



**Department of Consumer & Business Services**  
**Insurance Division — 2**  
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<b>External Review Annual Summary</b>
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**External Review Annual Summary for 20 05 .**

**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: IPRO, Inc. Filing date: 3/31/06
2. IRO address: 1979 Marcus Avenue  
City, state, ZIP: Lake Success, NY 11042
3. IRO Web site: IPRO.org
4. Name, e-mail address, phone and fax number for person completing this form: Terese Giorgio,  
tgiorgio@ipro.org phone (516) 209-5223 fax (516) 326- 1034

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5. Name and title of person responsible for regulatory compliance and quality of external reviews:  
Name: Terese Giorgio, BSN, 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: 13
7. Number of standard OID reviews completed to a final decision: 13
8. Average number of days IRO required to reach a final decision in standard reviews: 23  
days
9. Number of expedited OID reviews completed to a final decision: NA
10. Average number of days IRO required to reach a final decision in expedited reviews: NA
11. Number of medical-necessity reviews decided in favor of the insurer: 3 & 1  
Mod.  
Briefly list procedures denied: mental health visits, Actiq for migraines, inpt. stay for eating disorder, \*Botox for migraines (modified case)
12. Number of medical-necessity reviews decided in favor of the enrollee: 4 & 1  
Mod.  
Briefly list procedures approved: lap gastric band (2 cases), Growth Hormone( 2 cases), \*Botox for migraines (modified case)
13. Number of experimental/investigational reviews decided in favor of the insurer: 3



Briefly list procedures denied: Oncotype DX assay (2 cases), Charite artificial disc

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

Briefly list procedures approved: C- Leg microprocessor knee, cognitive therapy

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: 4

17. Number of OID reviews terminated as the result of reconsideration by the insurer: 0

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: NA

20. Number of enrollees who complained to the IRO at least once about their external review: 1