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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:

Upheld/Denied

Information Provided to IRO for Review:

X

Patient Clinical History [Summary]:

This is a X with a diagnosis of X other instability, left shoulder. 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 medical records do not establish that the services being requested are medically necessary. The submitted Magnetic Resonance Imaging report is illegible. The medical records do not X. As such, the member has not met medical necessity criteria. 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