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## **Notice of Independent Review Decision IRO Reviewer Report**

X (AMENDED X)

**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:

Non-Certify/Upheld

### **Information Provided to IRO for Review:**

X

## **Patient Clinical History [Summary]:**

This is a X with a diagnosis of X - other displaced fracture of upper end of left humerus, subsequent encounter for fracture with delayed healing. The request is for the coverage of X.

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

The requested X are not medically necessary. The medical records indicate that the member X. However, it is not clear as to the number of X. As such, ODG-Official Disability Guidelines & Treatment Guidelines criteria have not been met. Therefore, the request for the coverage of X 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