

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

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

February 23, 2005

Re: IRO Case # M2-05-0677

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, 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 physician who is Board Certified in Anesthesiology and Pain Management, 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. Bionicare prescription and letter of medical necessity 9/7/04, Dr. McConnell
4. Material about Bionicare
5. Letter re: Special leave beyond one year 3/18/04 Dr. Eggert
6. Review report 9/13/04 Dr. McKechnie
7. RMEs 10/20/04, 2/25/04 Dr. Drummond

8. RME 10/5/04 Dr. Esquibel
9. Reports 2004 Dr. Akins
10. Operative report 8/31/04 Dr. Akins
11. Reports 9/21/04, 2/17/04 Dr. Esquibel
12. Daily notes reports 2004 Dr. Esquibel
13. Report 10/14/02 Dr. Nosnik
14. Imaging reports 2002
15. Procedure note ESI 4/12/04 Dr. Cunningham
16. Chart note 3/3/04 Dr. Cunningham
17. Progress note 1/12/04 Dr. Eggert
18. Reports and notes Dr. McConnell 2003, 2004
19. Chiropractic notes 2002

History

The patient is a 52-year-old female who in ___ injured her low back, shoulders and right knee. An MRI of the right knee was obtained on 10/22/02, and osteoarthritis was diagnosed. Right shoulder arthroscopy was performed on 7/1/03. The patient underwent left knee arthroscopic surgery on 8/31/04, which apparently was not related to the ___ injury. Arthroscopic surgery to the right knee was recommended and was scheduled for 10/25/04, but records from 10/04 to the present, including operative and post operative records were not provided for this review.

Requested Service(s)

Purchase of Bionicare bio- 1000 system

Decision

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

Rationale

The voluminous records submitted for this review did not clinically document the efficacy of this unit for this patient. The prescription for the unit is dated 9/7/04. Subsequent to 9/7/04, the patient was scheduled to undergo surgery, which should maximize her chance for recovery.

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 24th day of February 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Bionicare Medical Technologies, Attn Kim, Fx 888-900-7354

Respondent: Dallas ISD, Attn Robert Josey, Fx 346-2539

Texas Workers Compensation Commission Fx 804-4871 Attn: