

Envoy Medical Systems, LLC
1726 Cricket Hollow
Austin, Texas 78758

Ph. 512/248-9020
IRO Certificate #4599

Fax 512/491-5145

NOTICE OF INDEPENDENT REVIEW DECISION

June 17, 2003

Re: IRO Case # M5-03-0961 _____

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 IROs, 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 Doctor of Chiropractic who is licensed by the State of Texas, and who also is a Certified Strength and Conditioning Specialist. 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 case, based on the medical records provided, is as follows:

History

The patient was injured on _____ . He was treated with chiropractic care for over two years

Requested Service(s)

Ultrasound, mechanical traction, myofascial, release, therapeutic exercise, office visits w/ manipulations 1/11/02-6/21/02

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The patient has had an extensive course of chiropractic treatment and the brief documentation presented for this review did not document that treatment was reasonable or effective in relieving symptoms or improving function. The patient's ongoing and chronic care did not appear to be producing measurable or objective improvement, (at least none was noted in any of the records presented) and did not appear to be directed at progression for return to work. Also it was not provided in the least intensive setting. The patient's condition plateaued in a diminished condition and further treatment would not be any more efficient than a home-based strength and conditioning program.

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

Sincerely,

Daniel Y. Chin
President

6/25/08: NOTE: The Findings and Decision is not attached due to error internal.
Submission of the IRO Decision to complete process.