

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

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 14, 2005

Re: IRO Case # M2-05-0935

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 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:

Medical Information Reviewed

1. Table of disputed services
2. Denial letters
3. Peer review, 2/22/05 Dr. McKechnie
4. Office note 12/2/04 B. Norman PA-C for Dr. McConnell

5. Office notes 2004 Dr. McConnell
6. Operative report 10/18/04 Dr. McConnell
7. Preoperative H&P 9/30/04 Dr. Rivas
8. Report MRI right knee 9/7/04
9. Information sheets regarding Bionicare

History

The patient is a 33-year-old female who injured her knee in _____. She was taken to the emergency room and was initially treated by a chiropractor. A 9/7/04 MRI of the right knee showed a bone contusion of the medial femoral condyle, partial tear of the medial collateral ligament, avulsion fracture of the medial inferior aspect of the patella extending into the suprapatellar bursa, and significant joint effusion. The patient was referred to an orthopedic surgeon, and arthroscopic surgery was performed on 10/18/04. After surgery, the patient was started on physical therapy three times per week.

Requested Service(s)

BIO-1000 system

Decision

I agree with the carrier's decision to deny the requested BIO-1000 system

Rationale

There was no documentation in any of the records submitted for this review explaining why this patient needs this unit. In the last note submitted from the patient's surgeon, dated 11/4/04, the surgeon stated, "Her pain and swelling also seem appropriate for this amount of time following surgery." There were no physical exam findings noted, and the surgeon further described the patient as "exhibiting "no negative symptoms otherwise."

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 15th day of March 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

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

Respondent: City of Dallas, Attn Robert Josey Fx 346-2539

Texas Workers Compensation Commission Fx 804-4871 Attn: