INDEPENDENT PHYSICIAN REVIEW

Clinical judgment. *Clearly articulated.*

Turning complex medical records into thoughtful, evidence-supported conclusions.

I'm Gaurang P. Mavani, MD, a hospitalist and physician advisor, board-certified in internal medicine and nephrology. I bring the perspective of a clinician to medical necessity, DRG validation, readmissions, and quality-of-care review.

Explore my expertise

Carmel, Indiana
Remote, records-based consulting



Gaurang P. Mavani
MD

Hospitalist | Physician Advisor

ABIM Board-Certified
Internal Medicine & Nephrology

Since 2005
U.S. POST-RESIDENCY PRACTICE

Since 2020
PHYSICIAN ADVISORY WORK

Multi-state
MEDICAL LICENSURE

A hospitalist's view of the whole admission.
A nephrologist's depth on the complex case.

01 / REVIEW EXPERTISE

The detail matters.
So does the whole picture.

Experience across independent review organizations and physician advisory settings, focused on clear reasoning, relevant evidence, and the question under review.

01 Medical necessity & admission status

Clinical rationale for the right level of care.

Second-level physician review of inpatient versus observation status, short hospital stays, and the level of care supported by the record.

- Severity of illness, treatment intensity, monitoring needs, and the evolving hospital course.
- MCG, InterQual, and payer-specific criteria, with the CMS Two-Midnight framework applied where relevant.
- Physician assessment when screening criteria are not met, with clear medical-necessity reasoning.

Utilization management | Short-stay review | Level of care

02 DRG & clinical validation

Connecting reported diagnoses to supporting clinical evidence.

Physician assessment of whether the documented findings support reported diagnoses and the associated DRG review question.

- Synthesis of presentation, examination, laboratory and imaging findings, treatment, and clinical course.
- Identification of conflicting or insufficient documentation and clinically significant gaps.
- Collaboration with clinical documentation integrity (CDI), coding, case management, and revenue-cycle teams.
- Clinical validation assessed separately from coding rules and administrative payment requirements.

> Representative review topics include acute tubular necrosis, severe malnutrition, acute respiratory failure, and metabolic encephalopathy.

Diagnosis validation | Documentation integrity | Physician advisory

01 / REVIEW EXPERTISE

The course of care.
The context behind it.

03 Readmissions & care transitions

Understanding the return to hospital in its clinical context.

Detailed review of the relationship between hospitalizations, the reason for return, and the care provided between encounters.

- Relatedness and potential preventability, discharge readiness, unresolved problems, and the intervening course.
- Medication reconciliation, follow-up planning, communication, and consultant recommendations.
- Functional needs, available support, caregiver capacity, and discharge destination.
- Clinical opportunities for improvement assessed separately from client-specific readmission payment policies.

Readmission analysis | Discharge planning | Continuity of care

04 Quality of care & clinical peer review

Balanced analysis of decisions, actions, and outcomes.

Records-based assessment in hospital medicine and nephrology, considering the information available to the treating team at the time.

- Diagnostic reasoning, treatment selection, and the timing of key decisions.
- Monitoring, recognition of deterioration, escalation, and consultant involvement.
- Care coordination, communication, and documentation of clinical reasoning.
- Assessment of potential departures from accepted care, recognizing that an adverse outcome alone does not establish a deficiency.

Standard-of-care analysis | Complex inpatient care | Independent assessment

Review conclusions distinguish clinical findings from payment policies and consider what was known at the time of care.

01 / REVIEW EXPERTISE

Coverage & appeals

05 Appeals & independent medical review

Evidence-supported responses to specific review questions.

Experience with internal and external appeals and independent medical-necessity reviews for multiple review organizations.

- Assessment of the submitted record, applicable coverage policy, and relevant medical literature.
- Review of services, procedures, and treatment requests within hospital medicine and nephrology expertise.
- Medical-necessity and experimental or investigational questions within the assigned review scope.
- Clear written rationales addressing the requested determination and the limits of the available evidence.

Internal & external appeals | Clinical evidence | Policy application

06 Medication, therapy & diagnostic-test review

Clinical evidence and policy in treatment and testing coverage.

Independent review experience includes medication authorization, formulary reviews, specialty treatment questions, and medication appeals.

- Clinical indication, prior treatment, applicable plan criteria, and published evidence supporting a request.
- Renal and transplant treatments: IgA nephropathy and cystinosis therapies, finerenone, erythropoiesis-stimulating agents, and immunosuppression.
- Other treatment-review experience includes GLP-1 and GIP/GLP-1 agonists, inhaled insulin, teprotumumab, and zoledronic acid.
- Specialty diagnostic testing includes donor-derived cell-free DNA testing for transplant monitoring.

> Examples describe review experience. New assignments are confirmed individually for specialty fit, credentials, and scope.

Medication authorization | Formulary appeals | Specialty diagnostics

01 / REVIEW EXPERTISE

Function, support, *and the next step in care.*

07 Skilled nursing & discharge appeals

Medical necessity, functional progress, and transition needs.

Experience reviewing nursing-home and skilled-nursing facility appeals, including continued service needs and discharge-related questions.

- Skilled nursing needs and physical and occupational therapy documentation.
- Ambulation, wheelchair mobility, transfers, bed mobility, and assistance requirements.
- Changes in function and the latest assessments in the context of the overall course.
- Discharge support, caregiver availability, and the evidence supporting continued skilled care.

SNF appeals | Therapy documentation | Functional assessment

08 Medicaid personal assistance services

Reviewing documented needs and requested service hours.

Practical experience in Pennsylvania Medicaid Personal Assistance Services (PAS) reviews.

- Activities of daily living (ADLs), instrumental activities (IADLs), and functional limitations.
- interRAI assessments, time-and-task records, and service-plan documentation.
- Mobility, cognitive and behavioral support needs, safety, and caregiver availability.
- Clinical rationale for the medical necessity of requested assistance and service hours.

Pennsylvania Medicaid PAS | ADL / IADL review | Service-plan analysis

Functional assessments and service plans are reviewed in the context of the full record and the applicable program criteria.

01 / REVIEW EXPERTISE

Specialty & independent review

09 Nephrology & complex medical records

A specialty lens within the whole hospital course.

Hospital medicine experience and nephrology training support review of medically complex patients and lengthy, multisystem records.

- Acute kidney injury, chronic kidney disease, dialysis, and renal or transplant-related records.
- Fluid, electrolyte, and acid-base disturbances; renal medication safety.
- Clinical chronologies, documentation gaps, evidence synthesis, and focused written reports.

Hospital medicine | Nephrology | Complex case synthesis

10 Disability file review

Focused medical-record analysis for disability questions.

Experience with records-based disability reviews for independent review organizations, without claimant examination or direct patient contact.

- Synthesis of relevant history, findings, and the documented clinical course.
- Focused answers to the assigned medical questions within the review scope.
- Written opinions supported by the supplied record, with attention to documentation limits.

Disability file review | Records-based analysis | Written opinions

11 New York independent dispute resolution

Physician review within established dispute-resolution programs.

Practical experience completing New York Independent Dispute Resolution (IDR) assignments through review organizations.

- Assessment of the materials and clinical questions assigned within the referring program.
- Written analysis and supporting rationale, with attention to specialty matching and conflict checks.
- Direct engagements depend on the applicable program authority and requirements.

New York IDR experience | Independent analysis | Program-specific review

02 / THE APPROACH

A clear conclusion *starts with a careful review.*

I make the clinical reasoning visible: what the supplied record establishes, which standard applies, and how the conclusion follows.

01

Define the question

Agree on purpose and scope; assess specialty fit, credentials, and potential conflicts before accepting an assignment.

02

Reconstruct the course

Review the records supplied for the agreed scope, connecting findings, treatment, monitoring, and transitions of care.

03

Apply the relevant standard

Consider applicable plan language, CMS rules, clinical criteria, or specialty guidance. Distinguish findings from assumptions.

04

Explain the conclusion

Provide a focused rationale, citing dated records and medical references where relevant, and identify material limitations.

05 / AGREE ON DELIVERY

Standard or expedited turnaround and the report format are agreed before work begins, according to assignment scope and availability.

03 / PROFESSIONAL BACKGROUND

Clinical depth.
A broader perspective.

Two decades of U.S. post-residency clinical practice, across community and tertiary hospital settings.

I combine hospital medicine experience with subspecialty training in nephrology. Since October 2020, my physician advisory work has included second-level medical-necessity review, admission status, DRG validation, readmissions, and quality-of-care assessment.

My independent review experience spans multiple IROs. I work with complex records and collaborate with utilization management, case management, CDI, coding, and revenue-cycle professionals to produce clear clinical analysis.

This combination supports both the broad view of a hospitalization and detailed assessment of renal and multisystem illness. Additional clinical experience includes telemedicine for acute care and chronic disease management.

Current CV and credentialing documents are available on request.

CREDENTIALS & TRAINING

CERTIFICATION

ABIM Board-Certified

Internal Medicine and Nephrology

LICENSURE

Multi-state medical licensure

Current state-specific details available on request.

2013-2015

Nephrology Fellowship

Lenox Hill Hospital
New York, New York

2002-2005

Internal Medicine Residency

Interfaith Medical Center
Brooklyn, New York

04 / PROFESSIONAL COLLABORATION

The right perspective *for your review needs.*

Open to direct consulting relationships and independent physician review opportunities.

Hospitals & health systems	Physician advisory support, clinical validation, readmission analysis, and quality-of-care review.
Health plans & IROs	Medical necessity, admission status, appeals, medication and specialty review, and DRG validation.
Disability review firms	Records-based medical review and focused responses to assigned disability questions.
Attorneys & professional teams	Non-testifying, records-based consulting inquiries: clinical chronologies, case screening, and standard-of-care analysis in hospital medicine and nephrology.

New engagements depend on defined scope, specialty fit, current credentials, conflict review, and agreed turnaround.

05 / GET IN TOUCH

Let’s start with *a conversation.*

Professional opportunities, credentialing requests, and consulting inquiries.

Carmel, Indiana
Remote, records-based review

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(601) 978-0423

Please do not send patient information or medical records in an initial email. Records exchange is arranged separately through an agreed secure process.

Professional information only. No patient care, medical advice, or case submissions through this website.