

Case Brief — Diagnostic Reframe Advisory

Industry: Healthcare | Adult Medicine **Vertical:** General Medicine **Date:** May 2026

The Situation

A 58-year-old patient on Medicaid presented with progressive cognitive decline, a thyroid condition of unspecified type, and a strong family history of early-onset Alzheimer's disease. The patient's insurance had repeatedly denied diagnostic imaging (CT scans), stalling her workup. The treating physician had a suspected diagnosis of early-onset Alzheimer's but no confirmatory testing, no cognitive baseline, and no clear path forward.

Our General Medicine advisory panel was tasked with answering: **is this diagnosis correct, and what is the right path forward given the insurance barrier?**

The Panel

A multi-specialist clinical advisory convened across the relevant disciplines: neurology, endocrinology, geriatric psychiatry, neuropsychology, pulmonology, cardiology, clinical pharmacy, genetic counseling, palliative care, patient advocacy, medical social work, and primary care coordination.

Key Findings

1. **The diagnosis was premature.** Multiple potentially reversible causes had not been evaluated — thyroid dysfunction, depression-induced cognitive impairment, sleep apnea, vitamin deficiencies, and medication side effects were all on the differential and had not been ruled out.
2. **Thyroid was identified as the gatekeeper.** The thyroid condition type was undocumented. If hypothyroidism, the cognitive symptoms could be substantially or entirely reversible. If Hashimoto's encephalopathy (rare but treatable autoimmune condition), the trajectory changes completely. A \$30 blood panel could change the entire diagnostic picture.

3. **The insurance denial had a workable path.** Rather than appealing the CT denial, the panel recommended submitting a fresh prior authorization for brain MRI — different CPT code, different reviewer pool, and MRI is the preferred modality per published clinical guidelines.
4. **The three-generation family pattern demanded genetic counseling.** A strong inheritance pattern suggested possible familial Alzheimer's disease with autosomal dominant mutations. This changes prognosis, treatment eligibility, and has implications for the patient's children.
5. **Capacity is time-sensitive.** Regardless of which diagnosis ultimately confirmed, advance care planning could not wait for diagnostic certainty. The window for autonomous legal decision-making was identified as the most urgent unaddressed item.

Panel Decision

GO for immediate diagnostic workup, NO-GO for Alzheimer's-specific medication until reversible causes excluded and imaging obtained. **GO for advance care planning to begin immediately** in parallel with workup, not after diagnosis confirmation.

Notable Quote

"We're convening a multi-specialist panel, fighting insurance denials, discussing genetic testing for familial mutations — and nobody has clarified what kind of thyroid condition she has or whether it's adequately treated. This is the equivalent of discussing a patient with chest pain without knowing their EKG results."

What This Replaces

A traditional multidisciplinary case consultation of this depth typically requires weeks of scheduling across specialist offices and costs \$5,000-\$15,000 in cumulative consultation fees. Our advisory delivered the same depth in a single session with a complete written deliverable for the treating physician.

Landing Grid Analytics — Structured Expert Deliberation *Powered by Convergent Analysis*
landinggridanalytics.com

Patient details synthesized from case patterns; no identifying information.