

**Envoy Medical Systems, LP**  
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**NOTICE OF INDEPENDENT REVIEW DECISION**

June 9, 2006

**Re: IRO Case # M2-06-1244 -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 records 2/19/05 – 4/21/06, Dr. Dickason

4. Report MRI right knee 12/22/05
5. Operative report 1/31/06
6. Physical therapy progress reports 1/3/06 – 4/1/06
7. FCE 5/9/06

History

In \_\_\_\_, the patient was driving a bus when he had to come to an abrupt halt. As a result of pumping on the brakes, he suffered acute pain in the medial aspect of the right knee. He went to the ER the next day and was given medications. He followed up with an orthopedic surgeon on 12/19/05. X-rays of the right knee were negative. An MRI showed a complex tear of the body of the posterior horn of the medial meniscus, and a Grade I sprain of the medial collateral ligament. The patient underwent right knee arthroscopic partial medial meniscectomy and chondroplasty on 1/31/06. The patient completed 24 sessions of post-operative physical therapy. He underwent an FCE on 5/9/06, and a work conditioning program was recommended.

Requested Service(s)

PT 3 X wk X 4 wks.

Decision

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

Rationale

The patient completed 24 post-operative sessions of physical therapy. He is independent in his home exercise program. Physical examination by his orthopedic surgeon on 4/21/06 was unremarkable. The surgeon has stated that the patient could return to regular work activity with no limitation. Therefore formal physical therapy is not medically necessary and it is appropriate for the patient to continue with his home exercise program.

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.

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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 12<sup>th</sup> day of June 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: \_\_\_\_

Respondent: City of El Paso / Ward North America, Attn Roberta Cole, Fx 915-533-4999

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