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NOTICE OF INDEPENDENT REVIEW DECISION

June 27, 2003

Re: IRO Case # M5-03-1864 _____

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, Rule133.308 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 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 case, based on the medical records provided, is as follows:

History

The patient is a 41-year-old male who reported an injury on . . . He was evaluated and found to have right Carpal tunnel syndrome and deQuervain's tenosynovitis. The patient's symptoms persisted despite conservative treatment, and the patient ultimately underwent a right carpal tunnel release and first extensor compartment steroid injection on 2/20/02. Postoperatively, the patient received 41 sessions of physical therapy including modalities from 3/12/02 to 5/29/02.

Requested Service(s)

Physical therapy sessions 4/29/02 to 5/29/02

Decision

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

Rationale

Postoperative physical therapy after a simple carpal tunnel release and first extensor compartment steroid injection usually consists of 12 to 16 visits. The patient had significant post-operative pain and a few of the notes suggest that the patient may have had reflex sympathetic dystrophy. However, this diagnosis was never made, and the documentation to support this was poor. For this reason, physical therapy in excess of the 12 to 16-visit guideline would not be medically necessary. Also, since the patient had a poor response to the first month of physical therapy, continued physical therapy was not indicated.

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.