



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

Patient Clinical History [Summary]:

This is a X with a X. The request is for the coverage of X.

The X has tried X. Previously recommended X but this was not performed. Previous reviews of case show that the X. The most recent exam by Dr. X notes X and X.

The request was previously denied stating: Based on the clinical information provided, the request for X is not recommended as medically necessary. The submitted clinical records indicate that on the X office visit note, the X had an X. X at X. The X had a X due to increased X. However, the current exam shows X. There is X. There is no documentation of any X. The X was recommended to X to treat X; however, this was X due to X. The X report submitted for review

indicates that the X is X notes only a X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

Analysis and Explanation of the decision:

This is a X with a X, status post X. The request is for the X. The X has X and X. Previously recommended for X but this was not performed. Previous reviews of case show that the X report does not show significant X. The most recent exam by Dr. X notes X on X and X. The request was previously denied stating: Based on the clinical information provided, the request for X is not recommended as medically necessary. The submitted clinical records indicate that on the X office visit note, the X had an X. X at X. X in X. The X had a X due to X. However, the current exam shows X. There is X. There is X of any recent X. The X was recommended to X to X; however, this was X. The X report submitted for review indicates that the X notes only X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines. ODG guidelines X are recommended if there is X or X. Clinical indicators of X including X. The X is diagnosed with X of the X does not show X. There is only X and other documented exam findings include X. Therefore, the X do not meet X and ODG guidelines. The X has documented X and X are not medically necessary as per ODG guidelines. Therefore, the request for the X is not medically necessary.

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

ODG- Official Disability Guidelines & Treatment Guidelines