

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

April 25, 2006

Re: IRO Case # M2-06-0907 -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. RME 12/24/05, Dr. Leong

4. Review 2/13/06, Dr. Minu
5. Treatment notes, Dr. Brozek
6. EMG reports 9/9/05, 5/13/05
7. Report 10/4/05, Dr. Garcia
8. MRI reports
9. Physical therapy notes
10. FCE report 8/9/01
11. Records, Texas Back Institute
12. Treatment notes, Dr. Binzer
13. IR report 11/15/01, Dr. Ritchie
14. Digital imaging report 11/12/99
15. X-ray reports 11/12/99

History

The patient injured her neck, right shoulder and lower back in ___ while lifting and pulling pallets of plants. She has been treated with physical therapy, chiropractic care, lumbar ESIs and pain management.

Requested Service(s)

Therapeutic exercise one on one for 2 x a week for 4 weeks/4 units.

Decision

I agree with the carrier's decision to deny the requested therapeutic exercise.

Rationale

The patient has had extensive passive and active forms of therapy over the past several years without relief of symptoms or improved function. If an individual's restoration is insignificant in relation to the extent and duration of chiropractic and physical therapy services required to achieve such potential restoration, then the services are not reasonable and necessary. Every form of active and passive therapy has failed in this case. Pain management has failed, medication and lumbar ESI's have failed, and carpal tunnel and shoulder surgery have failed.

The records provided for this review indicate that the patient has a history of non-compliance with treatment protocol. A 12/23/05 report indicated significant symptom magnification, and that the patient's subjective complaints exceed those of the objective clinical findings in combination with the results of the diagnostic studies.

Despite the extensive treatments, the patient's pain levels remain at or around 8/10. There has been no improvement in functional abilities, and her treatment has not allowed the patient to return to work. Based on the records provided, it appears that the patient's condition plateaued at a diminished level several years ago, and that little has been done at home in the way of exercises, walking, stretching and increasing daily activities, thus making the patient more and more dependant on non-effective therapy.

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 26th day of April 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. V. Brozek, Attn Stephanie, Fx 817-581-9231

Respondent: Winn Dixie, Attn Robert Josey, Fx 346-2539

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