



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

**Corrected MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION**  
**Retrospective Medical Necessity and Fee Dispute**

**PART I: GENERAL INFORMATION**

<b>Type of Requestor:</b> (X) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor's Name and Address:	MDR Tracking No.: M5-06-1303-01
	Claim No.:
	Injured Worker's Name:
Respondent's Name and Address: <b>Royal Indemnity Box 11</b>	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

**PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY**

DWC-60 package. Position Summary: None provided.

**PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY**

Response to DWC-60 package. Position Summary: Prior to 8-26-05 we have a medical opinion that indicates the use of prescription medication is not reasonable or necessary therefore disputed.

**PART IV: Corrected SUMMARY OF DISPUTE AND FINDINGS**

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
8-23-04 to 7-29-05	HYDROCODONE \$32.56 x 9 days	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$293.04
8-23-04 to 7-29-05	HYDROCODONE \$40.99 x 3 days	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$122.97
8-23-04 to 7-29-05	HYDROCODONE \$30.99 x 1 day	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$ 30.99
2-17-05 to 7-21-05	CYCLOBENZAPRINE & CLOTRIMAZ/BETAMETH	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
	TOTAL		\$447.00

**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 disputed date of service 7-23-04 is 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 **prevailed** on the disputed medical necessity issues.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

28 Texas Administrative Code Sec. 133.308, 134.202

**PART VII: Corrected DIVISION DECISION AND ORDER**

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 entitled to additional reimbursement in the amount of \$447.00.

The Division hereby **ORDERS** the insurance carrier to remit this amount to the Requestor within 30 days of receipt of this Order.

**Corrected Order by:**

\_\_\_\_\_, Medical Dispute Officer

\_\_\_\_\_, 5-4-06

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Date

# MATUTECH, INC.

PO Box 310069  
New Braunfels, TX 78131  
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April 24, 2006

Texas Department of Insurance  
Division of Workers' Compensation  
Fax: (512) 804-4868

Re: Medical Dispute Resolution  
MRD#: M5-06-1303-01  
DWC#: \_\_\_\_\_  
Injured Employee: \_\_\_\_\_  
DOI: \_\_\_\_\_  
IRO Certificate No. IRO5317

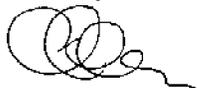
Dear Ms.

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 Royal Sun Alliance USA and Dr. Lubor Jarolimek. 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 orthopedics, 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 Royal Sun Alliance USA:

Independent medical evaluation (10/09/03-03/04/04)

Information provided by Dr. Lubor Jarolimek:

Office note (02/09/06)

## **Clinical History:**

Mr. \_\_\_ is a 46-year-old Black male who injured his left knee while at work.

**2000-2002:** No records are available.

**2003:** Larry Likover, M.D., performed an independent medical evaluation (IME). The patient had been seen in an IME in October 2001 and had unchanged status since then. The patient continued to be disabled because of knee, back, and neck pain. He was taking Lorcet occasionally and was being treated by a chiropractor. He was noted to be walking with the help of a cane. Examination was unremarkable. The patient had undergone a prior left knee arthroscopy. Dr. Likover rendered the opinions as follows: (1) The patient's condition was stationary. (2) He was at maximum medical improvement (MMI). (3) He could return to work and did not require any chiro treatment. (4) The complaints and injury of had resolved. (5) The present complaints were related to aging. (6) Maintenance on Vicodin was not required.

**2004:** On repeat IME, Dr. Likover found the patient's condition to be unchanged. He felt the patient had recovered after the arthroscopy and his subjective complaints were unverified. He stated the patient should be weaned off Lorcet which was being taken on a long-term basis and that he should be managed with over-the-counter medications.

**2005:** Lubor Jarolimek, M.D., evaluated the patient for discomfort in the left knee. The carrier had denied the request for left knee replacement. There was crepitus noted with motion. Dr. Jarolimek diagnosed chronic left knee pain and posttraumatic osteoarthritis of left knee. He stated the injury had caused exacerbation of the pre-existing condition. The conservative measures, injections, and arthroscopic procedure of April 27, 2001, had failed resolve the patient's symptoms. Therefore, left total knee replacement was the last resort.

**2006:** On February 9, 2006, Dr. Jarolimek noted the knee pain was causing back pain. Therapy and medications were not helping. The patient had a history of high blood pressure, heart disease, and diabetes mellitus. He was taking Lorcet, Soma, Xanax, glyburide, and asthma medications. He walked with an antalgic gait with the help of a cane. The left knee had crepitus and there was tenderness. X-rays of the left knee revealed osteoarthritis throughout the knee joint and medial joint line narrowing. Dr. Jarolimek recommended left total knee arthroplasty.

From TWCC 60 report, it was noted that following medications were prescribed: Hydrocodone (07/23/04-07/29/05), cyclobenzaprine (06/21/05-07/29/05), and clotrimazole (02/17/05 & 04/29/05)

## **Disputed Services:**

Prescriptions for hydrocodone, cyclobenzaprine, and clotrimazole/Betameth Dip C for dates of service from August 23, 2004, through July 29, 2005.

## **Explanation of Findings:**

Please refer to the above summary.

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

It appears that the most reasonable plan at this time would be to partially overturn the denial. This patient does appear to have significant osteoarthritis of the knee which can be attributed to a previous work-related injury, which exacerbated the preexisting diagnosis of knee osteoarthritis. The fact that the patient has significant injury requiring surgical intervention and arthroscopy likely related to further progression of the patient's arthritic changes of the knee and treatment the patient's knee therefore should be provided as a portion of compensable injury. The hydrocodone does appear to be reasonable if only being taken on intermittent basis. Chronic use of the medications cyclobenzaprine did not appear to be indicated for any osteoarthritis and/or back pain. The use of clotrimazole antifungal also does not appear to be reasonable for the patient's work-related event or injury. Therefore, the use of hydrocodone if taken rarely would be reasonable and evaluation by pain specialist if conservative measures continue to fail would be reasonable as well to consider long-acting narcotic medications for chronic use. An attempt should also be made to treat the patient with a non-narcotic medication such as Ultram and Tylenol as well as anti-inflammatory as these may provide sufficient relief to no longer warrant the use of a narcotic.

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

The patient is extremely young at 46 years old, and at this point a second opinion should be obtained by a fellowship-trained joint specialist to determine the need for a total knee replacement in someone at this young age. Although this is an occasional occurrence, it is typically an extremely rash or somewhat rash to perform a total knee replacement in patient at this age. Recommendation should be made by a fellowship-trained joint surgeon as to whether or not this is a reasonable treatment at this time after evaluation of upright standing, x-rays of the knee. An attempt should also be made to treat the patient in an unloader brace would also provide a lateral heel as if this has not been done at this point prior to pursuing any type of total knee arthroplasty.

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The physician providing this review is an Orthopedic Surgeon. The reviewer is national board eligible by the American Board of Orthopedic Surgeons. The reviewer has been in active practice for 9 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.