

**Independent Review Organization (IRO) Notice of Decision
Template WC**

**Physio Solutions
LLC 7500 Brooktree
Road STE 300
Wexford, PA 15090
Phone/Fax: (855)
323-3654
[@physiosolutions.n
et](mailto:@physiosolutions.net)**

**Notice of Independent
Review Decision**

IRO Reviewer Report

X

IRO Case number:

X

Description of the services in dispute:

X.

Description of the qualifications for each physician or 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:

Upheld (Agree)



Overturned

(Disagree)

Partially Overturned (Agree in part/Disagree in part)

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

X, date of birth X is a X individual diagnosed with a ventral hernia and seeking coverage for X. The claimant was injured on X, the mechanism of injury was not provided. The claimant is X performed in X. The claimant reported X per the X evaluation. The X CT of the abdomen noted a X X. The X evaluation noted X denied abdominal pain, vomiting, or obstructive symptoms. X has X pain. The exam revealed a X was recommended.

Analysis and explanation of the decision, including clinical basis, findings, and conclusions used to support the decision

The claimant is a X individual diagnosed with a ventral hernia and seeking coverage for X. The surgical request was denied by utilization review as the guidelines cited do not support using X. The claimant has an obvious X on the X physical exam. The current evidence based guidelines recommend X. The use of X is based on a surgeon's training and preferences. The current literature has demonstrated that X. Therefore, this reviewer would recommend approval for the X request as submitted.

Description and source of the screening criteria or other clinical basis used to make the decision

ACOEM - American College of Occupational and Environmental



Medicine Um Knowledgebase AHRQ - Agency for Healthcare



Research and Quality Guidelines

DWC- Division of Workers Compensation



Policies or Guidelines European Guidelines



for Management of Chronic Low Back Pain



InterQual Criteria

Medical Judgment, Clinical Experience, and Expertise in Accordance



with Accepted Medical Standards Mercy Center Consensus Conference



Guidelines

Milliman Care Guidelines

ODG - Official Disability Guidelines &



Treatment Guidelines Presley Reed, The



Medical Disability Advisor

Texas Guidelines for Chiropractic Quality Assurance &



Practice Parameters TMF Screening Criteria Manual



Other Evidence Based, Scientifically Valid, Outcome Focused Guidelines
(Provide A Description)

