

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

December 28, 2005

Re: IRO Case # M2-06-0290-01 ____

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 Physical Medicine and Rehabilitation, 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. Peer review 8/3/05, Dr. McKechnie
4. Reconsideration request, Dr. Meyers
5. Office consult report 6/14/05, Dr. Thornton
6. DDE 11/10/05, Dr. Jacko
7. CT scan left foot report 9/12/05
8. Physical therapy records 7/11/05 – 9/6/05
9. FCE 9/8/05
10. Records 6/15/05, 6/22/05, 7/6/05, Dr. Nowack
11. Records 6/14/05 – 9/7/05, Dr. Meyers
12. DDE 8/5/05, Dr. Bowers

History

The patient is a 65-year-old male who in ___ was loading chairs onto a flat bed dolly when one of the chairs fell off and landed on his left great toe. The patient was referred for orthopedic evaluation on 6/14/05. X-rays showed a comminuted fracture of the distal phalanx that was a bicondylar fracture. There was also 40 degrees of dorsal angulation. The patient was then referred to a foot and ankle specialist of 6/15/05. He was diagnosed with a left great toe crush injury, left hallux proximal phalanx fracture, and left great toe cellulites. He was started on Augmentin, and immobilization was continued. The patient's condition improved. Conservative therapy was continued, including aquatic therapy on 7/11/05 and gradual progression to land-based physical therapy. On 8/5/05 a DDE recommended a CT scan to evaluate for possible non union. A 9/12/05 CT scan found a non-displaced intraarticular fracture across the distal aspect of the diaphysis. There was a longitudinally oriented fracture plane extending into the PIP joint. The fracture was thought to be acute or subacute since there was no reactive change or callus formation. A DDE on 11/10/05 again found the patient note to be at MMI. Follow up evaluation with a foot and ankle specialist was recommended to evaluate for possible non-union, and to determine if fusion would be indicated.

Requested Service(s)

Work Hardening 5 x 8 weeks

Decision

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

Rationale

The patient suffered a crush injury and fracture of the great toe. He has already had extensive physical therapy. He continues to have pain and disability. It was recommended that he follow up with a foot and ankle surgeon for evaluation for possible non union and possible fusion of the great toe. It is necessary to carry out these evaluations.

There are no psychological or occupational deficits documented that would require a multi disciplinary program such as work hardening. The patient should be able to continue with a home exercise program, following the extensive physical therapy he already had.

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 28th day of December 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Abate Injury Rehab Center, Attn Kelly Woodall, Fx 214-828-1216

Respondent: DISD Risk Management, Attn Tawana Kannedy, Fx 214-932-5288

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