



7111 Fairway Drive
Suite 201
Palm Beach Gardens, FL
33418
Toll Free: 888-920-4440
Email @danestreet.com

Notice of Independent Review Decision

IRO Reviewer Report

X

IRO Case #: X

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:

Upheld/Denied

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 an X.

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

The medical records do not establish that the service being requested is medically necessary or considered to be the standard of care. The records reflect that the member has completed X. The number of sessions already completed exceeds the acceptable guidelines. As such, X is not considered to be medically necessary. As such, ODG-Official Disability Guidelines & Treatment Guidelines have not been met. Therefore, the request for the coverage of an X is not 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