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Notice of Independent Review Decision

SENT TO:

IRO Reviewer Report

X, amended X

IRO Case #: X

Description of the service to 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:

Partially Overturned

Information Provided to IRO for Review:

X

Patient Clinical History [Summary]:

All of the listed records were reviewed.

This is a X who sustained an injury on X.

The member was diagnosed with left shoulder pain and left rotator cuff arthropathy.

A magnetic resonance imaging of the left shoulder without contrast was performed on X, revealing X. Full-thickness X. Partial tear or X. Confluent effusion in the X.

According to a visit dated X, the member presented with severe left shoulder rotator cuff arthropathy with associated pain and loss of function. The member underwent a X. The member had done X. The member still had no strength in the left shoulder. The physical examination revealed X. The range of motion revealed X. The diagnoses were left shoulder pain, left rotator cuff arthropathy, and preoperative evaluation. The plan included X.

1. Is the request for a X medically necessary?

Overtaken/Certified

In this case, the member underwent a X. A magnetic resonance imaging of the left shoulder revealed X. Partial tear or X. Biceps

tendinopathy remained in continuity. Confluent effusion in the X. The member had done X. The member still had no strength in the left shoulder. The physical examination revealed X. The range of motion revealed X. The medical necessity has been established. The X is medically necessary.

2. Is the request for X medically necessary?

Upheld/Non-Certified

In this case, the member underwent a X. A magnetic resonance imaging of the left shoulder revealed X. Partial tear or X. Biceps tendinopathy remained in continuity. Confluent effusion in the X. The member had done X. The member still had no strength in the left shoulder. The physical examination revealed X. The range of motion revealed X. However, magnetic resonance imaging indicates X. The criteria have not been met, and the medical necessity has not been established. The X is not medically necessary.

A description, and the source of the screening criteria or other clinical basis used to make the decision:

ODG by MCG