

Envoy Medical Systems, L.P.
1726 Cricket Hollow Dr.
Austin, TX 78758

PH: (512) 248-9020
FAX: (512) 491-5145
IRO Certificate

DATE OF REVIEW: 10/31/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

12 sessions, physical therapy.

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

Physician Board Certified in Orthopedic Surgery

REVIEW OUTCOME

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

Upheld	(Agree)
<input checked="" type="checkbox"/> Overturned	(Disagree)
Partially Overturned	(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, 10/11/2011, 10/7/2011;10/10/2011,
10/5/2011

Authorization letter, 8/30/2011

Clinical Notes, Therapy notes, Ortho Group, 9/30/11 - 5/12/11

MRI Report, 5/18/11

EMG Study, 6/10/11

Operative report, Dr. 8/16/2011

PATIENT CLINICAL HISTORY [SUMMARY]:

This now patient sustained injury to his right leg in xx/xx. He complained of tenderness, pain and soreness from his right hip to the foot. He had had a prior injury requiring the insertion of a tibial rod in the right leg in 2001. He also had a right hand surgery in 2005 and a broken nose in 2003. An MRI on 5/18/11 of the right knee indicated a tear to the undersurface of the medial meniscus and chondrosis on the medial femoral condyle and the lateral patellar facet. He was initially treated conservatively with a brace, physical therapy and analgesics. In August, the patient continued to show no improvement and elected to have surgery on the right knee, which was performed on 8/16/2011. Subsequently he underwent physical therapy for rehabilitation for 12 sessions. The treating surgeon is requesting an additional 12 sessions to complete the regimen.

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 services. The treating physician had initially prescribed the conservative treatment for a patient with prior injury to the right leg, and then eventually open surgery was necessary. It is reasonable in this rather complex case to extend the rehabilitative physical therapy. While this could possibly be done on a personal basis by a motivated patient, it was felt by the treating physician that further therapy under the supervision of a therapist was necessary. I would therefore agree that additional

physical therapy be given.

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)