

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[External Review Entity Name]
[Address]
[City, State, Zip Code]

RE: Request for Independent External Review

Patient Name: [Patient Name]
Claim Number: [Claim Number]
Policy Number: [Policy Number]
Date of Denial: [Date on Denial Letter]

Dear External Review Committee,

I am writing to formally request an independent external review of the denial of coverage for [Specific Procedure/Treatment/Surgery]. This appeal is in response to the final internal denial issued by [Insurance Company Name] based on an Independent Medical Examination (IME) report dated [Date of IME].

The denial stated that the requested orthopedic care was [not medically necessary / experimental / not related to the injury]. I disagree with this determination for the following reasons:

- **Clinical Evidence:** The IME physician's findings contradict the clinical evidence provided by my treating orthopedic surgeon, [Surgeon's Name], including [list specific MRIs, X-rays, or Diagnostic Tests].
- **Physical Examination:** The IME was based on a brief, one-time evaluation that did not account for my full medical history or daily functional limitations as documented in my primary medical records.
- **Standard of Care:** The proposed treatment is the recognized standard of care for my diagnosis of [Specific Orthopedic Diagnosis] according to clinical practice guidelines.

Enclosed please find the following supporting documents:

- A letter of medical necessity from my treating orthopedic surgeon.
- Relevant operative reports and imaging results.
- A detailed rebuttal of the IME physician's findings.

I request that an independent orthopedic specialist review my full medical file. I am confident that a comprehensive review will demonstrate that the requested treatment is medically necessary for my recovery and physical function.

Thank you for your time and fair consideration of this appeal. I look forward to your timely response.

Sincerely,

[Your Signature]

[Your Printed Name]