

CALIGRA MANAGEMENT, LLC

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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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X who was injured on X. The exact mechanism of injury was
not provided. The patient was diagnosed with X.

About X months after the X, on X, the patient was seen by X, PT, at X. The visit number was documented as X. The patient had a X. The patient had X. X was X. X did not have X. X was a X. X was X. X reported X. The severity of X. Previous findings as of X, pain level rated at X. Pain described as X. The X factor was X. X had made X. X continued to X. X potential was X. X problems included X. The treatment diagnoses were X. Treatment plan was to continue X. The treatment plan was X, PA-C.

On X, the patient was seen by X, PA-C/X, M.D., for evaluation of the X. The patient was X. The patient continued X. This continued to prevent X. On exam, X. There was X. There was X. There was X. There was X. There was X. X was intact to X. X were obtained and interpreted of the X. The diagnoses were X. X was instructed to X. X was necessary. X was to X. Dr. X recommended to continue and complete X. Possibility of X. X order sent X. X was to continue to X.

On X, a Peer Review by X, M.D., indicated the request for X. Rationale: *"The patient was injured at X. The mechanism occurred after X. X has been treated with X. The file is requesting X. There are X. The medical treatment guidelines support up to X. In that the patient is X. Therefore, the request for X."*

Per Utilization Review dated X, the request for X: *"After peer review of the X. This review applies only to the specific service(s) listed below. Any additional service(s) will require a separate review process. Specific Request: X. Physician Advisor Decision Date: X. The above review was X."*

On X, a Peer Review by X, M.D., indicated the X. The patient X. The patient was X. The patient X. The patient needed X. The patient continued with X. Clear documentation of X. X had a X. X had X. Rationale: *"The history and documentation X. The ODG "recommends X. The patient has X. There is X. The medical necessity of this X. Therefore, the request for X."*

Per Reconsideration dated X, the request for X: *"Physician Advisor Decision Date: X. The above review was made based on guidelines which are X."*

On X, a Prescription for X.

On an unknown date, an Authorization Request from X.

On an unknown date, an Authorization Request from X. The start date was X, and the end date was X. The CPT codes were X.

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

The 1st utilization review physician stated X reviewed one X.

The 2nd utilization review physician reviewed the X.

I have reviewed the X.

The noncertification for X. The claimant appears to X. X are X. X has been produced by X. Although up to 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