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

The request was previously denied stating: Based on the clinical information provided, the Reconsideration Review: X is noncertified. The initial request was non-certified noting that, "The progress notes for the claimant dated X already include plans for X, X. There are reported to be difficulties with X, however, there is a known history of X. There

is also no mention of any X to be able to X as planned, No X or observations are made, Considering these concurrent treatment plans, symptoms, and objective findings, the request for X is not medically necessary." There is insufficient information to support a change in determination, and the previous non-certification is upheld. Spoke to X at X. This case lacks objective evidence for the necessity of attending X. Non-certified.

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

X, are medically necessary per generally accepted standards of care for an X such as this X.

Records were reviewed for this process. There is objective evidence supporting the necessity of X. Such a program first requires X, which has been requested and thus far, denied.

Notes from Dr. X MD, physician, dated X indicate the X will X, but the X is currently X, and states that it is necessary to undergo X. States the X could benefit from X. The X is noted as not being able to X.

Per the treating physician, the X is continuing to have symptoms that require the services performed and is in need of X to determine future care such as the X.

Note from X includes a complaint of X. The reported mechanism of injury was X. X is rated at X with X use and there are also complaints of X and X in the X with X and X. Symptoms are X with X and X with X. X include X. X revealed X along the X with X. There was X. The X was present in the X and there was a X.

The request was previously denied, citing that the progress notes for the member dated X already include plans for X. There are reportedly

difficulties with X however there is a known history of X. There is also no mention of any X as planned. In the denial, it was noted that no X complaints or observations are made, and therefore the request for X was not determined to be medically necessary.

However, notes reviewed for this review process indicate there are X complaints and observations including X related to X. Therefore, the X evaluation for objective measurement of X is medically appropriate. A few, but not all, X are X. X should be selected to distinguish between conditions that are X. X should be X.

X complaints or observations are made in notes reviewed. Considering these X, X, and X, the request for X is 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