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## **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 X with a diagnosis of X. The request is for X.

The request was previously denied stating the clinical basis for denying these services or treatment. Called the requesting provider but peer to peer was not established. The Official Disability Guidelines state that X. The X is X and should not X. There are no X that X. Therefore, the request is not certified. Conversations between the requesting provider and the reviewing physician, if any, may provide additional information

for the reviewing physician to consider; however, a lack of a successful peer-to-peer conversation does not result in an automatic adverse determination. Utilization review decisions are based on evidence-based guidelines and the medical documentation submitted for review.

Prior treatment included X. X and X were X. X and X was X. On X the X reported X. X were X. X was X. On X, the X reported X to X. On physical examination, X. The X was X. X was X. X revealed X. On X, X and X was X.

A letter from X, dated X, stated that the physician who X was in a superior position to know X, and that "many things" can X.

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

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

The request was previously denied stating the clinical basis for denying these services or treatment. Called the requesting provider but peer to peer was not established. The Official Disability Guidelines state that X are X. The X is X and should not be X for X. There are no X that X. Therefore, the request is not certified conversations between the requesting provider and the reviewing physician, if any, may provide additional information for the reviewing physician to consider; however, a lack of a successful peer-to-peer conversation does not result in an automatic adverse determination. Utilization review decisions are based on evidence-based guidelines and the medical documentation submitted for review.

Prior treatment included X. On X, X and X was approved.

A letter from X, stated that X.

The medical records do not establish that X is medically necessary according to generally accepted standards of care.

The X is X. In this case, X. The X does not involve the X and thus there is no need for X. Furthermore, per ODG regarding X, X. Best practices involve the use of X. Although X, there is no evidence that X. In contrast, X significantly reduce X. Not recommended for X due to X. In this case, there is no record of X that would necessitate X. Even if there were such circumstances present, there would be no need for X. The service is not medically necessary according to generally accepted standards of care.

As such, X Criteria have not been met. Therefore, the request for the coverage 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

ODG