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## **Notice of Independent Review Decision**

### **IRO Reviewer Report**

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.

Overtured

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

X

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

All of the listed records were reviewed.

The member is a X who sustained an injury on X.

The member was diagnosed with a hypertrophic scar.

## Overtured

In this case, the member sustained an injury on X. The mechanism of injury is described as a X. Identified comorbidities include X. Prior treatment has included X. The current diagnosis is a symptomatic hypertrophic burn scarring of the left chest and left arm. A progress note dated X indicates that the member presents for ongoing burn care. The member had the X on X. The member has undergone two previous treatments with Dr. X. The member has noted X. The member did have some issues with the X. The date of the X was discussed, and the member requested it for early X. The medications include X. The diagnosis is symptomatic hypertrophic burn scarring of the left chest and left arm. The plan includes a X. The provider noted that using Dr. X. Recent data suggest that these X. It was explained that X would not be medically necessary at this time, nor would X. Given the recent evidence of X is medically necessary.

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

ODG by MCG