

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

July 13, 2006

Re: IRO Case # M2-06-1596 –01

Texas Department of Insurance, Division of Workers' Compensation:

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, 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 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 the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, 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 dispute resolution letter 6/2/06, Dr. Eaves
4. Initial evaluation amended 6/2/06, Subsequent evaluation 4/11/06, Dr. Eaves

5. X-ray reports 9/30/02, 2/25/03, 8/20/04, 9/9/04
6. Medical records 2002, 2003 including operative report 11/26/02, Dr. Connor
7. MRI right shoulder reports 10/10/02, 10/29/03
8. Occupational therapy records 2003
9. Consultation report 2/6/03, Dr. Singh
10. Report 2/25/03, Dr. Viroslav
11. Medical records 2003, including operative report 4/16/03, Dr. Burkhart
12. Medical records 2003, 2004, Combined Care Health Centers
13. Medical records 2003, 2004, 2005, 2006, Dr. Bieler
14. Psychiatric evaluation 9/19/03, Dr. Ganc
15. Medical records 2003, San Antonio Pain Management
16. Initial interview 11/20/03, Healthtrust Chronic Pain Management
17. RME 1/7/04, Dr. Arredondo
18. San Antonio Work Rehab, Work Hardening records 2004
19. Medical records 2004, Dr. Elmer
20. DDE 10/9/04, Dr. Rai
21. Peer review 2/28/05, Dr. Brenman
22. Reports 5/3/05, 5/18/05, Dr. Perron
23. Report 12/9/05, Dr. Lenderman

History

The patient has a long history of right shoulder pain. He underwent surgery in 2002 and 2003. The 2002 surgery consisted of debridement of a SLAP lesion, arthroscopic debridement of a partial thickness rotator cuff tear, acromioplasty, distal clavical resectioning, and lysis of adhesions. In 2003 he underwent arthroscopic rotator cuff repair, arthroscopic acromioplasty arthroscopic excision of distal clavicle, capsulolabral repair, and lysis of adhesions. The patient has been referred to an orthopedic surgeon for shoulder arthroplasty. He re-exacerbated his shoulder pain on 3/6/06 and was seen by a chiropractor. The chiropractor requests 12 physical therapy visits.

Requested Service(s)

12 sessions of physical therapy – therapeutic exercises, manual therapy technique, electrical stimulation unattended, ultrasound.

Decision

I agree with the carrier's decision to deny the requested physical therapy services.

Rationale

The patient has had two failed surgeries for his shoulder. He has been referred for shoulder arthroplasty. There is no indication for physical therapy in this exacerbation of a chronic degenerative condition. Based on the records provided for this review, it would be medically appropriate for the patient to return to an orthopedic surgeon who specializes in shoulders, rather than pursue physical therapy.

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 17th day of July 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: San Antonio Spine & Rehab, Attn Lori, Fx 210-921-0398

Respondent: Electric insurance Co. Attn W. Jon Grove, Fx 214-748-4530

Texas Department of Insurance, Division of Workers' Compensation: Fx 804-4871