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Notice of Independent Review Decision

Description of the Service or 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 a X member with a date of injury or X, and diagnoses of X. The request is for the coverage of X.

The request was previously denied stating that the Health care services requested do not meet established standards for medical necessity.

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

This X member with a date of injury of X, presented with diagnoses of X. The request is for the coverage of X.

In this case, the documentation provided includes a designated doctor examination from X. The examination was X for X. X was X. The X was noted to be X but was without evidence of X. The X from X demonstrated X. The documentation does not include the X or evidence of X from X by which to consider the request. Current standards of care would support the X if a transition to a X could not be achieved, and the member was X without evidence of X. The documentation provided does not support medical necessity based on generally accepted standards of care.

Based on the review of the member's medical records, medical necessity, and the standard of care, the request for 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:

Medical Judgement, Clinical Experience, and Expertise in Accordance with Accepted Medical Standards