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IRO Certificate #4599

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 8/27/09

**IRO CASE #:**

Description of the Service or Services In Dispute  
10 sessions work hardening

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

Physician 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 <b>Overtured</b>	(Disagree)
Partially Overtured	(Agree in part/Disagree in part)

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,  
Clinical notes, Notes 2009  
FCEs 6/22/09, 4/22/09, 3/26/09, 2/20/09  
Clinical notes Dr. 2009  
H & P 4/22/09 Dr.  
PT evaluation 4/14/09  
DDE 2/10/09, Dr.  
ODG guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient was injured in xx/xx when he slipped and fell, landing on the right hip and injuring his ankle joint and hip. X-rays were negative for fracture. MRI of the right ankle and electrodiagnostic testing were also negative. He underwent physical therapy through the Spring and summer of this year, and improved from a light to a medium-heavy physical demand level. His job as a requires a heavy physical demand level. He also underwent psychological evaluation and psychotherapy was recommended. He has been unable to return to his previous position, as no light duty is available. He reportedly has been working for the same employer, but in a different position.

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

I disagree with the denial of the requested two weeks work hardening. The patient has improved with physical therapy from a light to a medium-heavy physical demand level. His job requires him to function at a heavy physical demand level. He has been found to be unable to return to full duty because of safety issues according to the FCE . Psychological counseling has also been recommended by a licensed therapist. If the patient has a job to return to, it is medically necessary and appropriate for him to undergo two weeks of work hardening so that he can return to his previous job safely.

**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)