

MATUTECH, INC.

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March 20, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-06-0702-01
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 Dean R. McMillan, M.D., and Hartford Underwriters Insurance. 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 Dean R. McMillan, M.D.:

Office notes (11/19/04 – 12/09/05)
Therapy notes (04/15/05 – 01/20/06)

Information provided by Hartford Underwriters Insurance:

Designated Doctor Evaluation (04/04/05 – 10/11/05)

Clinical History:

This 64-year-old male was injured on ____ sustaining a fracture in the right tibia.

2004: On ____, the patient presented to the Memorial Hermann Northwest Hospital emergency room (ER) where Adam Klein, M.D., evaluated and admitted him. On November 20, 2004, Dr. Klein performed open reduction and internal fixation (ORIF) of the right distal tibial fracture. X-rays had revealed an intraarticular fracture of the right distal tibia. The patient was treated with Tylenol, Benadryl, Prevacid, Colace, and Ancef in the hospital. He was discharged with Vicodin. A walker boot was provided.

2005-2006: David Bloome, M.D., performed irrigation and debridement of the right ankle wound with closure. The postoperative diagnosis was sinus tract fistula to the right ankle joint. Postoperatively, cyclobenzaprine and Propo-N/APAP were dispensed. In a designated doctor evaluation (DDE), Howard Hood, M.D., opined that the patient was not at maximum medical improvement (MMI) and recommended a re-evaluation and physical therapy (PT). Dean McMillan, M.D., a pain specialist, noted significant swelling of the ankle and foot. He recommended to using the crutches and a walking boot. He prescribed Celebrex and initiated PT. From April through May, the patient attended 16 sessions of PT consisting of therapeutic exercises, neuromuscular reeducation, manual therapy, and application of ice. An electrical muscle stimulator (EMS) unit was also provided. Lubor Jarolimek, M.D., assessed diffuse osteopenia of the right foot with restricted range of motion (ROM) of the right ankle secondary to the fracture and symptomatic hardware. On May 23, 2005, he performed removal of the screws of the right distal tibia. From June 2, 2005, through January 20, 2006, the patient attended 90 sessions of PT consisting of aforementioned modalities. Dr. McMillan added Motrin to the medications. In a psychological evaluation, the patient was diagnosed with adjustment disorder with depressed mood and pain disorder. A work hardening program (WHP) was recommended. In DDE, Dr. Hood assessed clinical MMI as of October 11, 2005, and assigned whole person impairment (WPI) rating of 3%. In November, in a mental health evaluation, the patient was diagnosed with adjustment

disorder, depression, and pain disorder. A comprehensive chronic pain management program (CPMP) was recommended. In a follow-up, Dr. McMillan prescribed Motrin, Phenergan, Zoloft, and Darvocet-N. The patient was seen at the Pain & Recovery Clinic. 20 sessions of CPMP were recommended and a pre-authorization request was placed for the same. On December 9, 2005, the patient was reevaluated. He rated his pain at 5/10. The evaluator indicated that the patient had extensive surgery to his right ankle with limited results and appeared to be an appropriate candidate for CPMP. On December 19, 2005, the request for the CPMP was denied by the carrier.

Disputed Services:

20 sessions of chronic pain management program.

Explanation of Findings:

The records indicate that this patient was injured after sustaining a tibial fracture requiring ORIF in _____. The patient was referred for postoperative physical therapy and medication management. The patient had extensive physical therapy between June 2005 and January 2006. Based on the recent psychological testing, the recommendation was to refer to a pain management program for adjustment disorder and anxiety. The patient was taking Darvocet and Zoloft.

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

It is my opinion that the patient's current condition is limited by his ongoing pain and psychological stress secondary to the recent injury and inability to return back to work. Based on the most recent mental health evaluation, the patient does indeed have chronic pain and referral for limited chronic pain program would be appropriate. I do not see any contraindications with referring him for a pain program. However, I would only recommend a partial pain program, only two weeks or 10 sessions to begin with. This would ensure that there is patient compliance and objective evidence of benefit. The reasonable goals during the program would be to improve functional status, wean narcotics, and prepare for return to work and MMI. Because it is a recent injury and based on the recent abnormal psychologic studies, a limited pain program would be acceptable.

Therefore, it is my opinion to recommend a partial pain program for this gentleman in preparation for return to work.

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

ACOEN guidelines, chapter 8.

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.