

ENVOY MEDICAL SYSTEMS, LP
1726 CRICKET HOLLOW DRIVE
AUSTIN, TX 78758

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IRO CERTIFICATE #

DECEMBER 3, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

8 1 hour Sessions Health & Behavior Therapy

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

M.D. Board Certified Anesthesiology and Pain Management

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld	(Agree)
Overtuned	(Disagree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Review/Denial Letters – The: 10/26/07; 11/5/07

Appeal Letter – PH.D., 11/14/07

Diagnostic Summary – Ph.D., 10/22/07

Clinical Notes – M.D. 2/15/07

Clinical Notes – M.D. 11/21/07 – 10/17/05

ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a female who injured her left knee and femur in xx/xx/xxxx while working. She apparently tripped on some wires and fell at work. She underwent surgery for her left femur fracture and then had a left knee manipulation due to fibrosis. A total knee replacement has been recommended but the patient has declined.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

I agree with the benefit company's decision to deny the requested services. This patient is a reasonable candidate for a behavioral program but the ODG guidelines have not been met. ODG Guideline #4 states that the patient is not a candidate where surgery would clearly be warranted. A total knee replacement has been recommended.

This decision does not diverge from the ODG Guidelines

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)