

**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 25, 2006

**Re: IRO Case # M2-06-0487 -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 Neurological 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. Electrodiagnostic test report 1/12/05
4. Pain clinic reports up to 10/05, Dr. McCarty
5. Operative report shoulder surgery 4/19/00
6. Cervical MRI reports 11/25/03, 4/15/02
7. Shoulder MRI reports 12/17/04, 8/9/05
8. Cart notes, Dr. Spann
9. Reports, Dr. Lawson

#### History

The patient is a 54-year-old female who in \_\_\_ developed severe neck and left shoulder pain in association with lifting boxes for two days from the floor to a waist-high table. Arthroscopic shoulder surgery was performed in 1999, with one of the diagnoses being a partial rotator cuff tear. Nerve blocks have been performed on the left shoulder without significant help. An 11/25/03 cervical MRI showed some potential surgically correctable pathology at the C5-6 and C6-7 levels, and this led to an 11/15/04 ACDF at the C5-6 and C6-7 levels, after “conservative” measures, including nerve blocks failed to relieve the patient’s pain. A 12/17/04 MRI of the left shoulder showed some possibly surgically correctable pathology, and this was also the case on a repeat MRI of 8/9/05.

#### Requested Service(s)

Left shoulder arthroscopy, labral repair and AC joint arthropathy.

#### Decision

I disagree with the carrier’s decision to deny the requested surgery.

#### Rationale

Based on the records provided for this review, it is reasonably definite that the patient’s shoulder pain came on soon after her \_\_\_ injury. The initial treatment of this included arthroscopic surgery to the shoulder. The symptoms to the shoulder have not ceased since that time, despite multiple conservative measures, including nerve blocks. Based on the records provided, the patient’s cervical spine problem is a chronic one with probable aggravation by the \_\_\_ incident. The difficulty in differentiating between primary shoulder pathology and cervical spine pathology with nerve root compression as the source of the shoulder pain is one that is frequently encountered. The patient had enough cervical spine changes on her MRI and EMG to suggest that the source of the shoulder pain was at least contributed to by cervical spine pathology, and therefore the procedure that was performed on her cervical spine was indicated. With the cervical surgery not being significantly helpful in alleviating the shoulder pain, and with shoulder pathology being definitely present, which is surgically correctable, a surgical procedure on the patient’s shoulder is indicated.

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

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: \_\_\_\_

Respondent: Argonaut Southwest Ins/Downs Stanford, Att W. Jon Grove, Fx 214-748-4530

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