



7121 Fairway Drive
Suite 102
Palm Beach Gardens, FL
33418
Toll Free: 888-920-4440
Email: @danestreet.com

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. The request is for the X.

The request was previously X. In this case, this injured employee has participated in at least X. However, notes X. Absent this essential information this request for X. Therefore, the request for X.

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

All medical records and documents submitted for appeal were reviewed. The member witnessed a X. The member completed X. X are requested. There is an X. The clinical guidelines state that up to X. Since the X.

Therefore, recommend that the denial be X. Based on current guidelines, up to X. The member is X. Recommend X. There is evidence to X. As such, ODG-Official Disability Guidelines & Treatment Guidelines criteria have been met. Therefore, the request for the coverage X.

A description, and the source of the screening criteria or other clinical basis used to make the decision:

ODG-Official Disability Guidelines & Treatment Guidelines