

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

September 15, 2006

Re: IRO Case # M2-06-1633 –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. Review 1/9/06, Dr. Whitehead
4. RME 4/20/05, Dr. Ko

5. WH assessment psychosocial history report 4/24/06
6. Functional capacity assessment 4/21/06
7. Physical therapy records February – April 2006
8. Operative reports 1/10/06, ___/04
9. Medical records, including pre op H&P 8/2/04, Dr. Rosen

History

The patient injured the ring finger of his left hand in _____. The injury included left ring finger intra-articular open phalanx fracture and extensor laceration. He underwent open reduction and pinning of intra-articular open middle phalanx fracture, and extensor tendon repair on _____. The patient's pins were removed on 9/13/04, and he began physical therapy in his D.C.'s office in September 2004. The patient continued to complain of pain and stiffness in the finger joint. He eventually underwent contracture release of the interphalangeal joint, excision of fibrotic tissue, mallet deformity repair, reconstruction of the collateral ligament distal interphalangeal joint radial side, and application of a splint on 1/10/06. The patient then began physical therapy again, which continued for over two months. A 4/21/06 FCE rated the patient's current physical demand level as light-medium. His job was reported as requiring a heavy physical demand level. A psychosocial evaluation on 4/24/06 found the patient to have a mild level of depression and a moderate level of anxiety.

Requested Service(s)

20 sessions of work hardening.

Decision

I agree with the carrier's decision to deny the requested work hardening.

Rationale

The patient suffered a severe crush injury to his finger, requiring two surgeries. He has undergone extensive physical therapy, including work hardening and pain management programs. His most recent surgery included a reconstruction of collateral ligament. Following that surgery, he underwent eight weeks of physical therapy. Pain has been the patient's primary limiting factor. There is no scientific, peer-reviewed literature to support a work hardening program over hand therapy for injury to the finger and hand. The patient may require additional physical therapy following his ligament reconstruction, but a work hardening program would not be medically necessary.

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 18th day of September 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. McMillan, Attn Angie Velasquez Fx 713-697-7111

Respondent: American Home, Attn Katie Foster, Fx 867-1733

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