

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

August 22, 2006

Re: IRO Case # M2-06-1708 –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 doctor of Chiropractic, who is licensed in Texas, 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. Reviews 7/20/06, 5/25/06
4. Letter 6/29/06, Dr. Eaves

5. Initial evaluation 10/19/04, subsequent evaluations, treatment notes, Dr. Flood
6. FCE report 11/18/04
7. PPE report 12/8/05

History

The patient injured his right wrist in ____ 2004 when he was scraping on a floor, and his wrist bent over. He has been treated with physical therapy, medication and chiropractic care.

Requested Service(s)

12 sessions of physical therapy to include CPT codes 97110, 97140, 97035.

Decision

I agree with the decision to deny the requested additional physical therapy.

Rationale

The patient has received extensive treatment from the treating D.C., which has failed to be of significant benefit to the patient. The daily notes and evaluation reports repeatedly fail to show any relief in pain, and show persistent positive orthopedic tests. In a few of the notes the patient claims that he is worse after each treatment and that his home exercises also made him worse. A PPE evaluation on 2/8/05 showed the patient's grip strength was still "significantly below the normal range." On 4/1/05, in a follow up PPE, the patient was still significantly below the normal range. His VAS for pain was still graded as constant (75 – 100%), ranging from 5 to 7 on a scale of 10.

The D.C.'s documentation fails to show that his treatment has been of any lasting benefit, lacking objective and subjective improvement that would support continued treatment. There is no identifiable reason why further monitored therapy would be required for the patient. There is no indication that the treatment would cure or relieve the effects of the injury, promote recovery, or help the patient in the work place. The medical necessity of the proposed treatment has not been established.

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 23rd day of August 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: San Antonio Spine & Rehab, Attn Lori, Fx 210-921-0398

Respondent: St Paul & Fire Marine Ins, Attn Jeanne Schafer, Fx 347-7870

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