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## **Notice of Independent Review Decision**

### **IRO Reviewer Report**

X; amended 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:

Overtured/Certify

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

X

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

This is a X with a diagnosis of X - sprain of unspecified site of the left knee, initial encounter X - effusion, left knee, X - other muscle spasms. The request is for the coverage of X.

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

In this case, a review of records indicates that the member is a good candidate for a X. There is no contraindication documented. There is an indication the member X. Given that the request is approved as it follows standards of care. As such, ODG-Official Disability Guidelines and Treatment Guidelines have been met. Therefore, the request for the coverage of X, for the diagnosis of X - sprain of unspecified site of the left knee, initial encounter X - effusion, left knee, X- other muscle spasms 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