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**NOTICE OF INDEPENDENT REVIEW DECISION**

October 4, 2002

**Re: IRO Case # M5-02-2442\_\_\_\_\_ -**

Texas Worker's Compensation Commission:

Envoy Medical Systems, LLC (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this, based on the medical records provided, is as follows:

History

This case involves a middle-aged male who sustained an injury to his right ankle and knee in 1995. The patient complained of pain over the medial aspect of his knee and posterior aspect of his ankle. Physical exam revealed full knee motion with no objective soft tissue swelling, and no ligament instability. An MRI 10/27/95 was reported to demonstrate a heterogeneous signal in

the medial collateral ligament, consistent with sprain or contusion. The medial and lateral menisci were reported as normal in appearance at that time. The patient was taken off work and underwent physical therapy, but he continued to complain of persistent pain. Two months following his injury, the patient had no documented physical findings to support internal derangement of the knee. The patient transferred his care to a different group of doctors. He ultimately underwent surgery for his ankle injury. On 6/3/97 the patient was declared MMI. The patient continued to complain of pain in his ankle and knee. An MRI 5/4/98 was reported to show degenerative changes in the knee with mild degenerative changes in the posterior horn of the medial meniscus. The patient continued to complain of chronic ankle and knee pain. The patient was again referred for another MRI of the right knee and ankle, despite no documented aggravation or re-injury. The patient had an MRI of the right ankle on 6/29/01, which was reported as within normal limits except a small joint effusion. The MRI of the right knee 8/3/01 was reported to be within normal limits except an effusion of the knee joint with the presence of a tear in the "posterior compartment of the meniscus." The treating physician has made recommendations for surgery to the right knee, and has prescribed an air ankle brace for the patient's right ankle on his visit dated 12/7/01.

#### Requested Service(s)

Office visits 4/27/01, 5/25/01, 7/13/01, 11/16/01; MRI 8/3/01; air cast ankle brace

#### Decision

I agree with the carrier's decision to deny all of the requested services.

#### Rationale

There is no documentation to support ordering another MRI on this patient's knee. The patient did not suffer a new injury or aggravation of the original injury to support obtaining another MRI. The previous MRI documents no internal derangement following the original injury. The patient was diagnosed with a contusion to the knee or possible mild sprain of the MCL. The lack of physical findings on the initial physical evaluations combined with the initial MRI study confirms the original diagnosis, which can be related to the original injury. A mild sprain of the MCL or knee contusion should achieve MMI over a period of three months with proper treatment. The degenerative process that the patient may have ongoing in his knee would be considered an ordinary disease of life.

There is no documentation to support the use of an air cast brace for the patient's ankle. The treating physician documents subjective pain on a limited physical exam with documentation of "no demonstrable ligamentous instability." The patient has documented chronic ankle pain. No new injury is reported. There is no evidence to support aggravation of the original injury.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right

to request a hearing. A request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3). This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

Sincerely,

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Daniel Y. Chin  
President

6/25/08 NOTE: The Findings and Decision is not attached due to internal error.