



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 Dispute

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor's Name and Address: Suhail Al-Sahli, D.C. 1210A NASA Rd 1 Houston, Texas 77058	MDR Tracking No.: M5-06-0958-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Box 01	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: DWC-60 dispute package
POSITION SUMMARY: Per the table of disputed services "Necessary medical treatment"

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to DWC-60
POSITION SUMMARY: No position summary submitted by Respondent

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
01-10-05 to 01-20-05	Work hardening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00

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

Dates of service 12-20-04 through 01-07-05 per Rule 133.308(e)(1) were not timely filed and will therefore not be a part of the review.

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:

03-10-06

Authorized Signature

Date of Findings and Decision

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

February 28, 2006

Texas Department of Insurance
Division of Workers' Compensation
Fax: (512) 804-4871

Re: Medical Dispute Resolution
MRD#: M5-06-0958-01
DWCC#:
Injured Employee:
DOI:
IRO Certificate No. IRO5317

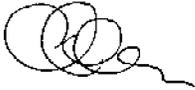
Dear Ms. Torres:

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 Suhail Al-Sahli, D.C. The Independent review was performed by a matched peer with the treating health care provider. This case was reviewed by the physician who is licensed in Chiropractic, and is currently on the TWCC Approved Doctor list.

Sincerely,



John Kasperbauer
Matutech, Inc.

REVIEWER'S REPORT

Information provided for review:

Request for Independent Review

Information provided by Suhail Al-Sahli, D.C.

Office notes (02/25/04-10/26/05)
Physical therapy notes (02/10/04-10/26/05)
WHP (12/20/04-01/20/05)
Radiology reports (03/01/04-09/27/04)

Clinical History:

This patient is a 41-year-old male who injured his left foot when a forklift tire ran over his foot. He developed severe pain and swelling in the left ankle. Suhail Al-Sahli, D.C. initiated therapy with cold packs, joint mobilization, myofascial release, ultrasound and therapeutic exercises. From February 2004 through October 26, 2005, the patient attended 57 PT sessions with Dr. Sahli. Masroor Ahmed, M.D. and Rezik Saqer, M.D., pain specialists, diagnosed left ankle/foot internal derangement syndrome. They prescribed Norco, Naprosyn and Skelaxin. David Gunther, D.P.M. assessed possible tear of the calcaneocuboid ligament. He recommended continued therapy and felt surgical intervention was not needed.

Magnetic resonance imaging (MRI) of the left ankle revealed a small ankle effusion, bone bruise/contusion involving the lateral malleolus and lateral aspect of the calcaneocuboid, and focal edema in the plantar soft tissues. Repeat MRI of the left ankle with and without contrast revealed thickening of the anterior talofibular ligament consistent with chronic sprain, and minimal ankle and subtalar joint fluid. Weight bearing MRI of the left ankle with and without contrast revealed a small tibiotalar and talonavicular effusion, mild osteoarthritis of the first metatarsophalangeal joint, and a small scar just plantar to the fourth digit. Hanna Francis, D.P.M., diagnosed possible sinus tarsi syndrome and enthesopathy of the talofibular ligament. She recommended therapy and an injection into the lateral aspect of the left foot but the patient declined the injection. Kevin Warner, M.D., performed a required medical examination (RME). He recommended an ankle injection following which Mr. Thomas might be at maximum medical improvement (MMI). In an impairment rating (IR) evaluation, Dr. William Healey stated that the patient was not at MMI. He recommended an orthopedic evaluation. Jeffery Reuben, M.D., an orthopedic surgeon, diagnosed lateral ligament sprain of the left ankle. He recommended continued therapy, cortisone injection, ankle splint, and naproxen. Following an initial FCE, the patient underwent seven weeks of work hardening program (WHP) at Nassau Bay Rehab from December 20, 2004, through January 20, 2005 (The patient underwent the fifth to seventh weeks of WHP from January 10, 2005 through January 20, 2005). The results of the exit FCE indicated that Mr. Mitchell had definite benefit from the WHP. All the areas of physical deficiencies required for the job were addressed and corrected in the WHP.

On February 8, 2006, William Welborn, M.D. performed a medical record review. He rendered the following opinions: 1) A WHP was not necessary as related to the compensable injury. 2) No further formal treatment was needed other than a home exercise program. Joel Nachimson, M.D. assessed MMI as of February 16, 2005 and assigned WPI of 1%. He recommended full duty with continued home exercises and anti-inflammatories as needed.

On March 22, 2005, the IRO reviewer partially agreed with the carrier for PT during the period of 03/16/04 through 09/15/04.

On October 26, 2005, Dr. Sahli noted minimal pain and swelling over the left ankle.

Disputed Services:

Work hardening program (dates of service: 01/10/05-01/20/05)

Explanation of Findings:

This patient had a very extensive treatment protocol to include chiropractic rehabilitation and exercises. There were greater than 50 office visits for a sprain of the ankle, which is greatly in excess for even a severe ankle sprain. The patient apparently had responded to the care, as an FCE indicated that he was able to perform very heavy lifting even before the work hardening program began. The FCE recommended work hardening, but no reason was given for the program. Few goals are attainable in work hardening when the patient meets or exceeds the job requirements even before the program begins. It is also noted that the patient was found to be at MMI with only 1% impairment while in the work hardening program and that the FCE was significant only for small restrictions in ranges of motion.

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

The reviewer agrees with the URA determination.

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

Mercy Guidelines, TDI/DWC MFG and Reasonable clinical protocol.

The physician providing this review is a Doctor of Chiropractic. The reviewer has been in active practice for 14 years.

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

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.