Envoy Medical Systems, LP
PH:(512) 705-4647
1726 Cricket Hollow Drive
FAX:(512) 491-5145
Austin, TX 78758 **IRO**
Certificate #X

Notice of Independent Review Decision

X

DATE OF REVIEW: X

IRO CASE NO. X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
X

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld **(Agree)** **X**

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY SUMMARY

Request for X denied as not medically necessary, Initial Adverse Dermination Letter dated X, by Dr. X. Dr. X determined that X was not medically necessary based on the fact that patient X.

Appeal letter dated X by Dr. X. Dr. X recommended against X. This was based on the fact that the MRI of the right wrist examination revealed no evidence to support the requested X.

Progress note from Dr. X, DO, dated X states that patient complains of X after work injury occurring X. Examination documented tenderness over the X. X was X on the right. Neurological examination was X. X recommended X. Also recommended MR

arthrogram of the wrist to further evaluate. XR results showed X.

PATIENT CLINICAL HISTORY SUMMARY
(continuation)
Progress note by Dr. X, dated X, states patient presents with X. Note states patient was treated with X. Physical exam showed X. The note also states XR of the right wrist dated X showed X. X diagnosis was bilateral partial scapho-lunate ligament tear and notes discuss treatment with X. Progress note by Dr. X dated X: Patient returns with symptoms unchanged. X impression was bilateral partial scapho-lunate ligament tear. Treatment options were reviewed. Patient elected to proceed with surgical management.

Pre-Admission/Worksheet dated X submitted by Dr. X for right scapho-lunate ligament tear to be treated with X.

MR arthrogram of right wrist dated X, performed and interpreted by Dr. X, MD: Dr. X injected the mid carpal joint and the distal radioulnar joint. X findings were of no significant abnormality directly visualized. X noted contrast in the radiocarpal joint though contrast was not injected into the radiocarpal joint and X did not see an abnormality of the triangular

fibrocartilage complex or a perforation of the scapho-lunate joint or the triquetral ligament. X states there appears to be minimal degenerative signal in the scapho-lunate ligament.

Summary: A X who injured both wrists in X, was diagnosed with injuries to both scapho-lunate ligaments. Notes state X underwent X. No documentation of therapy has been reviewed. Patient remains symptomatic and was recommended that X undergo X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION

Opinion: I agree with the benefit company's decision to deny the requested service.
Rationale: I feel that patient needs to have documented X. I honestly feel that the evidence for injury to the scapho-lunate ligament is scant.
Requested service, X, is not medically necessary.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE & EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS X

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

PRESSLEY REED, THE MEDICAL DISABILITY

ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE DESCRIPTION)