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**Notice of Independent Review Decision
Amended**

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 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.

The request was previously denied stating that after careful review of the submitted medical information, our Physician Advisor made the following decision that the services below are not medically necessary or appropriate, This means we do not approve these services or treatment.

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

Based on the notes, the member has had X, and then was X and X. The member was X and X. The member continues to X. Therefore, the medical records do establish that the services performed were medically necessary according to the generally accepted standards of care. Therefore, the request for the coverage of X, for the diagnosis of X is 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