

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

May 19, 2006

Re: IRO Case # M2-06-1192 -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. Peer review 4/19/06, Dr. Real

4. Initial consult report 1/31/06, follow up report 2/6/06, Dr. Albrecht
5. CT scan left foot 1/31/06
6. Employers first report of injury 1/27/06
7. Initial consult note 4/5/06, Dr. Cerday
8. Records 2/22/06 – 4/20/06, Bandera Road Injury Center
9. Handwritten minor ER center note 1/27/06

History

The patient is a 36-year-old male who was injured in ___ when he fell from scaffolding 20 feet to the ground, landing on his left foot standing. The scaffolding fell also and landed on the dorsal of his foot. This caused him to fall and twist his ankle. The patient was taken to a minor ER center and x-rays were taken that showed metatarsal and mid foot fractures. The patient was referred for orthopedic care. A CT was obtained that showed a cuboid fracture and irregularity of the head of the third metatarsal. The patient was diagnosed with a left cuboid fracture, a TMTJ crush injury and a left lateral ankle sprain. He was treated non-operatively with non-weight bearing and a fracture boot. The patient gradually returned to normal weight bearing and light duty work. He then began treatment at Bandera Road Injury Center.

Requested Service(s)

18 sessions of PT.

Decision

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

Rationale

The patient suffered a severe crush injury and multiple fractures to the left foot. On his follow up note of 2/6/06, his orthopedist noted that the patient was doing well and that his ankle exam was "unremarkable." He had some tenderness in the third metatarsal laterally and exquisite tenderness over the cuboid. Notes from Bandera Road Injury Center report severe pain, swelling and tenderness in the foot beginning 2/26/06. He was evaluated by a physician on 4/4/06, and a CT scan of the left foot and ankle were recommended. There is no report or documentation that a CT was obtained. If the patient continues to have severe pain and swelling, he should be seen by an orthopedist or a foot and ankle specialist to rule out non-union. A repeat CT scan may be necessary.

Physical therapy after an ankle sprain is appropriate to strengthen the ankle muscles and ligaments that have been damaged, as well as to restore range of motion. However, this patient needs to be cleared either by an orthopedic specialist or a foot and ankle specialist before getting physical 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 22nd day of May 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Bandera Road injury Center, Attn Dr. Driggers, Fx 210-521-4140

Respondent: Zurich American Ins. Attn Katie Foster, Fx 867-1733

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