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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 the patient was X. The patient  
X.

On X, X, M.D., performed X. The X diagnosis was X with a long history of X that have X.

On X, a X of the X performed at X at The X showed X with no X evidence of complications. X or X about the X. X or X.

On X, the patient was seen by X, M.D., for X, X and X. The patient had sustained a X to the X on X. The patient X and X and X. X at X was X. There was more pain with X and X. The X exam showed an X, X at the X, X and a X. There was X over the X. The X on X: X, X. X of the X showed X and X consistent with X of the X. The history and X exam and X were consistent with X, with progression into the X, X. X would benefit from X, X: X, X, X and X with use of X and X. X was prescribed.

On X, an X from X showed: 1) Findings suspicious for X of the X, with X. However, X in this X. Clinical X was recommended with the patient's symptoms and prior exams if available. 2) X with X, without evidence of X. 3) X throughout the X of the X, without X. 4) X.

On X, a Peer Review Report by X, M.D., indicated X was noncertified. The request for X was being recommended for noncertification at this time. As such, the associated X requests would not be indicated. Therefore, the recommendation was to non-certify the request for X: X. Guidelines: Guidelines/references: X, X.

Per Utilization Review dated X, the request for X was noncertified.

Per Reconsideration dated X, the request for X was upheld. The medical records and the request for X have been reviewed by a similar-specialty peer reviewer, who was a physician, X or X, not involved in the initial adverse determination.

On X, a Medical Opinion Review by X, M.D., indicated the request for X was non-certified on the basis of the following rationale:

*“Principal Reason for Determination:*

The ODG by MCG recommends X (X, X, X, X, and X for X and X. Almost half of patients with X possess a X. X, X, and X seem to determine the need for a X. X is associated with less need, X, and X of the X. The appeal X request in this case has been considered not medically necessary and, as such, this associated request cannot be substantiated. Additionally, this request has been previously denied in peer review on X, and it is not apparent that significant new information has been submitted to support this Intervention outside the previous determination. The recommendation is for non-certification. Criteria used in analysis: ODG by X, Evidenced-Based Medical Treatment Guidelines, X (X, X, X, X, and X) for X and X and X. Conditionally Recommended X - Recommended, as indicated below, almost half of patients with X possess a X. X, X, and X seem to determine the need for a X. X is associated with X, X, and X of the X. (1) (EG 2). Evidence Summary: There is evidence that a X has additional beneficial effect for X with X treatment alone, a X compared with a X, patient compliance is better in the X with a X, and a X has more X than a X, insole. (2) X is the most efficacious for persons with X. In fact, no X use may be preferable to X as the X resulted in the X of X, a situation which may X and X. (3) X While recommended for X, X are not necessarily recommended for prevention of X. (4) X after X is X and is not proven to prevent X or X. [5] X can X associated with X. X or X are preferable for patients with X, (6) X. While X are X for X, they are X to X and do not improve outcomes when added to X in the X. (7) X In patients with X, the use of a X or X in the X to the X. Patients must be careful not to use their X in the X on the same side as the X, as this technique can actually X. Using a X in the X to the X might X of X the X, thereby reducing the X directed X, and X experienced by the X. The use of a X and X could be simple and effective X for patients with X. In a similar manner to which X use unloads the X, X also X in the X to a certain extent and should be considered as a long-term strategy, especially for X.

**Determination:** Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines above, this request is not certified. The X request in this case has been considered not medically necessary and, as such, this associated request cannot be substantiated. Additionally, this request has been previously denied in peer review on X, and it is not apparent that significant new information has been submitted for support this X the previous determination. The recommendation is for non-

*certification.”*

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

It appears from the most recent clinical records from Dr. X herewith that the request for the X. The request for a X is indicated and medically necessary after X. However, there is no indications in the records herewith that the X has been authorized. Therefore, the request for the X is not authorized at this time.

If and when the X is authorized, the use of a X should be authorized, as the request would meet ODG criteria at that time.

- 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**