

Envoy Medical Systems, LP
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NOTICE OF INDEPENDENT REVIEW DECISION

December 7, 2006

Re: IRO Case # M2-07-0330-01 _____

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 Anesthesiology and Pain Management, 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. Chronic pain/ functional restorations programs statement, and other general guidelines and statements.

4. Physical therapy notes/ individual therapy notes, Injury Center of Houston, Health Trust
5. Request for medical dispute resolution 11/10/06, Health Trust.
6. Work hardening progress note 3/13/06, Health Trust
7. Psychiatric consultation 6/29/06, Dr. Cardona
8. RME rebuttal 5/22/06
9. RME 4/28/06, Dr. Tonn
10. FCE 4/26/06
11. Medical records, Dr. Berkman
12. Patient reevaluations, Dr. Raymond
13. Reports, Dr. Tiomgson
14. Mobile Kinetics report 6/16/06

History

The patient is a 70-year-old female who in _____ fell and injured her left elbow and left shoulder, and fractured her left knee. A psychological evaluation reveals significant depression and anxiety. She was released to full duty by her orthopedic surgeon on 12/13/05. Physical therapy has been performed. Individual counseling sessions have been performed without progress. An RME reveals no functional residual limitations, other than what would be expected for someone the patient's age.

Requested Service(s)

30 Chronic pain management (5xwk for 6wks).

Decision

I agree with the carrier's decision to deny the proposed pain management program.

Rationale

The patient is 70 years old and has not benefited from physical therapy, behavioral counseling and antidepressants. There is no MMPI in the records provided for this review, so the prognosis for additional therapy is not elucidated. Since the patient has not responded to similar treatment, however, it is unlikely that she will respond to additional behavioral treatment. OCOEM guidelines, 2004, Chapters 5 and 6 stress the need for diagnostic clarity and individualized, time-limited treatment plans with clear functional goals, as cornerstones of effective treatment.

In this case, the treatment plan is boiler plate, vague and not relevant to this patient. For example it says that physical therapy is to be determined, and that extensive counseling is planned regarding "chemical use." The patient is not taking medications other than OTC medications and an antidepressant.

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 19th day of December 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Health Trust, Attn Courtney, Fx 713-527-8558

Respondent: American Home Assurance, Attn Raina Robinson, Fx 479-273-8792

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