

**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**

January 12, 2006

**Re: IRO Case # M2-06-0435 -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. Letter 12/15/05, Pre authorization request 9/26/05, 9/29/05, Dr. Driggers

3. DDE 10/11/05, 2/28/05, Dr. Erredge
4. RME 5/25/05, Dr. Olin
5. Employer's first report of injury 9/10/04
6. MRI left ankle report 11/2/04
7. Dispute of IR letter 5/5/05, Dr. Driggers
8. Orthopedic evaluation and follow up notes 12/1/04 – 9/7/05
9. Electrodiagnostic test report 12/13/04
10. Reports 2005, Dr. Hirsch
11. Functional assessment report 2/19/05
12. FCE 8/25/05
13. Work rehabilitation assessment and psychosocial history report 9/8/05
14. Operative report 4/26/05
15. Physical therapy records 1/27/05 – 11/20/05

#### History

The patient is a 50-year-old male who in \_\_\_ was injured when a steel beam fell on his left ankle, crushing it. The patient also suffered a twisting injury to the left ankle. Physical therapy was unsuccessful and on 12/1/04 the patient was referred for orthopedic consultation, and was told to wear his brace full time on the left ankle. On 4/26/05 the patient underwent left lateral reconstruction, using peroneus brevis tendon. He was put on antibiotics post operatively for superficial infection. An 8/25/05 documented a light physical demand level. A 10/11/05 DDE determined that the patient was not at MMI. The patient completed two weeks of work hardening, including psychological counseling. This improved the patient's confidence level and decreased his fear of re-injury. A repeat FCE showed the patient to be at the medium physical demand level, with deficits including squatting, crawling, climbing and crouching, More work hardening was requested.

#### Requested Service(s)

Work hardening hours

#### Decision

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

#### Rationale

The patient has now had nearly six months of physical therapy and two weeks of work hardening since his ankle surgery. An 11/1/05 FCE rates him as functioning at the medium physical demand level. This reportedly matches the patient's job requirements. Based on the records provided for this review, the patient should be able to continue with a home exercise program, and he should be able to return to work with restrictions on squatting, crawling, climbing and crouching, with gradual reduction of the restrictions until the patient is back to full duty.

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.

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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 13<sup>th</sup> day of January 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Bandera Road Injury Center, Attn Dr. Driggers, Fx 210-521-4140

Respondent: Amer Home, Attn Katie Foster, Fx 867-1733

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