

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

June 12, 2006

Re: IRO Case # M2-06-1342 -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 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, Dr. Seay
4. Physical therapy records

History

The patient sustained an injury to the right knee. She initially failed conservative management, and was taken to surgery for operative treatment. She was found to have a significant chondral lesion of the lateral tibial plateau. A chondroplasty was performed arthroscopically. She continued to have severe pain, as well as swelling, grinding and tenderness. She walks with a limp. Inflection is about 126 degrees post-operatively. The patient has exhausted conservative management, including two full rounds of physical therapy, which were 12 weeks each. Repeat arthroscopy, as well as other treatment options, were discussed with the patient. The patient was referred for a second opinion. Understanding all the risks, benefits and alternatives, the patient has chosen to proceed with total knee arthroplasty.

Requested Service(s)

Total knee replacement.

Decision

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

Rationale

Denials of the proposed surgery suggest that the patient was non-compliant with physical therapy, but the records provided for this review show that the patient missed only one or two visits in each of her 12-visit courses of physical therapy. There is no evidence in the records provided that the patient was non-compliant. Although the patient is young, it appears from the records that she understands the risks associated with the proposed surgery, as well as the potential benefits.

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 13th day of June 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: ____

Respondent: Albertson's Inc/FOL, Attn Katie Foster, Fx 867-1733

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