MATUTECH, INC.

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March 13, 2006

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

Re: Medical Dispute Resolution

MDR Tracking #:	M2-06-0772-01
DWC#:	___
Injured Employee:	___
DOI:	March 23, 2005
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 Kenneth Berliner, M.D. 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 orthopedics, 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 Kenneth Berliner, M.D.:

Office visits (03/29/05 – 01/19/06)
Therapy notes (03/31/05 – 01/18/06)
Procedure notes (08/08/05 – 11/08/05)
Radiodiagnostic studies (03/24/05 - 11/08/05)
Electrodiagnostic studies (06/09/05 - 07/27/05)

Information provided by Mana MRI, L.C.:

4/27/05 MRI right knee, right ankle, cervical spine, right shoulder, lumbar spine

Information provided by ESIS
Office visits (3/24/05 – 1/31/06)
Therapy notes (03/31/05 – 1/18/06)
Procedure notes (08/08/05 – 11/08/05)
Electrodiagnostic studies (06/09/05 - 07/27/05)

Clinical History:

This is a 50-year-old male who was involved in a plant explosion. He was knocked backward and developed pain in his neck, low back, knee, ankle, and right shoulder.

X-rays of ankles revealed soft tissue swelling in the lateral aspect of both ankles, marginal osteophytes in the anterior tibial lips bilaterally, and a calcaneal spur on the right at the attachment of Achilles tendon. X-rays of knees revealed several small marginal osteophytes and narrowing of the patellofemoral compartments. X-rays of lumbar spine revealed a mild rotatory levoscoliosis, several small anterior endplate osteophytes, moderate narrowing of L4-L5 disc, and 50% compression of the L1 vertebral body. John Bergeron, M.D., diagnosed cervical, thoracic, lumbar, and bilateral and bilateral ankle sprain/strain; left shoulder internal derangement; acute stress reaction; and acoustic trauma. From March through October, the patient attended 32 sessions of therapy. In a psychiatric assessment, acute stress disorder and severe stress was diagnosed. From May through August, the patient attended 15 sessions of group/individual therapy. From June through December, he attended 9 sessions of biofeedback. Ambien, Vicodin, ibuprofen, Zoloft, Elavil, Neurontin, and Zanaflex were prescribed.

Magnetic resonance imaging (MRI) of the right shoulder revealed tendonitis/tenodesis in the supraspinatus tendon and fluid in the glenohumeral joint. MRI of the right ankle

revealed a tear in the tibialis anterior tendon. Right knee MRI revealed an effusion in the knee joint. MRI of the lumbar spine revealed a central disc herniation at L5-S1. Cervical MRI showed a central disc protrusion at C3-C4. Electrodiagnostic studies revealed bilateral acute L5-S1 radiculopathy, distal axonal neuropathy, right C4 radiculopathy, and advanced diabetic polyneuropathy superimposed by advanced bilateral carpal tunnel syndrome (CTS). David Singleton, M.D., administered a lumbar epidural steroid injection (ESI) at L5-S1 bilaterally as well as a cervical ESI at right C3-C4. Kenneth Berliner, M.D., diagnosed bilateral internal derangement of knee and osteochondritis dissecans of the right ankle. He administered injections into the right knee, right shoulder and right ankle. On November 8, 2005, Dr. Berliner performed arthroscopic subacromial decompression and open rotator cuff repair of the right shoulder. From November 23, 2005, through January 18, 2006, the patient attended 11 sessions of therapy consisting of hot/cold pack application and therapeutic exercises for the right shoulder. Dr. Singleton prescribed Lidoderm patch, Vicodin, and Soma.

On December 16, 2005, Dr. Berliner noted persistent back and neck pain. The right knee pain had continued for about nine months. The right knee examination showed slightly decreased flexion and medial joint line tenderness. Medial Apley's grind test was positive. Dr. Berliner suspected a medial meniscal tear of the right knee. He recommended a right knee arthroscopic surgery to see the source of ongoing pain that could have been missed by an MRI scan. On December 29, 2005, and January 10, 2006, the request for right knee arthroscopy was denied, since the patient appeared to have continuing knee pain without mechanical symptoms or definite mechanical signs and a basically normal imaging study. It was also noted that there was no reported physical therapy for the right knee. On January 19, 2006, Stephen Esses, M.D., saw the patient for lumbar radiculopathy and suggested surgery for the lumbar spine.

Disputed Services:

Right knee arthroscopy.
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Explanation of Findings:

This patient injured his right knee on ___, when he was knocked backwards after a plant explosion. He has had continued knee pain. MRI scan revealed knee effusion but no torn meniscus or ligament. The patient has persistent pain and positive physical findings for a torn meniscus.

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

From reviewing the documentation, the patient has persistent knee pain with positive physical findings. I recommend overturning the denial. Arthroscopic evaluation of this patient's right knee would be reasonable and necessary.

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

Frequently the MRI scan can have false negatives. MRI scan typically are not sensitive for particular cartilage injuries as well as meniscal tear. This patient continues to have pain with positive physical findings. He has not improved despite non operative treatment. It is reasonable and necessary to continue with arthroscopic evaluation.

The physician providing this review is an orthopedic surgeon. The reviewer is national board certified in orthopedic surgery. The reviewer is a member of American Academy of Orthopedic Surgeons. The reviewer has been in active practice for 20 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.