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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:**

X

**Information Provided to IRO for Review:**

X

**Patient Clinical History [Summary]:**

This is a X member diagnosed with X. The request is for the X.

The request was X.

On X the member reported X. Pertinent medications include X. On X examination, X. The range of motion was X. A X.

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

In this case, X examination findings include X. Symptoms additionally include X. There is X. A X exercise program is X. Prior X, "There

remains a X. From the existing evidence, it is X. Still, the limited data available X." However, in this case, given the X. The preceding review noted a X. The request is X. As such, ODG-Official Disability Guidelines & Treatment Guidelines criteria X. Therefore, the request for the coverage of X.

References:

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