



7121 Fairway Drive  
Suite 102  
Palm Beach Gardens, FL  
33418  
Toll Free: 888-920-4440  
Email: @danestreet.com

**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

The medical records establish that the services performed were medically necessary according to generally accepted standards of care.

**Patient Clinical History [Summary]:**

This is a X. The request is for the coverage of X. The member has filed X and now has a X. X is X, with X. X are X and there is X. The last attempt at X and X. Since that time the member has gone through X including X with X.

The request was previously denied stating that after careful review of the submitted medical information, our Physician Advisor made the following decision that the services below are not medically necessary or appropriate. This means we do not approve these services or treatment. However, X do not have a copy of the prior denial rationale.

**Analysis and Explanation of the decision include clinical basis, findings, and conclusions used to support the decision:**

This is a X with a diagnosis of X. The request is for the coverage of X. The member has filed X and now has a X. X is X. X are X and there is X. The X at X and X. Since that time the member has gone through X.

The request was previously denied stating that after careful review of the submitted medical information, our Physician Advisor made the following decision that the services below are not medically necessary or appropriate. This means we do not approve these services or treatment. However, I do not have a copy of the prior denial rationale.

The medical history provided supports that the recommended X is medically necessary and appropriate, and therefore certified. The claimant has X and X. The member has X. It is X, and this is X supported by the guidelines or the peer review literature. Therefore, without evidence of X is a X. The member has objective and subjective findings consistent with the diagnosis that satisfy the cited guidelines. The X documents the X and the X. The request is medically necessary, appropriate and certified as there is no other reasonable option of treatment. Two of many articles supporting this x are cited below.

**Description, criteria or other clinical basis used to make this decision:**

X (updated X)-online version  
X for X