

## Propeer Resources

**This document contains important information that you should retain for your records.**

X

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

X

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X

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

The patient is a X with a X. The date of injury was listed as X.

The patient X on X and reported that X. The X reported that X was about X. The X reported that X with X. The X that X. The X reported continued X. The X continued X. X rated X. The X that if X was X. The X noted X. The X was X.

The X was X. The X. X was noted with X. X was recommended.

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

As of X, the X was X. The X wanted to X. The X was noted to have some X. The X has X.

Official Disability Guidelines recommends X. The X. The X has X. As such, the request for an X is not medically necessary and the prior

denials are upheld.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

X attest that X. X received X. X completed X. X hold X and X. I have experience producing Peer Reviews supported by evidence-based medicine and have experience with X. X Board Certified in X.

The IRO has performed an independent review of the X to determine if the adverse determination was appropriate. In the performance of the review, the IRO reviewed the medical records and documentation provided to the IRO by involved parties.

The opinions rendered herein are based X for X. X information whatsoever is obtained or used during the review and evaluation process. PROPEER Resources cannot be responsible for the accuracy of the information submitted for review.