

MATUTECH, INC.

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March 6, 2006

Rebecca Farless
Texas Department of Insurance
Division of Worker's Compensation
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR Tracking #: M2-06-0698-01
DWC#: _____
Injured Employee: _____
DOI: _____
IRO#: IRO5317

Dear Ms. Farless:

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 San Antonio Spine and Rehab and Parker and Associates. 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 Pain Management and is currently on the DWC Approved Doctors List.

Sincerely,



John Kasperbauer
Matutech, Inc.

REVIEWER'S REPORT

Information provided for review:

Request for Independent Review

Information provided by San Antonio Spine and Rehab:

Office notes (09/28/02 – 12/16/05)
Radiodiagnostic studies (02/10/03 – 01/19/06)
Therapy progress notes (10/14/02 – 01/13/06)
Electrodiagnostic studies (03/28/03)

Information provided by Fairfield Insurance Co./Parker & Associates:

Designated Doctor Evaluation (03/06/04)
Required Medical Examination (04/26/05)

Clinical History:

This patient is a 44-year-old male who was injured on ____, when he fell off the back of a pick-up truck sustaining a right distal radius fracture.

2002: Kurt Mentzer, M.D., treated Mr. ____ with instructions for strict elevation and pain medication. Karen Jones, M.D., confirmed the fracture on the x-rays which revealed fairly extensive comminution, shortening of the distal radius, and concomitant ulnar styloid fracture. Dr. Jones also assessed right carpal tunnel syndrome (CTS). Dr. Jones prescribed Medrol Dosepak. On October 8, 2002, Dr. Jones performed open reduction internal fixation (ORIF) of right distal radius and right carpal tunnel release (CTR). Postoperatively, a transcutaneous electrical nerve stimulation (TENS) unit and continuous passive motion (CPM) unit were provided. He was subsequently diagnosed with reflex sympathetic dystrophy (RSD) of the right upper extremity based on the x-rays and treated with Zoloft and Neurontin. The patient attended physical therapy (PT) for two months consisting of massage, therapeutic procedures, and application of a heating pad. The patient underwent stellate ganglion blocks on the right on two occasions. On December 19, 2002, Dr. Jones also performed removal of the hardware and partial excision of the distal ulna from the right wrist for traumatic arthritis of the distal radial ulnar joint and wrist ankylosis.

2003: X-rays of the right wrist revealed early radiocarpal arthritis with chondrolysis between the scaphoid and radial styloid with some little ulnar translocation of the carpus. Dr. Jones recommended use of wrist splints. Electromyography/nerve conduction velocity (EMG/NCV) studies revealed left ulnar entrapment at the level of the elbow and a very mild left median entrapment at the level of the wrist. On April 29, 2003, Dr. Jones performed removal of the hardware from the right wrist, right wrist fusion, right wrist extensor tenolysis, and sling stabilization. Postoperatively, Darvocet, Medrol Dosepak, Celebrex, and Osteo Bioflex were given. A bone scan was unremarkable.

2004: Magnetic resonance imaging (MRI) of the left wrist revealed early subchondral cyst formation involving the proximal poles of the triquetrum and lunate. In a designated doctor evaluation (DDE), Grace Jennings, M.D., assessed maximum medical improvement (MMI) as of March 6, 2004, and assigned whole person impairment (WPI) rating of 18%. On April 22, 2004, Dr. Jones performed open release of the carpal tunnel of the left hand for the left carpal tunnel syndrome (CTS). Computerized tomography (CT) of the right wrist revealed arthrodesis, delayed or non-union, and resected distal end of ulna.

2005: Mario Bustamante, M.D., noted distal radial-ulnar joint disruption with chronic pain and recommended an evaluation by hand surgeon. In a required medical evaluation (RME), Victor Lyday, M.D., rendered the following opinions: (1) The patient did not have any non-union. (2) Surgery would not be required for the right arm. (3) The patient should be rehabilitated to some sort of work activity. (4) His restrictions would be limited heavy lifting. Jacob Varon, M.D., a hand surgeon, confirmed the presence of an incomplete union of the radiocarpal articulation with delayed ulnar union, based on the CT scan findings. He recommended a chronic pain management program (CPMP) and prescribed Soma and Zolof. He recommended 20 sessions of CPMP. J. L. Eaves, D.C., diagnosed grade II wrist sprain/strain, neuralgia, myositis, muscular deconditioning, median nerve entrapment, and upper extremity causalgia. From September through December, the patient attended 13 sessions of PT. In a physical performance evaluation (PPE), it was concluded that the patient was not able to perform his regular activities. A CPMP was recommended. In a psychological evaluation, the patient was diagnosed with severe major depressive disorder and chronic pain syndrome. 30 sessions of CPMP were recommended. From November through December, the patient attended 20 sessions of CPMP. On November 22, 2005, Dr. Varon performed de Quervain's release, neurolysis of the left median nerve, tenosynovectomy of the wrist, decompression of the carpal tunnel, and application of the splint, on the left. The postoperative diagnoses were progressive function impairment of the left hand, recurrent neuropathy of the left median nerve, progressive numbness and impairment of flexion, left de Quervain's disease, tenosynovitis of the first compartment. In December, Dr. Eaves requested additional 10 sessions of CPMP. He indicated that the patient's pain level had decreased by 25%. The carrier denied the additional 10 sessions stating that the return to work issues had not been sufficiently addressed and narcotic medications were still been provided for pain management without any marked reduction in the medication utilization.

2006: In January, the patient attended five sessions of PT. On January 6, 2006, the carrier denied a reconsideration request of the 10 sessions of CPMP. On January 19, 2006, MRI of the right wrist revealed metal artifact from an internal fixation device, fusion of the wrist, and thickening of the flexor carpi ulnaris tendon and tendon sheath.

Disputed Services:

Additional 10 sessions of pain management.

Explanation of Findings:

The records reviewed indicate ongoing pain and symptoms despite recent surgery. Therapy notes reveal persistent complaints despite pain management program.

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

Based on this review, there is no significant objective benefit documented. Although Dr. Eaves indicates improvement with the patient, all the therapy notes continue to document patient having same complaints of burning and pain which is constant and severe. There obviously is some discrepancy and is questionable the amount of benefit this patient is actually having with this program since there has been no functional improvements after 4 weeks to justify 2 more weeks. Therefore, unable to authorize 10 more visits.

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

ACOEM GUIDES, ODG GUIDES.

The physician providing this review is a physiatrist. The reviewer is national board certified in physical medicine rehabilitation as well as pain medicine. The reviewer is a member of The American Academy of Physical Medicine and Rehabilitation, International Spinal Intervention Society, American Society for Intervention Pain Physicians. The reviewer has been in active practice for 10 years.

Matutech is forwarding this decision by mail and in the case of time sensitive matters by facsimile. A copy of this finding to the provider of records, payer and/or URA, patient and 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.