

•

.....
.....
.....
..... • •

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758

PH. 512/248-9020
IRO Certificate #4599

Fax 512/491-5145

NOTICE OF INDEPENDENT REVIEW DECISION

February 15, 2006

Re: IRO Case # M2-06-0554 -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, 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 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. RME 11/9/05, Dr. Salazar
4. RME 10/27/05, Dr. Williams
5. Peer review 10/24/05, Dr. West
6. MRI reports 6/20/05, 6/20/05, 10/20/05, 11/12/93
7. Office notes 9/21/05, 11/7/05, Dr. Gutzman
8. Electrodiagnostic evaluation 9/7/05
9. Low back test results 7/1/05
10. Letter of dispute 10/26/05, Dr. Driggers
11. Procedure note, 12/21/05, evaluation 11/10/05, Office notes 9/19/05, 7/26/05, Dr. Hirsch
12. Functional assessment report 10/13/05
13. Operative reports 1/18/94, 1/7/97
14. Physical therapy notes 6/16/05 – 12/28/05

History

In ___ the patient was carrying a metal filing box when she tripped and fell, injuring her right shoulder, right wrist, back, right ankle and right knee. She has a history of two previous right knee arthroscopies. The patient was treated with physical therapy by her treating D.C. A 6/20/05 of the right knee revealed mild to moderate effusion, patellofemoral chondromalacia, and osteoarthritis. The patient was referred to an orthopedic surgeon on 9/21/05, who recommended total knee replacement surgery.

Requested Service(s)

Physical therapy 3xwk for 6 wks.

Decision

I agree with the decision to deny the requested physical therapy services for the right knee.

Rationale

The patient has already undergone 34 physical therapy sessions for the right knee. Her MRI indicates effusion, chondromalacia and osteoarthritis. She has had previous arthroscopies, and her orthopedic surgeon has recommended a total knee replacement. It would be medically necessary for the patient to continue with her home exercise program to work on strengthening the muscles supporting the knee, but further supervised 1:1 physical therapy would not be medically necessary at this point.

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 15th day of February 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. K. Driggers, Fx 210-521-4140

Respondent: Travelers Property and Casualty, Attn J. Schafer, Fx 347-7870

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