

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

Ph. 512/248-9020
IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

November 10, 2003

Re: IRO Case # M2-04-0147 _____

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP(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 Physical Medicine and Rehabilitation, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. 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 37-year-old female who reported an injury to her right arm on _____. She presented to a chiropractor on 5/2/02 and began conservative treatment with chiropractic as well as passive and active therapy. On 5/23/02 EMG/NCS findings were consistent with carpal tunnel syndrome bilaterally. X-rays on the same day were normal. The patient

failed initial conservative treatment and was referred for a surgical consult on 6/6/02. Continued conservative treatment was recommended. On 7/18/02 surgery was recommended to treat carpal tunnel syndrome. Following a long battle for approval of surgery, the patient eventually underwent endoscopic right carpal tunnel release on 4/17/03 followed by left endoscopic carpal tunnel release on 6/2/03. The patient continued with physical therapy post operatively. A work hardening program was recommended based on the results of a functional capacity evaluation on 7/28/03.

Requested Service(s)

Six weeks of work hardening

Decision

I disagree with the carrier's decision to deny a two-week trial of a work hardening program, to be continued depending on the patient's documented progress and benefit from the program.

Rationale

The patient has documented median compression neuropathy at the wrist bilaterally, which failed to respond to conservative treatment. Surgery was recommended, but not carried out for almost a year because of carrier denials. The patient eventually underwent bilateral endoscopic carpal tunnel release. A 7/21/03 functional capacity evaluation that included a behavioral assessment found that the patient could only function at a sedentary level of work. Her job as a janitor requires a medium physical demand level. The patient was also given a behavioral assessment. She was found to be experiencing depression, anxiety, and somatic symptoms. She was diagnosed with chronic pain syndrome secondary to injury, and depression and anxiety associated with her health concerns. She was found to be lacking coping skills. The patient therefore may benefit from a multi-disciplinary work hardening program. A two week trial would be appropriate and medically necessary. Continuation of the program would depend on documented progress and patient benefit.

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 medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk

P.O. Box 17787

Austin, Texas 78744

Fax: 512-804-4011

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

Sincerely,

Daniel Y. Chin, for GP

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 12th day of November 2003.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. J. Barnett, Attn Constance Wheat, Fx 713-739-1985

Respondent: TASB Risk Mgmt Fund, Attn Roleen Dennis Fx 888-777-8272

Texas Workers Compensation Commission Fx 804-4871