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## **Notice of Independent Review Decision**

### **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 is Board Certified X

### **Review Outcome:**

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

X

### **Information Provided to IRO for Review:**

X

### **Patient Clinical History [Summary]:**

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

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

This is a X member with a diagnosis of X. The request is for the coverage of X. The medical records indicate the member was denied X yet, it appears that the member meets guidelines criteria for this service. The member underwent X and completed and was X. The member has X that X from a X. An X confirmed this and reported that the member was X but the X requires a X. X was recommended based on this evaluation. There is no evidence that the member has X and has X to X with X. The request for X does satisfy the cited guidelines. Therefore, the medical records have established that the services performed were medically necessary according to generally accepted standards of care.

**A description and the source of the screening criteria or other clinical basis used to make the decision:**

ODG-Official Disability Guidelines & Treatment Guidelines