



Department of Consumer & Business Services  
Insurance Division — 2  
P.O. Box 14480  
Salem, Oregon 97309-0405  
Phone: (503) 947-7269  
Fax: (503) 378-4351  
350 Winter St. NE, Rm. 440, Salem, Oregon  
www.oregoninsurance.org

External Review  
Annual Summary

External Review Annual Summary for 20 04 .

Due on March 31 for previous calendar year.

Each independent review organization (IRO) shall submit an annual statistical report with information in the aggregate on its Oregon Insurance Division external reviews only. OARs 836-053-1350(1), 836-053-1360(2)

1. IRO name: I PRO Filing date: 3/31/05
2. IRO address: 1979 Marcus Avenue  
City, state, ZIP: Lake Success, NY 11042
3. IRO Web site: www.ipro.org
4. Name, e-mail address, phone and fax number for person completing this form: Terese Giorgio  
tgiorgio@ipro.org  
Phone: (516) 326-7767 x 223 Fax: (516) 326-1034
5. Name and title of person responsible for regulatory compliance and quality of external reviews:  
Name: Terese Giorgio, RN, MA , LNC Title: Senior Director, Corporate Programs
6. Total number of requests for external review received from the Oregon Insurance Division during the reporting period: 7
7. Number of standard OID reviews completed to a final decision: 4
8. Average number of days IRO required to reach a final decision in standard reviews: 18
9. Number of expedited OID reviews completed to a final decision: 0
10. Average number of days IRO required to reach a final decision in expedited reviews: N/A
11. Number of medical-necessity reviews decided in favor of the insurer: N/A  
Briefly list procedures denied: \_\_\_\_\_
12. Number of medical-necessity reviews decided in favor of the enrollee: N/A  
Briefly list procedures approved: \_\_\_\_\_
13. Number of experimental/investigational reviews decided in favor of the insurer: 2

Briefly list procedures denied: Laser ablation for varicose veins; Manual therapy

14. Number of experimental/investigational reviews decided in favor of the enrollee: 2

Briefly list procedures approved: Provigil for multiple sclerosis related fatigue; Total ankle replacement

15. Number of continuity-of-care reviews decided in favor of the insurer: 0 Enrollee: 0

16. Number of OID review requests for which the IRO deemed it did not have jurisdiction under ORS 743.857: 2

17. Number of OID reviews terminated as the result of reconsideration by the insurer: 1

18. Number of OID reviews terminated by the enrollee: 0

19. Number of reviews declined due to possible conflict of interest with insurer: 0 Enrollee: 0

Describe possible conflict(s) of interest: \_\_\_\_\_

20. Number of enrollees who complained to the IRO at least once about their external review: 0