

**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**

March 16, 2006

**Re: IRO Case # M2-06-0710 -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. Medical dispute resolution letter 1/11/06, Letter medical necessity 12/6/05 Dr. Weeks
4. Employers first report of injury \_\_\_\_\_
5. Bone scan report 9/15/04
6. CT scan head report 1/27/05
7. X-ray report cervical spine 9/15/04
8. DDE report 10/7/04, Dr. Diamond
9. Operative report 9/15/04, Dr. Gill
10. Medical records 2/20/04 – 1/18/05, Dr. Gil
11. EMG report 2/17/05
12. Office notes 5/12/05, 5/13/05, Dr. Bidner
13. IR rating 1/16/06, Dr. Weeks
14. Physical therapy progress notes 3/16/04 – 11/8/04
15. D.C. clinical notes 10/26/05 – 11/23/05

#### History

The patient is a 41-year-old female who in \_\_\_\_ picked up a 50-pound bag and felt the immediate onset of neck and right arm pain. After she was evaluated on 2/20/04 surgery was recommended, and eventually she underwent a 3-level cervical fusion at C4-5 – C6-7 on 9/15/04. The patient began post operative physical therapy for her neck on 11/9/04. She underwent 23 sessions through November, December and January. The patient continues to have pain in her arm. However a bone scan on 2/3/05 was negative for complex regional pain syndrome. Electrodiagnostic testing on 2/17/05 was normal. An impairment rating on 1/16/06 stated that the patient was determined to be at MMI with a 33% whole person impairment.

#### Requested Service(s)

Physical therapy services for 97110 PT 1x 8.

#### Decision

I agree with the carrier's decision to deny the requested physical therapy services.

#### Rationale

The patient underwent a 3-level on 9/15/04, followed by three months of physical therapy for the neck. In an initial evaluation on 10/18/05, the patient's right shoulder range of motion was normal. In the impairment rating report 1/16/06 the patient's right shoulder range of motion was recorded. There was only 1% loss of extension, abduction, internal and external rotation, with no loss of adduction. Flexion was the greatest loss, and was rated at 3%. An office note on 11/23/05 stated that the patient was diligent with her home exercise program and was making good progress. At that time she was instructed in her home exercise program, presumably for her shoulder. Medical records do not document the necessity of formal physical therapy for the shoulder.

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 16<sup>th</sup> day of March 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor:

Respondent: American Home Assurance, Attn Raina Robinson, Fx 479-273-8792

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