

**IRO REVIEWER REPORT**

**[Date notice sent to all parties]: X**

**IRO CASE #: X**

**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:**

**Board Certified 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.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a now X with a history of an occupational claim from X. The mechanism of injury is detailed as the patient sustained an injury while X. The current diagnoses were documented as X. Comorbidities included X. Prior relevant treatment included X. The patient was seen on X. X endorsed X. The physician indicated that the patient would be an excellent candidate for a X. The goal was to achieve at least X. The patient was currently on X. The prior determination dated X stated that there were X. The patient was seen most recently on X. The physician noted that the patient X. X walked with an X. Additional findings included a X. The next level of care would include X. The plan would be to eliminate X. In addition, during the X. On X, the patient received a notice of reconsideration adverse determination pertaining to the X. At the time, it was determined at that the patient had undergone an X. There were X. The patient continued with X. This request pertains to the X.

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

According to the Official Disability Guidelines, X. Following the X. Given this information, it was unclear why the patient needed to X. Therefore, while it was noted that X. As such, in an agreement with the previous denial, the request X is 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**