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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 X.

On X, the patient was seen by X, X, M.D., for X. X described as X. The X factors included X. X factor was X. X was referred by X with a concern for a X. Notes available from X indicated current treatment had included X. On exam, X. The X was in X. The X was X. X appeared X. X of the X. The diagnoses were X. A X. X was instructed to X. X was also instructed to X. A X of the X was ordered to X. A X was ordered due to X. X was prescribed. X was again likely. X was continued on X.

On X, an X performed at X showed: 1) X.

On X, a Prospective Review by X, M.D., indicated the requested X.

Per Utilization Review dated X, the request for X: *“Based on the review of the provided documentation, the patient had complaints of the X. According to the most recent note, the patient had X. X of the X. X was ordered, and X. An X revealed X. However, there is X. As such, the requested X. ODG by X, “X, “X.”*

On X, the patient was seen by Dr. X for a work-related injury to the X. X had been in a X. X symptoms have X. X of the X was reviewed. On exam, the X. There continued to be some X.

The diagnosis was X. Plan was to proceed with X.

On X, the patient was seen by Dr. X for X. The patient was X. On exam, X. X showed X. X diagnosis was X. Planned procedure was X. X was for X.

On X, Dr. X performed X. The X diagnosis was X.

Per Reconsideration dated X, the request for r X: *“The ODG supports X. The ODG supports X. The ODG does X. Medical literature supports X. In this circumstance, the worker reports X. A X exam documented X. X-X documented X. Treatment has included X. The provider recommended an X. There is a request for X. When noting that there is X. As such, X. ODG BY X. X Used X.”*

On X, a X Review by Dr. X indicated when noting that there was X.

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

Per review of Dr. X records:

- Dr. X did X. Although the functional demands of a X.
- Dr. X did X.
- Dr. X report (X) identified a “X” consistent with the X.

Per review of the X (X):

- X.

Per the UR of Dr. X (X):

- Denied the request for X.” However, the X had been performed X. There is X. The X report X. Thus, Dr. X opinion for X.

Per the UR of Dr. X (X):

- Denied the request for X and the X demonstrated the X. Moreover, the X report confirmed the X.

The X noncertification opinion (Dr. X) appears to have been appropriately formulated based on the *limited* evidence available to the reviewer (no X report), which was the X. The X report X. Although *prospectively* the determination was X. Thus, the noncertification opinion that X.

The retrospective noncertification opinion (Dr. X) is technically X. This is a X.

The X report was not available to Dr. X, which likely limited X. The X report X.

The X was documented by Dr. X on X. This document is not listed in the records Dr. X reviewed, which X.

In this case, all parties appear to have X. Prospectively, this would X. However, it is evident that the retrospective reviewer may have X.

Respecting the X of this case, it appears that this X. Although a X test is X, Dr. X documented this X. Thus, it is X.

However, there is X. Thus, there is X. Thus, it is reasonable to consider, X.

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