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**Notice of Independent Review Decision**

**DATE OF REVIEW: 7/26/10**

**IRO CASE #:**

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

Continued work hardening 5x wk x 2 wks

**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)

Description of review outcome for each healthcare service in dispute

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse determination letters, 7/2/10, 6/4/10  
Operative reports 1/7/10, 4/27/09  
WH summary 5/28/10  
FCE report 4/8/10  
Imaging report 9/28/09  
Electrodiagnostic testing report 4/23/09  
Clinical notes 2009-2010 Dr.  
WH interim summary 5/24/10- 5/28/10  
Weekly summary report 5/17-21/10  
Assessment report 4/14/10

ODG guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient was when he fell in a trench in xx/xxxx and injured his left knee. He has had ongoing left knee pain syndrome in spite of conservative treatment. He underwent a left knee partial meniscetomy in April 2009. His pain persisted, and repeat MRI revealed a

recurrent tear in the medial meniscus, and he underwent a second surgery in 1/7/10, which included a total meniscectomy. The patient underwent postoperative rehabilitation and physical therapy, but his job duties required a heavy duty level of functioning, and he was referred to a work hardening program in May 2010. The patient underwent 10 work hardening sessions, for a total of 35 hours.

**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 services. Even though there were no “conference reports”, the reports summarized by the occupational therapist appear quite adequate and are sufficiently descriptive. The documents define the return to work goal, and the functional responses to the 10 sessions are adequately described in the records, and they support a valid need for further work hardening.

**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)