MATUTECH, INC.

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March 7, 2006

Rebecca Farless
Texas Department of Insurance
Division of Worker's Compensation
Fax: (512) 804-4871

Re: Medical Dispute Resolution

MDR Tracking #:	M2-06-0769-01
CLAIM #:	___
Injured Employee:	___
SS#:	___
DOI:	___
IRO#:	IRO5317

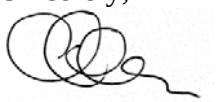
Dear Ms. Farless:

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 James Demonte Tanner, 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 chiropractics, and is currently on the TWCC Approved Doctors List.

Sincerely,



John Kasperbauer
Matutech, Inc.

REVIEWER'S REPORT

Information provided for review:

Request for Independent Review

Information provided by James Demonte Tanner, D.C.:

Office notes (12/23/05 - 02/20/05) Including note from Dr. Breckenridge
MRI right knee (02/02/06)

Information provided by Charter Oak Fire Insurance Company:

Not available

Clinical History:

This 36-year-old male patient injured his right knee slipped and fell while carrying a sofa upstairs on ___. He sustained a contusion to the right knee along. James Tanner, D.C., evaluated the patient. Dr. Tanner planned passive and active therapy and placed a request for the same. However, on January 09, 2006, the requested was denied as the proposed treatment did not meet the medical necessity guidelines. Dr. Tanner submitted a re-consideration request. He explained as follows: *The patient had not received any therapy and continued to have knee pain that was not improving. It had been approximately seven weeks since the injury and the likelihood of this being a minor sprain and strain was growing smaller as a result of the history of injury*. The re-consideration request was also denied.

On February 2, 2006, magnetic imaging studies (MRI) of the right knee revealed slight blunting of the posterior horn of the medial meniscus (post-surgical or from degeneration) and minimal fluid within the joint. On February 20, 2006, Charles Breckenridge, M.D., an orthopedic surgeon, reviewed the MRI findings and noted intact anterior cruciate ligament (ACL) graft; medial femoral condylar chondromalacic changes; and previous partial meniscectomy versus a possible tear. The patient had a history right ACL reconstruction in 1997. X-rays revealed two screws in the tibia and femur. Dr. Breckenridge diagnosed right knee internal derangement, possible medial meniscus tear, and chondromalacia of the patella. The patient was instructed in aggressive strengthening and stretching exercises. Dr. Breckenridge prescribed a J-DonJoy brace and stated that if the patient did not improve, arthroscopic debridement would be an option.

Disputed Services:

Physical therapy for the right knee: 97110, 97140, 97112, 97035, and G0283.
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Explanation of Findings:

Both of the URA doctors on this case have seemed to decline care because of the fact that manipulation is ineffective in disorders of the knee. While that fact in itself is debatable, it is not an issue in this case. The requesting doctor in this case has asked for therapeutic exercises, manual therapy, neuromuscular re-education, ultrasound and muscle stimulation. I can find no record that indicates the patient has had a trial of physical medicine. While some of the URA findings indicate that the patient had several days of PT, no records of such treatment are indicated and the treating doctor seems to indicate that none was ever performed by any provider. It is a reasonable treatment plan to utilize physical medicine at the outset of an injury. The delay of such care, in this case almost 4 months, does inhibit the ability of the treatment to be effective. Also we must consider that the patient had previous trauma to the knee, making it even more difficult to improve this condition. However, 12 visits for this type of injury is not outside established protocol and standards. As a result, the treatment is considered reasonable and necessary on this patient.

Conclusion/Decision to Uphold, Overturn or Partially Uphold/Overturn URA's denial:

The reviewer disagrees with the prior determination and overturns the URA denial.

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

TCA Guidelines to Quality Assurance, Mercy Center Guidelines, ACOEM Guidelines.

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. 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.