



COMPREHENSIVE MEDICAL REVIEW SERVICES

Disability Reviews

Functional recovery. Sustainable returns.

CMRS delivers short-term and long-term disability peer reviews and consultative services for insurance carriers, third-party administrators, managed care organizations, self-insured employers, and attorneys. Every review is performed by a U.S.-licensed, board-certified physician matched in the same or similar specialty as the clinical question on file, and structured to support a full-and-fair review under 29 CFR §2560.503-1 —from initial determination through appeal.

Our reports deliver clear, defensible medical opinions addressing diagnosis, treatment, impairment, functional capacity, restrictions, and return-to-work (RTW) capacity, aligned with plan language, clinical standards, and regulatory timelines.

CMRS disability reviews address medical necessity of restrictions and limitations; consistency of objective findings versus reported impairment; treatment plan appropriateness and prognosis; ability to meet own-occupation and any-occupation demands; accommodations, absence-duration benchmarking, and Maximal Medical Improvement (MMI). Specialty-matched physicians span orthopedic, neurologic, psychiatric, occupational medicine, physiatry, and internal medicine — including the behavioral-health-driven complexity now common in disability claims.

Our Disability Review Process

1. Claim Intake and Specialty Matching

Your dedicated CMRS account team confirms the referral, validates the clinical question, and assigns the case to a board-certified specialist matched to the medical condition under review. Conflict-of-interest screening is documented on every assignment, and ERISA timeline tracking begins at intake.

2. Clinical Review and Functional Analysis

The reviewing physician performs a structured analysis of diagnosis, treatment, impairment, restrictions, and functional capacity against own-occupation and any-occupation demands. Peer-to-peer outreach is attempted when indicated.

3. Defensible Reporting and Appeal-Ready Documentation

Reports are written to support transparent decision-making and to withstand scrutiny at internal appeal, external review, and litigation, with conclusions explicitly tied to cited medical evidence.

BENEFITS

- Board-certified specialist reviews matched to the clinical question
- Defensible opinions on functional capacity, RTW, and MMI
- Citations to ACOEM, MDGuidelines, and ODG where applicable
- Documented conflict-of-interest screening on every assignment
- Turnaround aligned to STD and LTD adjudication windows
- Reports that withstand internal appeal, external review, and litigation

WHY CHOOSE CMRS

CMRS occupies the rare middle ground in independent medical review: large enough to service any size account, yet small enough to never lose sight of customer service.

■ Clinical Quality That Reduces Appeals

Our clinical-first approach produces reports that hold up under scrutiny. CMRS clients consistently see lower appeal rates because each determination stands on documented clinical reasoning, not a checkbox citation.

■ Right-Sized Capacity

Whether you need ten reviews a month or thousands, CMRS scales to meet your volume without surrendering personal attention.

■ Customer Service First

You get a named account team and direct phone access, not a ticket queue. Responsiveness is built into every engagement.

■ Senior Medical Leadership

Our Chief Medical Officer, service-line Medical Directors, and Physician Assistant QA staff are accessible. Clinical questions get clinical answers, fast.

■ 100% U.S.-Based, URAC-Accredited

Every reviewer, coordinator, and piece of data stays domestic. URAC, SOC 2, HIPAA, and Virtru are baseline, not add-ons.

David Berube, MD, MPH, FACOEM brings decades of insurance medicine leadership experience from senior roles at Aetna, Liberty Mutual Insurance, and Lincoln National Corporation. He oversees clinical standards, quality assurance, guideline governance, and physician network management.



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URAC



SOC 2



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