

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

February 21, 2006

Re: IRO Case # M2-06-0564 -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 Doctor of Chiropractic, who is licensed in Texas, 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. Carrier summary to IRO 1/18/06
4. Report 10/10/05, Dr. Davis
5. MRI report cervical spine 10/21/05
6. Work status reports
7. Employers first report of injury 9/18/05
8. Prescription and report 9/18/05, Care Now
9. Initial evaluation 9/29/05 and daily notes, Health South

History

The patient injured his neck, shoulder and lower back in ____ when boxes fell on him and he fell to the floor. He began chiropractic care on 10/10/05.

Requested Service(s)

Physical therapy / chiro manipulation 3x6.

Decision

I agree with the carrier's decision to deny the requested physical therapy and chiropractic manipulation.

Rationale

The patient has had an adequate trial of therapy from the D.C. The D.C. stated in a letter to the carrier dated 12/05/05 that the patient had participated in six weeks of therapy, yet the only daily treatment notes provided for review were from health South for dates 9/29-10/7/05, all prior to the first visit with the D.C. The D.C.'s 12/1/05 gives some measurements, but the documentation provided shows minimal gains in ROM and strength compared to what would be expected from an intense six-week program.

The patient attempted to return to work on light duty at least two times, but was unable to continue working due to increased radicular symptoms. This would indicate that the D.C.'s treatment was unsuccessful. After six weeks of treatment (10/10/05 –12/1/05) there should have been more significant gains for treatment to be considered beneficial, and to support an additional six weeks of such treatment. Objective findings and subjective complaints indicated in the records provided for this review do not support additional therapy. Based on the records provided, patient continuation with a home-based exercise program, with reevaluation in six weeks and possible referral for injections or surgical consultation would be appropriate.

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 22nd day of February 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. P. Davis, Fx 972-283-1800

Respondent: ARCMI, Attn Raina Robinson, Fx 479-273-8792

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