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## **Notice of Independent Review Decision**

### **IRO Reviewer Report**

X; amended date 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:

Certify/Overturned

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

X

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

This is a X with a diagnosis of right knee pain, right calf pain, and other tear of the lateral meniscus of the right knee as the current injury and is now status post knee arthroscopic meniscectomy and chondroplasty X. The member continues to have X. The member is in X. Physical exam: X. A X is requested. The request is for X.

The request was previously denied stating that not medically necessary.

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

This is a X with a diagnosis of right knee pain, right calf pain, and other tear of the lateral meniscus of the right knee as the current injury and is now status post knee arthroscopic meniscectomy and chondroplasty X. The member continues to X. The member is in X. Physical exam: X. A X is requested. The member has X. Calming down the inflammation is essential to progression to full recovery for this member and the X. The request is approved. As such, ODG-Official Disability Guidelines & Treatment Guidelines criteria have been met. Therefore, the request for X, for the diagnosis of right knee pain, right calf pain, and other tear of the lateral meniscus of the right knee is 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