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Notice of Independent Review Decision

IRO Reviewer Report

, amended

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/Non-certify

Information Provided to IRO for Review:

X

Patient Clinical History [Summary]:

This is a X member with a diagnosis of knee pain. 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 provided do not establish that the services being requested are medically necessary or considered to be the standard of care. The submitted medical records indicate that the member is morbidly obese with a body mass index of 49.32. There is no documentation provided to demonstrate that the member has attempted an appropriate course of X. The records established that there is the presence of osteoarthritis of the left knee. No new information has been provided to overturn the previous denials and subsequent peer reviews. 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 knee pain 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