



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: Peer Reviews Systems, Inc. dba Permedion Filing date: 03/14/2005
2. IRO address: 350 Worthington Road, Suite H  
 City, state, ZIP: Westerville, OH 43082
3. IRO Web site: www.permedion.com
4. Name, e-mail address, phone and fax number for person completing this form: Sue Butterfield  
sbutterfield@permedion.com  
800-473-0802 EXT. 3428; fax: 614-839-2628
5. Name and title of person responsible for regulatory compliance and quality of external reviews:  
 Name: Thomas A. Schultz Title: President  
 Name: David Sand Title: Medical Director
6. Total number of requests for external review received from the Oregon Insurance Division during the reporting period: 12
7. Number of standard OID reviews completed to a final decision: 9
8. Average number of days IRO required to reach a final decision in standard reviews: 17.5
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: 0
11. Number of medical-necessity reviews decided in favor of the insurer: 2  
 Briefly list procedures denied: Custom Foot Orthotics; Orthopedic Shoe Lift
12. Number of medical-necessity reviews decided in favor of the enrollee: 2  
 Briefly list procedures approved: Circumcision Revision; Out of Network Emergency Room Services
13. Number of experimental/investigational reviews decided in favor of the insurer: 3



Briefly list procedures denied: Meniscal Allograft Transplantation / Knee; Provigil for generalized fatigue & daytime sleepiness; Provigil for Multiple Sclerosis;

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

MIS Total Hip Replacement; Autologous Chondrocyte Transplant / Ankle  
\*\* this case was reviewed 12/29/03 and the denial upheld; the State of OR requested a re-review, applying ORS 743.862(2); 1/27/04 the denial was

Briefly list procedures approved: reversed.

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: 3

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: 0

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