



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:

Overturned/Certify

Information Provided to IRO for Review:

X

Patient Clinical History [Summary]:

This is a X with a diagnosis of X - a strain of unspecified muscle, fascia, and tendon at wrist and hand level, right hand, initial encounter. The request is for the coverage of CPT code X: Therapy procedure using exercise to develop strength, endurance, range of motion and flexibility, each X. Other diagnoses- tendonitis/synovitis with tear tendon extensor carpi ulnaris. Max allowable physical therapy visits is X

MOI- X

Last visit- X - The member complained of pain with light lifting. Physical exam- X.

Magnetic Resonance Imaging on X.

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

The service was approved for the member because the member's clinical circumstances do meet one or more criteria for coverage that relate to the efficacy of the service itself and/or the medical necessity of the service.

The member is approved for X as meets the criteria with a diagnosis of synovitis (Dequervain's) and by extrapolation diagnosis of UCU tendon subluxation and intra-substance tear/tendonitis.

As such, ODG-Official Disability Guidelines & Treatment Guidelines have been met. Therefore, the request for the coverage of X 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