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Notice of Independent Review Decision

IRO Reviewer Report

, amended X

IRO Case #:

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

Information Provided to IRO for Review:

X

Patient Clinical History [Summary]:

This is a X member with a diagnosis of a left elbow fracture. The request for the coverage of X.

Medical Necessity Review

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

Based on the submitted records, the services performed, including X were not medically necessary according to the standard of care. No information has been provided which would overturn the previous denials.

Therefore, the request for the coverage of X, for the diagnosis of left elbow fracture is not medically necessary.

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 left elbow fracture 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