

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

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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

July 19, 2005

Re: IRO Case # M2-05-1672-01

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. Peer reviews and addendum 8/26/04, 10/5/04, 3/9/04 Dr. Payne

4. Letters 3/21/05, 2/15/05, Dr. Butler
5. MRI of right knee reports 7/20/04, 2/27/03
6. Electrodiagnostic examination report 1/7/03
7. Operative reports 10/5/01, 10/28/02, 7/25/03, 5/6/03
8. Procedure and follow up reports, Dr. Jarolimek
9. Chiropractic records, Dr. Freeman

History

The patient is a 36-year-old male who has undergone four surgical procedures for severe chondromalacia of the patella, including attempted chondral grafting. The patient suffers from severe patellofemoral arthrosis, and has failed extensive conservative management, including physical therapy, quadriceps strengthening and joint fluid therapy. According to the records provided for this review, the patient is quite debilitated from knee pain. The patient's orthopedic surgeon is recommending patellofemoral arthroplasty by resurfacing the patella and trochlear as a salvage procedure. The procedure would require a CT scan to make the custom prosthesis.

Requested Service(s)

CT scan right knee.

Decision

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

Rationale

The patient has severe patellofemoral arthritis, and because of his age, he is not a good candidate for a total knee arthroplasty. Patellofemoral resurfacing appears to be a good option for this patient. He has failed an adequate, documented trial of non-operative management. The patient's surgeon has experience in performing the recommended procedure, and the orthopedic literature supports the use of this type of implant.

For example, Krajca-Radcliff and Coker reported a retrospective study of 16 total patellofemoral arthroplasties in 13 patients, conducted between 1975 and 1992, with a minimum two-year follow-up, and an average patient age of 64 years. About 88% of the procedures had good to excellent results, and seven of the 13 patients were pain free with all activities, and no patients had pain with reaching activities. Quadriceps strength in this study was 75%, and 100% of the chondrolateral side. Only one patient required a revision procedure. In another, larger study of 72 patellofemoral arthroplasties in 65 patients with an average four-year follow-up, 85 % had good to excellent results.

This patient may certainly require total knee arthroplasty. Now, however, the patellofemoral resurfacing could be a good option for him. A CT scan is critical to the success of the manufacture of the custom prosthesis for the procedure.

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 19th day of July 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor:

Respondent: Zurich, Attn Kelly Pinson, Fx 867-1733

Texas Workers Compensation Commission Fx 804-4871 Attn: