



Texas Department of Insurance, Division of Workers' Compensation
 7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION
Retrospective Medical Necessity

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor's Name and Address: Lake Conroe Physical & Medical Clinic 324 N 23rd Suite 201 Beaumont TX 77707	MDR Tracking No.: M5-06-0651-01
	Claim No.: _____
	Injured Worker's Name: _____
Respondent's Name and Address: Texas Mutual Insurance Box 54	Date of Injury: _____
	Employer's Name: PTEX Corp
	Insurance Carrier's No.: 99E0000392333

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DWC-60 package. Position summary: None submitted.

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Response to DWC-60 package. Position summary: None submitted.

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
11-23-04 to 1-3-05	97032, 97035, 97140-59, 95900, 95904, 97124	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code and Division Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), Medical Dispute Resolution assigned an Independent Review Organization (IRO) to conduct a review of the medical necessity issues between the requestor and respondent.

The disputed dates of service 10-11-04 through 11-19-04 are untimely and ineligible for review per DWC Rule 133.308 (e)(1).

The Division has reviewed the enclosed IRO decision and determined that the requestor did **not** prevail on the disputed medical necessity issues.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the requestor is not entitled to reimbursement for the services involved in this dispute and is not entitled to a refund of the paid IRO fee.

Findings and Decision by:

Dee Z. Torres, Medical Dispute Officer

5-2-06

Authorized Signature

Typed Name

Date

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. 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. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

MATUTECH, INC.

PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544

April 28, 2006

Debra Hewitt
Texas Department of Insurance
Division of Workers' Compensation
Fax: (512) 804-4001

Re: Medical Dispute Resolution
MDR#: M5-06-0651-01
DWC#: _____
Injured Employee: _____
DOI: _____
IRO Certificate No.: IRO5317

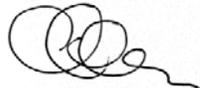
Dear Ms. Hewitt:

Matutech, Inc. has performed an Independent review of the medical records of the above-named case to determine medical necessity. In performing this review, Matutech reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

Matutech certifies that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him the provider, the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were obtained from Lake Conroe Physical & Medical Clinic and Texas Department of Insurance. The Independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is licensed in Physical Medicine and Rehabilitation and is currently on the DWC Approved Doctor list.

Sincerely,



John Kasperbauer
Matutech, Inc.

REVIEWER'S REPORT

Information provided for review:

Request for Independent Review

Information provided by Lake Conroe Physical & Medical Clinic:

No records (except for DWC 62 from 10/11/04 – 01/03/05)

Information provided by Texas Department of Insurance:

Office notes (10/08/04 – 01/17/06)
Electrodiagnostic tests (10/21/04 – 05/24/05)
FCE (10/26/04 – 01/05/05)
Impairment rating report (02/10/05)
Radiodiagnostics (02/14/05)
DDE (09/07/05)
Procedure note (12/02/05)

Clinical History:

This is a 54-year-old female who injured her right elbow and right forearm on _____. She was lifting chicken crates weighing about 50 lbs throughout the day.

2004: Najmuddin Karimjee, M.D., evaluated the patient for right arm and right elbow pain. Cozen's test, golfer elbow test, Tinel's tap over the elbow, and pronator teres syndrome test were positive. X-rays of the right elbow were unremarkable. Dr. Karimjee diagnosed pronator teres syndrome, sprain/strain of right elbow/forearm, and muscle spasm. The patient attended 35 sessions of physical therapy (PT) (as per explanation of benefit reports) from October 11, 2004, through December 30, 2004. The modalities used were electrical stimulation (97032), therapeutic exercises (97110), ultrasound (97035), manual therapy (97140), therapeutic activities (97530), and massage therapy (97124). He also underwent motor nerve conduction velocity study (95900) and it was unremarkable. Sensory nerve conduction test (95904) was positive for findings at the trigeminal, C2, C6, C7, and C8 nerves bilaterally. In a functional capacity evaluation (FCE), the patient exhibited work performance at a sedentary work level. The evaluator stated the patient could not resume normal work activities. Dr. Karimjee added Lexapro for depression. X-rays of the cervical spine were unremarkable.

2005: On January 3, 2005, the patient attended a single session of therapy consisting of electrical stimulation (97032), therapeutic activities (97530), and massage therapy (97124). After completion of PT, an FCE was performed. She again qualified for the sedentary work level. Dr. Karimjee recommended no work. Sensory nerve testing revealed the same findings as before. Lewis Clark, D.C., assigned an impairment rating (IR) of 0%. Magnetic resonance imaging (MRI) of the right elbow revealed: (a) Partial tear of the common extensor complex, the lateral ulnar collateral ligament. There was near complete tear of the radial collateral ligament with a few fibers still remaining attached to capitellum and the radius, and tear of the lateral fringe. (b) Tendinitis/mild partial tear of the common flexor tendon complex, strain of the ulnar collateral ligament. Dr. Karimjee referred the patient to an orthopedist. He also disagreed to the IR given by Dr. Clark and stated that the IR should have been 15%. He stated the patient was not at maximum medical improvement (MMI) pending surgical consult. Electrodiagnostic findings were positive for right median sensory neuropathy at the wrist. Carl Cannon, M.D., an orthopedist, noted that despite PT, Ultram, and Vicodin, the patient continued to have symptoms. The grip strength was decreased on the right and Tinel's was mildly positive at the carpal tunnel. Munir Shah, M.D., a hand surgeon, was consulted. He recommended right elbow surgery. He injected the right elbow. The history was noted to be significant for right radial tunnel surgery and left tennis elbow surgery. Steven Holtzman, M.D., a designated doctor, noted the following: Dr. Westmorehand diagnosed right elbow pain consistent with lateral epicondylitis as well as cubital tunnel syndrome. A cubital tunnel protocol was initiated after the patient underwent an elbow injection. Dr. Holtzman stated the patient was not at MMI. On December 2, 2005, Dr. Shah performed debridement of right golfer's elbow with a partial medial epicondylectomy. Dr. Karimjee put her on Cymbalta and Ultram. Dr. Shah noted good progress after the surgery and recommended occupational therapy (OT).

2006: On January 17, 2006, Dr. Karimjee noted some increased tightness and tenderness medially. The patient was undergoing PT two times a week for three weeks. There was increased ROM in the right elbow and some decrease in the right elbow stiffness. Dr. Karimjee recommended follow-up with Dr. Shah.

Disputed Services:

Electrical stimulation (97032), ultrasound (97035), manual therapy technique (97140-59), nerve conduction testing no F wave (95900), sensory nerve testing each nerve (95904), and massage therapy (97124)
(DOS - 11/23/04 – 01/03/05).

Explanation of Findings:

The patient appears to have a sprain/strain of the right elbow, moderate to severe epicondylitis with common flexor partial tear. Patient underwent extensive therapy which exceeded the guidelines.

Conclusion/Decision To Uphold, Overturn or Partially Uphold/Overturn denial:

Based on the medical records available and the amount of therapy prior to the dates under dispute, it is my opinion that the denial should be upheld.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

In addition to my multiple years of training and education, the therapy completed exceeds what is standard and recommended by the evidence based studies, including ODG and ACEOM.

The physician providing this review is a physician, doctor of medicine. The reviewer is national board certified in physical medicine and rehabilitation. The reviewer is a member of American Academy of Physical Medicine and Rehabilitation. The reviewer has been in active practice for twenty-three years.

Matutech is forwarding this decision by mail and in the case of time sensitive matters by facsimile to the Texas Department of Insurance, Division of Workers Compensation.

Matutech retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by Matutech clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the Utilization Review Accreditation Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by Matutech represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to Matutech for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Matutech assumes no liability for the opinions of its contracted physicians and/or clinician advisors the health plan, organization or other party authorizing this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §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.