

IMED, INC.

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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: X

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X. The patient reports that X and X and X. X reports X. X indicates that X. Required X and X. Updated X indicates that X. The patient is X. X and X. X and X. Diagnosis is X. Office visit note dated X indicates that X. X still presents with X. X recommends X. The patient was X. Current medications are x. Past medical history is X. On X. X and X. X noted X. X for X. X was X. There is X. X was X. X is X. X is rated X. Assessment notes X. The patient was recommended X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. The initial request was non-certified noting that records suggest X. Additionally, a X. While the patient suggested X is X, the Dictionary of Occupational Titles suggests a X, compatible with independent living. This

information is not compatible with X. X with X. It is reported that the reviewer made contact with the requesting provider who stated that the patient X. Specific X. The patient X. The patient has X. Return to work in a X. The denial was upheld on appeal noting that the records X. X to X. A specific defined X. X effort in a X. The patient has X. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is X thereto submitted for review. There are X. It is unclear if the patient has X. There is X or X. It appears that the patient's X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES