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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

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

X

There are no medical documents provided for review. Therefore, there is no history of present X, X and X, X, X, X, or assessment and plan. There is a prior peer review presented that denies the request for X and it references a prior denial as well. The medical information in the review states that the member has had X for X and that there are inadequate clinical complaints and limitations provided in order to make a decision. Additionally, the report indicates that the X was X to be able to approve X. Finally, the report indicated that a X had not been performed as required by the cited guidelines. Based on the limited information provided, the medical records do not establish that the services performed were medically necessary according to generally accepted standards of care. Therefore, X is not medically necessary.

Information Provided to IRO for Review:

X

Patient Clinical History [Summary]:

This is a X 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:

There are no medical documents provided for review. Therefore, there is no history of X, or assessment and plan. There is a prior peer review presented that denies the request for X and it references a prior denial as well. The medical information in the review states that the member has had X and that there are X and limitations provided in order to make a decision. Additionally, the report indicates that the X was inadequate to be able to approve the procedure. Finally, the report indicated that a X had not been performed as required by the cited guidelines. Based on the limited information provided, the medical records do not establish that the services performed were medically necessary according to generally accepted standards of care. Therefore, 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