



7121 Fairway Drive
Suite 102
Palm Beach Gardens, FL
33418
Toll Free: 888-920-4440
Email @danestreet.com

Notice of Independent Review Decision

IRO Case #: X

Description of the service 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:

Upheld/Denied

Information Provided to IRO for Review:

X

Patient Clinical History [Summary]:

This is a X with a diagnosis of a right knee medial meniscal tear. The request is for the coverage of the X.

Analysis and Explanation of the Decision include basis, findings, and conclusions used to support the decision:

The requested X is not medically necessary. The submitted medical records including the imaging report do not demonstrate the presence of a meniscal tear. As such, the requested procedure is not medically necessary and not considered to be the standard of care. As such, ODG-Official Disability Guidelines & Treatment Guidelines criteria have not been met. Therefore, the request for the coverage of X, for the diagnosis of right knee medial meniscal tear is not medically necessary.

A description, and the source of the screening criteria or other clinical basis used to make the decision:

ODG-Official Disability Guidelines & Treatment Guidelines