

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

February 6, 2006

Re: IRO Case # M2-06-0552 -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. Clinical notes 6/30/05 –12/8/05, operative report 8/23/05, Dr. Duke
4. Evaluation 8/4/05, Dr. Ramanathan
5. MRI report left knee 6/10/05
6. Initial report 6/1/05, Request for reconsideration 6/1/05, Work hardening evaluation, FCE report 11/14/05, Dr. Gonzales

History

The patient is a 62-year-old male who in ___ was walking and felt a pop in his left knee. The knee became very painful and swollen. He was initially treated by a D.C. A 6/10/05 MRI revealed a grade III tear of the posterior horn of the medial meniscus, a partial tear of the medial collateral ligament, joint effusion osteoarthritis of the medial femoro-tibial joint spaces. The patient was referred to an orthopedic surgeon, and on 8/23/05 he underwent major synovectomy involving the medial, superior, and anterior compartments of the knee joint. The patient's post-operative diagnosis included synovitis with osteoarthrosis. The patient continued to have some pain post operatively. The patient was treated with anti-inflammatories and oral steroids. A series of Synvisc injections was recommended by the orthopedic surgeon and the last office note provided, from 12/8/05, indicates that the patient agreed to proceed with injections. An 11/14/05 FCE indicates that the patient demonstrated a medium physical demand level. His job as a laborer requires him to work at a very heavy physical demand level.

Requested Service(s)

Work hardening 5 days a wk, 8 hrs a day x 6 wks.

Decision

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

Rationale

The patient has synovitis of his knee, which was treated surgically. He was then sent for physical therapy post surgically. Physical therapy notes were not provided for this review. However, a reviewer, Dr. Smith, noted that the patient had been making progress in his rehabilitation program. The FCE done over two months ago reported a medium physical demand level of functioning. The patient requires a very heavy physical demand level to be at full duty at his job. Based on the records provided for this review, the necessity of a work hardening program has not been shown. The records provided do not show why the patient should not return to work with restrictions, and gradually transition to full duty. After physical therapy the patient should be able to continue working with a home exercise program, while following up with his orthopedic surgeon to complete treatment, including the planned series of Synvisc injections.

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 6th day of February 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. F. Gonzales, Fx 432-262-0551

Respondent: Dallas Fire Ins. Co., Attn Jonathan Davenport, Fx 972-692-5115

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