

**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**

August 12, 2005

**Re: IRO Case # M2-05-1893-01**

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) by the Texas Department of Insurance and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation cases. 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 Worker's compensation assign cases to certified IROs, this case was assigned 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 Worker's Compensation 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 2/3/05, Dr. Tonn

4. ER records 9/10/04
5. Office note 4/4/05, Dr. Martinez
6. Work hardening assessment and psycho social history 3/30/05
7. FCA 3/15/05
8. Initial medical report and follow up notes 9/14/04 – 4/29/05, Dr. McMillan
9. Operative report 9/23/04
10. initial evaluation 1/28/05, Dr. Patel
11. Follow up note 1/20/05, Dr. Jarolimek
12. X-ray report left ankle and lower leg 4/28/05
13. Chiropractic notes 1/24/05 – 3/30/05

#### History

The patient is a 49-year-old male who was injured in \_\_\_ when he was cutting a steel pipe with a torch that got too close to some concrete, causing sparking that caused burning to the patient's left ankle. The patient went to a medical center on 9/10/04. he was evaluated and found to have a .5 to 1cm ulcer on his left medial ankle, chronic venostasis. He was also found to have small ulcer on the right leg. His x-ray was normal. His blood glucose was 96. The patient was discharged and followed up with his treating doctor on 9/14/04. He was sent for surgical evaluation, and on 9/23/04 he underwent irrigation and debridement for third degree burns on the left distal anterior tibia, left medial malleolar area, and right medial malleolar area. While in the hospital, the patient was diagnosed with Type 2 diabetes. He was discharged on 9/29/04 to home health wound care and dressing changes. The patient was evaluated by his surgeon on 1/20/05. His third degree burns healed well. However, the left anterior tibia wound was still in its healing stage. The patient complained of weakness and stiffness in his left leg and ankle. Some weakness was noted in flexion and inversion. An active rehabilitation protocol to improve conditioning and strength was recommended. The patient was evaluated by his D.C. on 1/28/05, but therapy notes describing active physical therapy do not begin until 2/14/05. A 3/25/05 FCE indicated that the patient was functioned at a medium physical demand level. The patient's job requires a heavy physical demand level. Psychological evaluation identified some mild depression and anxiety symptoms. A work hardening program was recommended.

#### Requested Service(s)

Work hardening program x 20 sessions

#### Decision

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

#### Rationale

The patient had burns on his lower extremities. Healing of the burns was prolonged. The patient continues to have pain in his right leg only. The patient's job description is rather vague. He performs various duties throughout the day as a maintenance worker. FCE evaluation of strength in various lifting maneuvers rated the patient at a medium physical demand level. Based on the records provided for this review, the patient has not been working since his injury. Based on the records, it would be medically appropriate for the patient to continue home exercises to improve his strength and endurance, and to return to work with restrictions, with a gradual return to regular duty.

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 15<sup>th</sup> day of August 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

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

Respondent: American Casualty Co., Attn Debrah Derrickson, Fx 338-5363

Texas Workers Compensation Commission Fx 804-4871 Attn: