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

PH. 512/248-9020 **Fax 512/491-5145**
IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

October 20, 2005

Re: IRO Case # M2-05-2354–01 ___

Texas Worker's Compensation Division:

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 Division of Workers' 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 the Division of Workers' 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 Orthopedic Surgery, and who has met the requirements for the Division of Workers' 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:

<u>Medical Information Reviewed</u>

1. Table of disputed services
2. Denial letters

3. MRI report left knee 5/25/05
4. Re read report MRI left knee 8/19/05
5. X-ray report left knee 5/12/05
6. Medical records, Dr. Zumwalt
7. Physical therapy notes, including FCE

History
The patient is a 26-year-old male who in ___ was boxing and slipped on a mat, twisting his left knee. The patient is being treated by an orthopedic surgeon. An MRI showed some bone contusions on the patella and in the lateral left femonral condyle and tibial plateau, joint effusion and mild changes in the anterior cruciate ligament and medial collateral ligament. There were also some signal changes in the anterior horn of the lateral meniscus. The patient was treated conservatively with physical therapy, however he continued to have problems with his knee, including mechanical popping, swelling and pain. The patient was able to tolerate light duty, but he did not respond well to physical therapy. A re-read of the MRI indicated a tear of the anterior lateral meniscus.

Requested Service(s)
Left knee eua, diagnostic arthroscopy with meniscal debridement versus repair

Decision
I disagree with the carrier's decision to deny the requested procedure.

Rationale
Many times a radiologist will under-read or over-read an MRI. The patient's symptoms are consistent with meniscal pathology, and an experienced orthopedic surgeon has read a linear tear. The orthopedist had the MRI re-read by a second radiologist, who confirmed a tear of the anterior lateral meniscus. The patient has pain, swelling and mechanical symptoms in the knee. This is an absolute indication for knee arthroscopy in this patient, considering his age and activity level. An examination under anesthesia is also appropriate because of the degenerative signal in the ACL, which may represent a full ACL tear.

This medical necessity decision by an Independent Review Organization is deemed to be a Worker's Compensation decision and order.

YOUR RIGHT TO APPEAL

If you are unhappy with all or part of this decision, you have a right to appeal the decision. The decision of the Independent Review organization is binding during the appeal process.

If you are disputing a decision other than a spinal surgery prospective decision, the appeal must be made directly to the district clerk in Travis County (see Texas Labor Code sec. 413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

_____
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 20th day of October 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: ___

Respondent: Lubbock County/Hammerman & Gainer, Attn Nancy Stoll, Fx 806-796-0122

Texas Workers Compensation Division, Fx 804-4871 Attn: