Envoy Medical Systems, LP
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IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

October 21, 2005

Re: IRO Case # M2-06-0024–01 ___

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. Physician Advisor reports
4. Medical records, Dr. Sazy
5. Request for reconsideration 8/21/05, Dr. Sazy

6. MRI right knee report 9/22/03
7. X-ray 2 views right knee report 9/22/03

History
The patient is a 51-year-old female who in ___ sprained her right knee. The patient initially was treated conservatively with anti inflammatory medications, including Bextra and Celebrex. She was given an impairment rating, but she continued to have persistent knee pain. It was noted that the patient had not had knee pain prior to the injury. An MRI showed a medial meniscus tear, some degenerative changes to the medial femoral compartment, and a Baker's cyst. The patient is not interested in a total knee arthroplasty.

Requested Service(s)
Right knee arthroscopy

Decision
I disagree with the carrier's decision to deny the requested right knee arthroscopy.

Rationale
Multiple physician advisors have denied the requested arthroscopy because of a study by Dr. Bruce Mosely at Baylor College of medicine on the question of the benefit of knee arthroscopy for osteoarthritis. I trained at Baylor college of Medicine and am very familiar with this study. The study mainly looked at a population of VA patients who had secondary gain issues, and the reliability of the study is in question. In addition, the study was focused on knee arthroscopy for osteoarthritis, not meniscal pathology. This patient has meniscal pathology, and additionally has osteoarthritis. This patient did not have a history of knee pain prior to her injury. Therefore, the osteoarthritic findings on x-ray and MRI were asymptomatic prior to the injury. The knee arthroscopy is to treat the acute meniscal tear. This could well reduce the knee pain due to meniscal pathology, with the understanding that there may be some residual pain due to underlying osteoarthristis.

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 24th day of October 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. J. Sazy, Attn Kristi Songer, Fx 817-468-7676

Respondent: Travelers Indemnity, Attn Jeanne Schafer, Fx 347-7870

Texas Workers Compensation Division, Fx 804-4871 Attn: