with X. X of the X was reviewed. The assessment was X. Treatment recommendation included X. There was X in X.

On X, and X, the patient was seen by X, for X. X was seen by Dr X on X and would X. The approval was pending. X would be seeing Dr. X in X for X. X needed X. On X, a X was X. X was awaiting approval for X. The assessment was X. X were X.

On X, the patient was seen by Dr. X for X. X was scheduled for X. X had been approved for X. Awaiting approval of X for X. Recommended follow-up in X.

On X, the patient was seen by Dr. X. X was X. Physical examination revealed X. The assessment was X. Recommend X. X was advised to follow-up in X.

On X, the patient was seen at X for X evaluation. X was X. X complained of X. X recommended was X. From X, through X, the patient X.

On X, the patient was seen by Dr. X post X. *X* had X in the X, which X, and X had difficulty X without X. X was X, but it was X. X did X. X had been X, but X was X and X. X continued to have X, which X. X was to have X, but it was being postponed until X. X was due to see Dr. X for X of X and Dr. X regarding X on X. Examination of the X revealed X. The diagnoses were X. X and X were X. Advised not X. X was recommended to X if X.
From X, through X, the patient was seen by Dr. X for X. X was X and had been X. X continued to X. On X, Dr. X noted that the patient X. On X, Dr. X noted that the patient X. The treatment recommendation included X. X was advised X.

On X, Dr. X noted that the patient was X. Awaiting clearance by the X who did X to proceed with X. Recommended follow-up on X, and schedule a follow-up for X if approved.

On X, Dr. X provided X.

On X, X., performed a X to determine the X. The patient had X as of X, for the X. X was assigned a X.

On X, and X, the patient was seen in follow-up visits by X for X. X would be seeing Dr. X for X, which was a different case and would see Dr X the following week for X. Dr. X was waiting for clearance from Dr X to X. X had done X for X. It was documented that the patient was X. X was X.

On X, Dr. X provided X.

On X, an X for X was requested.

On X, Dr. X requested a X. The patient might be a X. Recommended follow-up in X.

On X, and X, Dr. X noted that the patient's X was X. X also continued to have

X. X was awaiting approval for X. Recommended follow-up with X and X. The patient was advised X. X was maintained.

On X, the patient was seen by Dr. X for X. MRI of the X was reviewed. The assessment was X. Recommended follow-up for X. X was recommended for X.

On X, Dr. X saw the patient for X. X revealed X. X had X. There was X. The assessment was X. Recommended X.

On X, Dr. X noted the patient was X. X continued to have X. At this point, X was X. Requested X to be done at X and X evaluation to be done at this office for X, X for X. If X, X would be recommended.

On X, the patient was seen at X for an X. On evaluation, X demonstrated the X. X was presently able to X.

On X, Dr. X noted that the patient was X. X has had an X. The patient would be evaluated for X. Examination revealed X. Recommended follow-up in X.

On X, the patient was seen by Dr. X in a follow-up visit. The patient continued to have X. The diagnoses were X. Recommended X evaluation and to follow-up with Dr. X and Dr. X.

On X, Dr. X noted that the patient was X. X had X. X was X. X revealed X. X had X. X had X as well as X. The assessment was X. Recommended X and to follow-up in X and X for X.

On X, Dr. X saw the patient in a follow-up visit. A X was requested. X had a X and was pending appeal of X. X felt that X. The X was X. The assessment was X. X was X.

On X, the patient was seen by Dr. X for X. X reported that X. Dr. X released the patient to X. X was X. Discussed X evaluation.

On X, the patient was seen by X., for X evaluation. Based on the evaluation, the patient had not reached X. The estimated date of X was X. According to

the 4th Edition AMA Guides to the X, the patient was not X and could not be assigned an X at this time. X would return for X once X had completed the X.

On X, the patient was seen by Dr. X for continued X. X had an X by Dr. X on X, and was X yet and was in need of X. X had attended the X with the X and was not X. X requested to be X, which emphasized more X to X. A total of X of X was recommended to X.

Per Utilization Review dated X, by X, M.D., the request for X and X was deemed not medically necessary. Rationale: "*As noted in ODG's X, the best way to X was via a X. Here the patient's X to X effectively obviates the need for a X. ODG further notes that X amounts to an X. Here again, the patient has had X. It is unclear why the patient cannot X. Therefore, X is not medically necessary*."

Per a correspondence dated X, from X, the request for X and X was medically not certified by the physician advisor. It was deemed that the health care service requested did not meet established standards of medical necessity.

On X, the patient was seen at X for a X. X presented with X. At the time, X did not meet the current demands of the X. The treatment plan included X. Recommended frequency was. (The medical document was incomplete).

Per a correspondence dated X, from X, a request for X was received on X. Requested additional medical documentation.

Per a correspondence dated X, from X, the request for X and X was upheld. As requested, a second contracted physician who was not involved in the original non-certification had reviewed the original information, supplemented by additional medical records submitted and/or peer discussion(s) with the treating provider. The second physician had upheld the original non-certification.

Per a Utilization Review dated X, by X, M.D., the request for X was not certified. Rationale: "*Per Official Disability Guidelines, X. The claimant is a X injured on X. The initial mechanism of injury occurred while X. X is X. X condition is X. The guidelines support X in claimant's who require X. As*

noted by the prior reviewer, the claimant X. At this point, the guidelines recommend X. The guideline does not support the request. Therefore, the request is not medically necessary and is not certified." Reference Utilized: ODG

On X, the patient was seen in a follow-up visit by Dr. X for X. With regards to X, the X but X continued to have X. The X was X. X continued to have X. X had been X. Examination of the X revealed X. There was X. Treatment plan included X. Awaiting X. X was continued.

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

Based on the medical records the individual has X. The claimant has X. The guidelines recommend X and do not support the request. Therefore, the request is not medically necessary and is not certified." Reference Utilized: ODG X.

X 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