

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

February 23, 2006

Re: IRO Case # M2-06-0693 -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 Orthopedic 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. MRI right knee report 2/28/05
4. X-ray right knee report 2/20/05
5. Operative report 4/26/05
6. Medical records, Dr. Seay 2005
7. Physical therapy notes, Lubbock Occupational health Center

History

The patient is a 40-year-old female who in ___ tripped over an electric box and injured her right knee. She evidently had a knee arthroscopy six or seven years prior to that, but had been doing well until the ___ injury. The patient was noted to have some pain and locking in her knee. Her MRI was normal. The patient failed conservative management and was taken to surgery for a diagnostic arthroscopy. She was found to have a plica and a chondral lesion of the lateral tibial plateau. The patient underwent chondroplasty, and was sent to physical therapy after surgery. But she continued to have pain in the knee. About 10-12 months after surgery the patient asked for other options, and a total knee arthroplasty was recommended.

Requested Service(s)

Total right knee replacement.

Decision

I agree with the carrier's decision to deny the requested total knee replacement.

Rationale

The patient is very young, and just having post-traumatic changes in her knee does not make her a good candidate for a total knee arthroplasty. Based on the records provided for this review, other options have not been discussed with the patient, and are not documented in the chart. These options might include fluid therapy, an unloader brace, or a uni-compartmental arthroplasty. Going straight to a total knee arthroplasty on this patient is asking for long term problems, as this will likely fail during the patient's lifetime, and she may require multiple revisions.

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 24th day of February 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor:

Respondent: Albertson's Inc., Attn Katie Foster, Fx 867-1733

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