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

Notice of Independent Review Decision

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X who was injured on X, when X was X. X reported X.

On X, X were performed at X and interpreted by X, M.D. The study showed: X were X for X and X.

On X, a X of the X was performed at X and interpreted by X, M.D. The study showed: 1) At X, there was a X measuring up to X in the X to X and X a X, which suggested an X. This X, X the X and resulted in X. 2) At X, there was a X measuring up to X in the X and X a X, which suggested an X. This X, X the X and resulted in X to X and X. 3) There was no X.

On X, the patient was seen by X, M.D., for X after a X. X was X on the X and X the X with X, X and X. X rated at X on X, X at its X and X at X. This was affecting X and X. X had difficulty X, X, X and X with X to the X and the X. X had X with X, X and X. On exam, the X was X and X and X were X. The X and X was X on the X. X of the X dated X, was reviewed. The diagnosis was X. The patient had X with an X. No X. X did have X symptoms. X did not provide X. X were discussed, but X did not want to proceed. The best option was X and X. X, X, X, X and X were recommended. X and X were X.

On X, the patient was seen by X, M.D., for X. X reported of X and X referred to the X. On exam, the X had X over the X on the X. X was noted at the X. X provoked X. The X was X with X. X provoked X. The diagnoses were X. The patient was referred for X to evaluate for the X. X was to get X to use at home X.

On X, a X by X, X., indicated the patient had reached X on X, with an X of X.

On X, an X from X indicated the patient was currently X at a X with X and continued to have X. X required a X.

On X, the patient was seen by X, X, for a X that occurred on X. Due to X and X, the patient was a candidate for a X. X completed X of X and was X. X complained of X and X referred to the X. X was to continue the X. X and X were X. The patient was to X due to X.

On X, the patient was seen by X. The patient completed X of X and was pending approval for X. X reported X. X had X with the X. On exam, the X had X of the X on the X. X was noted at the X. X provoked X. The X was X with X. X provoked X. X and X were X.

On X, the patient was seen by X, M.D., for X. The patient complained of X. The X was X with any X or X. X was X. X had X of X which did X but did not completely relieve X. X of the X had shown X. X was evaluated by the designated M.D., who released X to X in X. The X and X exam showed X along the X and X with X. There was X with X into the X during X and X. There was X with X into the X during X and X. X was X. The diagnoses were X. X history, X exam and X were consistent with X. X was recommended to do a X at X and X.

On X, the patient was seen by X for X, X and referred X to the X. Additional X was X. X was continued on X.

On X, the patient was seen by X for X. X reported X and X referred to the X. Evaluation with Dr. X and approval for X were pending. X and X were X.

On X, the patient was seen by X for X. X reported X. X had X and X. X was X from X. X was pending approval for evaluation with a X, Dr. X. X and X were continued.

On X, the patient was seen by X, M.D., for X and X. X localized X to the X and described X to the X. X rated the X of X as being X. X described the X as X, X and X. X described X in the X. The X was X with X and was X with X. X described X. X had been X and X without X. X had not received X in the past. The X of the X, dated X, was reviewed. On exam, the X had X on X. There was X with X. X on X and X were X. The patient had a diagnosis of X. X might benefit from X based on X symptoms, X and X. The diagnoses were X and X. The plan was to proceed with a X at X and X on the X and perform X.

Per Utilization Review dated X, by X, X, the request for X was denied on the basis of the following rationale: "*This case involves a now X patient with an X*

from X. The mechanism of injury was detailed as X. There was no documentation of X. The patient was seen in the clinic on X for a chief complaint of X and X. X reported X was localized to the X that X to the X, rated X on the X. Described as X. X described X and X in the X that was X with X and X with X. X also reported X. X revealed X was X to X in the X, X X with a X. There were no X noted. X had X to X of the X. The treatment plan was that the patient may X from an X. The request for authorization was X. The X for denying these services or treatment: The Official Disability Guidelines were referenced and state that a request for an X in a patient with X must be X by X and when appropriate, X, unless documented X, X, and X support a X diagnosis with X requires additional documentation of recent symptom X associated with X. In the X submitted for review, there was a lack of documentation of recent symptom X associated with a X in the patient's X. X revealed X was X to X in the X, there was X to X of the X, X on the X to the X, and the X rated X. Therefore, the request for the X is non-certified". The screening criteria and treatment guidelines used to make this determination: ODG X, X, X for X, update date: X.

On X, a Letter of Medical Necessity by Dr. X documented the medical necessity of X at X, X for the treatment of X was completed by Dr. X. The patient had tried X, X and X. X had these symptoms for almost X and had completed and X with X and X including X and X. X was X because of a X. X symptoms began on X, after sustaining a X injury. A X was medically necessary for the patient's X. The next option for treatment to manage X was to proceed with the recommended procedure.

Per Reconsideration dated X, from X, the request for X was upheld on the basis of the following rationale: "*This case involved a now X with a history of an X from X. The mechanism of injury is detailed as X. The current diagnoses are documented as X. No significant X were documented. Prior treatment included X. According to an evaluation dated X, the patient complained of X and X. X was rated X out of X. There were reports that an X of the X revealed a X at X measuring up to X in the X to X and contained a X to X. The X the X and resulted in X. At X, there was a X up to X in the X that contained a X. The X the X and resulted in X to X and X. On examination, the X was X in the X. A X was seen. There was X on X in the X. X was present in the X, X, and X. The patient was recommended to undergo an X.*

The request for the X was previously denied due to no X symptoms and X. The treatment requested includes appeal of X. Regarding appeal for X, the Official Disability Guidelines state that X are recommended as a X treatment for X (defined as X in a X) with corroborative findings of X. The patient complained of X and was previously treated with X. The X was rated X out of X. There were reports that an X of the X revealed a X at X measuring up to X in the X to X and contained a X to X. The X the X and resulted in X. At X, there was a X up to X in the X that contained a X. The X the X and resulted in X to X and X. The examination documented X in the X, X, and X. The request was previously denied due to X symptoms and X. However, the official X was not submitted for review. Furthermore, there was a lack of documentation regarding the X of X. Given the above, the request for appeal of X is recommended non-certified. Conversations between the requesting provider and the reviewing physician, if any, may provide additional information for the reviewing physician to consider; however, a lack of a successful peer-to-peer conversation does not result in an automatic adverse determination. Utilization review decisions are based on evidence-based guidelines and the medical documentation submitted for review. Description of Source of Screening Criteria: ODG, X, X for X, Last review/update date: X."

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

ODG Criteria for the use of X, X:
Note: The purpose of X is to X and X, thereby facilitating progress in more X, and avoiding X, but this treatment alone offers no X.
X

X with a history of an X from X. The mechanism of injury is detailed as X. X completed X as indicated above including X and X.

Patient reported X in the X that X to the X to the X, rated X on the X. Described as X, X and X, and X. X described X and X in the X that was X with X and X with X. X also reported X. X revealed X.

X of the X revealed a X at X measuring up to X in the X to X and contained a X to X. The X the X and resulted in X. At X, there was a X up to X in the X that contained a X. The X the X and resulted in X to X and X.

In my opinion, the ODG criteria clearly has been met for a X and X on the X. It is certified as medically necessary.

☒ Medically Necessary

☐ 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**