

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758

PH. 512/248-9020
IRO Certificate #4599

Fax 512/491-5145

NOTICE OF INDEPENDENT REVIEW DECISION

June 27, 2006

Re: IRO Case # M2-06-1554 -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. Upper extremity evaluation, Professional Hand Therapy of El Paso
4. FCE 4/27/06
5. Medical records, Dr. Pirela-Cruz
6. Imaging reports and medical records, including operative reports, Thomason Hospital

History

The patient is a 34-year-old male who was on his police motorcycle when he was injured in a motor vehicle accident in _____. He suffered multiple fractures and dislocations of the CMC joints of the left hand. He was taken to the emergency room for debridement and open reduction and fixation procedures. He was taken back to surgery on 8/30/05 for open reduction and fixation for CMC joint dislocations of the index and middle fingers that were not performed during the first surgery. In February 2006, 2nd and 5th MCPJ capsulodesis with percutaneous pinning were performed. The patient has completed over 24 sessions of occupational therapy with progress noted, and when the patient's surgeon saw the patient on 5/11/06, the surgeon recommended home exercise only, with a CMP machine and paraffin bath. The surgeon also noted that an FCE indicated that the patient could fulfill his job duties without restriction. When the patient was last seen by occupational therapy on 6/5/06, the patient was questioning whether he would ever regain full active ROM of his left hand. The patient continued to have very limited PIP active ROM, and was progressing very slowly. His MCPs and DIPs continued to improve.

Requested Service(s)

Occupational therapy 3X wk for 4 wks.

Decision

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

Rationale

The patient is several months out from his surgical procedure, and based on the medical records provided for this review, either requires further surgical intervention or a home exercise program. Continued formal occupational therapy would not continue to be beneficial at this time. If the patient or his surgeon are not interested in surgery at this time, a home exercise program would be appropriate. If further surgery is performed, then post-operative therapy might be beneficial.

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 28th 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: