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Notice of Independent Review Decision

IRO Reviewer Report

X, Amended X

IRO Case #: X

Description of the service or services 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 (Agree)

The medical records do not establish that the services performed were medically necessary according to generally accepted standards of care.

Information Provided to IRO for Review:

X

Patient clinical history [summary]:

This is a X. The request is for the coverage of X.

The request was previously denied stating: The appeal request for X is non-certified. The requested X are not medically necessary. The injured worker has already X. The records reflect X. A prior peer review denied the requested X. Therefore, the requested X) are non-certified.

Analysis and explanation of the decision include clinical basis, findings, and conclusions used to support the decision:

The records X. Without this information, it cannot be determined that ongoing treatment is necessary. The prior denial is upheld.

Therefore, the request for coverage of X is not 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