Envoy Medical Systems, LP

1726 Cricket Hollow
Austin, Texas 78758
Fax 512/491-5145

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 10, 2005

Re: IRO Case # M2-05-1379 –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, 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 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:

<u>Medical Information Reviewed</u>

1. Table of disputed services
2. Denial letters
3. Medical records Dr. Martinez
4. FCE 2/4/05
5. Work hardening assessment 2/2/05
6. Follow report, notes and 12/6/04 op report, Dr. Varon
7. Post surgical evaluation, 1/4/05 Dr. Patel

8. Medical records, Dr. Lamarra
9. Medical records, Dr. McMillan
10. Report of electrodiagnostic testing 8/3/04
11. Medical records, Dr. Jarolimek
12. CT scan report left ankle 7/8/04
13. MRI report left ankle 5/3/04
14. X ray report lumbar spine 5/3/04
15. IME, 1/4/04 Dr. Xeller

History

The patient is a 57-year-old male who fell to the ground while walking on boards that were five feet above ground. The patient was treated for a fracture, infection and open wound of the right thumb. He also injured his lower back and left ankle. A 5/3/04 MRI of the left ankle and x-ray showed grade I ankle sprains, as well as what appeared to be an avulsed fracture fragment of the medial talus. An MRI of the lumbar spine showed multi-level disk bulges, central L4-5 disk herniation and mild bilateral foraminal stenosis at L4-5 and L5-S1. The patient was referred for orthopedic evaluation and was diagnosed wih status post crush injury to the right thumb, right thumb proximal phalangeal fracture, comminuted, angulated and ankle sprain. Therapy for the ankle, and open reduction and fixation of the right thumb were recommended. On 6/21/04 a podiatrist recommended a customized brace. The patient underwent surgery to the right thumb on 12/6/04, including contracture release, capsulotomies, tendon repair, tenolysis and neurolysis. Following surgery the patient underwent therapy for the hand. A 2/4/05 FCE showed the patient performing at the medium physical demand level. His job currently requires a heavy physical demand level. A 1/4/04 IME report indicated that the patient described slight pain in his ankle, and no problems in his back. The patient's main pain is in his right thumb. The pain was occasional throbbing, moderate in intensity. There was also numbness in the right thumb. The patient felt at the time that he was improving.

Requested Service(s)

Work hardening program

Decision

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

Rationale

According to the FCE, the patient performed at the medium physical demand level. His job requires a heavy physical demand level. However, the employer has reported that a light duty position was available that would accommodate his deficits in the right thumb. Injuries to the patient's low back and ankle have resolved. Based on the records provided for this review, it would be more beneficial for the patient to return to a light duty function and progress to his regular job duties gradually over time than to go through a work hardening program.

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,

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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 11th day of May 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. N. Martinez, Attn Gracie Diaz, Fx 713-697-7111

Respondent: Texas Mutual Ins. Co. Attn Ron Nesbitt, Fx 404-3980

Texas Workers Compensation Commission Fx 804-4871 Attn: