



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

Notice of Independent Review Decision

Description of the service 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

Information Provided to IRO for Review:

X

Patient Clinical History [Summary]:

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

Prior review documentation indicates admission to the X on X with X that impact the member's ability to X, X and X in the X. The member X and would like to X to X previous X. A X from X establishes X.

Multiple notes in and around the time of admission are noted.

On X, a X report indicates X. X remained at X and X remained as well.

The documentation included objective assessment of X but without X.

The request was previously denied stating: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. There is no clear X to address. After reviewing the information provided, this request will be deemed as non-certified.

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

Current generally accepted standards of care would consider a X to be medically necessary for members with X as evidenced by history and examination findings. The documentation provided has extensive detail with an initial assessment but limited information for the follow-up to determine the X and X. The member is noted to have X in multiple areas including X and X, X, and X. The documentation does not establish X over time that would support X in the program. Therefore, medical necessity is not established. Therefore, the request for the coverage of X, for the diagnosis of X is not medically necessary.

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

ODG-Official Disability Guidelines & Treatment Guidelines