Envoy Medical Systems, LP
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IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 22, 2006

Re: IRO Case # M2-06-1117–01

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 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. Medical records including two operative reports 10/13/05, 1/5/06, Dr. Seay
4. Carrier summary to IRO
5. Employers first report of injury
6. Medical records, Hale County Internal Medicine
7. MRI reports left knee 2/1/06, 8/5/05

History

The patient is a 41-year-old male who in July suffered pain in his left knee after stepping down off a fork lift. There was no fall or injury noted other than the onset of pain. The patient's history is notable for a knee fracture in ___. The patient was treated and evaluated. An MRI was obtained and he was referred to an orthopedic surgeon and placed on light duty. A KT-2000 ligament examination showed that the left knee was tighter than the right. The patient was sent for physical therapy, but did not respond well to the therapy. His range of motion was limited. On 10/13/05 the patient underwent left knee examination under anesthesia, arthroscopy and excision of plica. Intra-operative findings only showed a hypertrophic suprapatellar plica; the medial compartments were intact; there was no chondromalacia; no meniscal pathology was found. The ACL was noted to be intact. There was no evidence of ligament laxity. Because of persistent pain and stiffness, the patient was taken back to surgery on 1/5/06 for knee manipulation. This failed to improve his range of motion and pain.

Requested Service(s)

Total Knee Replacement.

Decision

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

Rationale

The patient has arthrofibrosis of his knee. Intr-operative findings confirm that there was no ligamentous damage or arthritic changes found in the medial or lateral femoral condyle. Therefore, the post-operative follow up MRI findings of arthritis on the medial portion of the femoral condyle likely represents articular thinning related to the old knee fracture. Total knee arthroscopy is not indicated for the patient's arthrofibrosis, and the patient could also develop arthrofibrosis of a knee arthroplasty.

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 23rd day of May 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: