

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758
Fax 512/491-5145

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

November 22, 2004

Re: IRO Case # M2-05-0277

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 Orthopedic Surgery, 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:

Medical Information Reviewed

1. Table of disputed services
2. Denial letters
3. Letter of reconsideration 11/3/04
4. Orthopedic surgeon records
5. Prescriptions
6. TWCC work status reports

History

The patient has underlying osteoarthritis of the left knee and re-injured the knee in ___ with a twisting injury. Prior to this injury the patient had undergone a partial meniscectomy and chondroplasty of the knee. The patient presented to an orthopedic surgeon on 11/26/03. At that time, the surgeon diagnosed an MCL sprain without significant intra-articular pathology. The patient was given an intra-articular steroid injection and was encouraged to continue wearing a knee brace that she already had. The patient has received multiple steroid injections into the knee, as well as physical therapy, medications and joint fluid therapy. Her physical examination is consistent with osteoarthritis with a varus deformity and swelling in her knee, as well as joint line tenderness. At this point, the patient is having significant pain and limited motion in her knee. A total knee arthroplasty has been requested.

Requested Service(s)

Total knee arthroplasty

Decision

I disagree with the carrier's decision to deny the requested surgery.

Rationale

The patient has underlying osteoarthritis, but her symptoms appeared to have plateaued prior to the ___ injury. After the ___ injury, a surgeon who saw the patient onetime did not initially think that the patient had intra-articular pathology and determined that the medial pain was probably related to an MCL tear. Subsequent examination records indicate joint line tenderness related to aggravation of underlying osteoarthritis. At this point, the patient's knee pain has been permanently increased by her injury. The patient has failed extensive conservative management, and is now a surgical candidate.

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,

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 23rd day of November 2004.

Signature of IRO Representative:

Printed Name of IRO Representative: