

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

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 28, 2005

Re: IRO Case # M2-05-0923 –01

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 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. RME, 1/11/05, Dr. Tonn
4. Chiropractic peer review, 12/9/04 Dr. Niekamp
5. MRI left knee report 11/18/04

6. X-ray reports cervical spine and left knee, 11/5/04
7. Notes, Concentra 10/04
8. Notes, Dr. Dillin
9. Chiropractic notes

History

The patient is a 23-year-old female who slipped while she was walking in ___ and injured her left wrist and knee. She complained of left wrist and knee pain, along with ankle pain. X-rays of all of these areas were negative, and chiropractic treatment was started after the patient changed her treating doctor. The patient was eventually referred to an orthopedic surgeon. Because of persistent pain in the patient's knee despite physical therapy, an MRI of the left knee was obtained. The MRI showed some chondromalacia patellar and patellar tendonitis. Left knee chondroplasty and lateral retinacular release have been recommended for treatment of the patient's chronic anterior knee pain.

Requested Service(s)

Left knee scope/chondroplasty and release of left knee retinaculum

Decision

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

Rationale

The patient suffered a documented knee sprain that was complicated by the development of chondromalacia patella. The patient appears from the records provided for this review to have failed an adequate trial of conservative measures. Orthopedic evaluation demonstrated that the patient has pain and crepiness under the patellofemoral joint, and there are positive MRI findings. Multiple studies have shown the benefits of arthroscopic evaluation of the knee and lateral reticular release for chronic chondromalacia patella. Good to excellent results are obtained in 70% - 80% of cases with minimal side effects. A 1985 journal article in *Arthroscopy*, p.131-135, "Diagnostic Arthroplasty and longitudinal Open Lateral Release, A Safe and Effective Treatment for Chondromalacia Patella," by Dzioba, Strokon and Mulbry, demonstrated the efficacy of this treatment, as did a 1982 article in *Arthroscopy*, p.92-96), "Chondroplasty of the Patella, by Schonholtz and Ling.

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 29th day of March 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor:

Respondent: Zurich American Ins. Attn Kelly Pinson, Fx 867-1733

Texas Workers Compensation Commission Fx 804-4871 Attn: