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**DATE OF REVIEW: JUNE 25, 2008**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Active rehab exercises 3 x wk x 3 wks left ankle, lumbar

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

Board Certified in Physical Medicine and Rehabilitation

**REVIEW OUTCOME**

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

Upheld (Agree)

X Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters  
Table of Disputed Services  
MRI left ankle report 12/13/07  
Operative report ESI 4/11/08  
Authorization request 2/4/08  
Medical records 2/15/08- 6/6/08, Dr.  
Medical records 2/11/08 – 6/4/08, Dr.  
DDE reports 1/10/08, 8/14/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a xx -year-old female who when walking in xx/xx twisted her left ankle almost falling, and also injured her left knee and low back. An MRI of the left knee was reportedly negative for internal derangement and for meniscal tear. An MRI of the left ankle was normal. An MRI of the lumbar spine reportedly revealed disk bulges, and a 4mm protrusion. The patient was treated conservatively over the past year with chiropractic manipulation and passive modalities, but no active exercise therapy. Active physical therapy has been requested and denied, given that the patient has had extensive chiropractic and passive physical therapy.

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

I disagree with the benefit company's decision to deny the requested physical therapy services. The patient has undergone 36 treatments of "physical therapy." According to reports, this consisted of only chiropractic manipulation and other passive modalities. She has not had any active physical therapy treatment in the form of therapeutic exercises or neuromuscular reeducation. Passive modalities are not a substitute for active physical therapy. Active exercise therapy is necessary to restore normal activity and functioning of the injured areas.

**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**

**X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

**MILLIMAN CARE GUIDELINES**

**X 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)**