

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

PH. 512/248-9020
IRO Certificate #4599

Fax 512/491-5145

NOTICE OF INDEPENDENT REVIEW DECISION

June 1, 2005

Re: IRO Case # M2-05-1255-01

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 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. Medical records, Dr. Osborn

4. FCE reports 1/20/05, 12/6/04
5. Records, Dr. Houchin
6. Report EMG/NCS 2/23/05
7. Records, Dr. Dillin
8. Occupational therapy evaluations 11/1/04, 9/15/04
9. Report MRI left knee 7/18/03

History

The patient is a 48-year-old male who suffered what is described as an impact injury to his left knee in _____. He was treated conservatively without success, and underwent surgery to the left knee on 9/1/04. Findings at the time of surgery included left patellar chondral tearing and patellofemoral subluxation. Left knee arthroscopy, chondroplasty and lateral retinacular release were performed. EMG evaluation on 2/23/05 was reported as normal. An FCE on 12/6/04 demonstrated the patient's function at a light physical demand level. His job requires a heavy work level. The patient underwent three weeks of work hardening. A follow-up FCE on 1/20/05 documented his functioning at a light to medium work level.

Requested Service(s)

Work hardening x 15 sessions.

Decision

I agree with the carrier's decision to deny the requested additional work hardening.

Rationale

The patient showed modest improvement after three weeks of work hardening. His standing tolerance improved, and he made gains in most of his lifting tasks. His first FCE rated him at a light work level. He was able to improve to a light-medium level in three weeks. However, the records provided for this review do not document a need for a multi-disciplinary work hardening program. Based on the records provided, the patient might continue to benefit from an additional three weeks of work conditioning to advance his strength and activity tolerance.

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 2nd day of June 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. C. Osborn, Attn Zulma, Fx 972-660-3606

Respondent: Gallagher Bassett Services, inc., Attn Vicki Young, Fx 972-931-6280

Texas Workers Compensation Commission Fx 804-4871 Attn: