

# **MATUTECH, INC.**

**PO Box 310069  
New Braunfels, TX 78131  
Phone: 800-929-9078  
Fax: 800-570-9544**

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April 10, 2006

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

Re: Medical Dispute Resolution  
MDR Tracking #: M2-06-0915-01  
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 Steven Callahan, Ph.D., and Flahive Ogden & Latson. 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 psychology, 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 Dr. Callahan:

Clinical interview (09/15/05)  
Treatment summary and recommendations (01/23/06)  
Letter of reconsideration (03/18/06)

#### Information provided by Flahive Ogden & Latson:

Radiodiagnostic studies (08/02/05 – 09/21/05)  
Clinic notes (08/10/05 – 02/10/06)  
Therapy notes (08/10/05 – 02/01/06)  
Procedure notes (10/10/05 – 02/07/06)  
Required medical examination (01/05/06)

### Clinical History:

This is a 35-year-old black male who injured his right knee when a tie down bar struck his right knee on the metal rim of a tire while he was tightening ratchets on a trailer.

**2005:** Magnetic resonance imaging (MRI) of the right knee revealed: (a) tear of the posterior horn of the medial meniscus; (b) grade I sprain of the medial collateral ligaments (MCL); (c) mild degeneration versus sprain of the posterior cruciate ligament (PCL); (d) small joint effusion; (e) small Baker's cyst; (f) mild edema along the anterior aspect of the knee; and (g) tiny focus of superficial fraying of the patellar cartilage. MRI of the lumbar spine revealed: (a) a prominent central and left paracentral disc protrusion at L4-L5; (b) a prominent central and bilateral paracentral disc protrusion at L5-S1; (c) degenerative disc disease (DDD) at L4-L5 and L5-S1; and (d) possible sequela of a complex cyst versus a partially cystic neoplasm within the right kidney. Nick Nguyen, D.C., diagnosed lumbar intervertebral disc (IVD) syndrome with myelopathy, internal derangement with the right knee, and lumbar myofascitis. From August through October, the patient attended 30 sessions of chiropractic therapy consisting of electrical muscle stimulation (EMS), vasopneumatic device, ultrasound, manual therapy, therapeutic exercises, and neuromuscular reeducation. Omar Vidal, M.D., a pain specialist, noted that Mr. \_\_\_\_ was on Zocor and had also been on Vicodin and Naprosyn. He noted decreased range of motion (ROM) of the right knee, tenderness in the peripatellar region, mild swelling, positive straight leg raise (SLR) test on the left, and an antalgic gait. Dr. Vidal assessed lumbar radiculopathy, herniated nucleus pulposus (HNP) of the lumbar spine, and internal derangement of the right knee. He prescribed Vicodin, Naprosyn, Skelaxin, and a right knee brace. Lubor Jarolimek, M.D., diagnosed lumbar disc herniation, left lower extremity radiculopathy, medial meniscal tear of the right knee, and

MCL sprain of the right knee. In a psychological evaluation, six sessions of health and behavioral interventions were recommended. The patient showed symptoms of slight anxiety. Computerized tomography (CT) of the abdomen revealed two right renal cysts. On October 10, 2005, Dr. Jarolimek performed arthroscopic partial medial meniscectomy, chondroplasty of the right femoral trochlea, and insertion of a pain pump in the right knee. The postoperative diagnoses were medial meniscal tear and chondral fracture of the femoral trochlea in the right knee. From October through December, the patient attended 27 sessions of postop therapy. The patient attended two sessions of health and behavioral interventions. Stephen Esses, M.D., noted point tenderness in the lumbosacral region and pain with SLR on the left. He reviewed MRI and noted a very large disc herniation at L5-S1 compromising the thecal sac and nerve root on the left. He recommended an epidural steroid injection (ESI).

**2006:** In a required medical examination (RME), David Vanderweide, M.D., opined the following: (1) The patient would benefit from a course of physical therapy (PT) for the lumbar spine and right knee. (2) There was no indication of further surgery. Further work restrictions would not be anticipated. (3) Anti-inflammatory medications were reasonable and necessary. (4) Arthroscopy and PT had been reasonable and necessary with regards to the right knee. There was no indication for pain management given the lack of radicular symptoms. From January through February, the patient attended seven sessions of therapy. The patient was taking Vicodin, Skelaxin, and Naprosyn. Dr. Vidal assessed left lower extremity radiculopathy due to the herniations at L4-L5 and L5-S1. Per Steven Callahan, Ph.D., the patient had completed four health and behavioral interventions. Dr. Callahan placed a preauthorization request for six sessions of health and behavioral interventions, which was denied by the carrier for the following reasons: The patient had already completed four individual psychotherapy sessions. There were no objective measures of mental health status provided. The indication for ongoing psychological intervention was not apparent. Dr. Vidal administered a lumbar ESI on the left. Dr. Nguyen noted continued lower back pain and left knee pain. He recommended further therapy which was denied by the carrier. The patient underwent computerized muscle testing (CMT) studies. On February 15, 2006, a reconsideration request for behavioral interventions was non-authorized. It was noted that the patient did not want additional sessions. On March 18, 2006, Dr. Callahan indicated that the patient had benefited from an initial course of treatment and the patient, his doctor, and his therapist, all agreed that he could benefit from the additional therapy. Dr. Callahan recommended six additional health and behavioral interventions.

**Disputed Services:**

96152-Health and behavioral intervention to address medically related pain via psychophysiological/relaxation training.

**Explanation of Findings:**

The documentation provided suggests that the claimant was profiting from the health and behavioral intervention sessions. The summary report suggested some improvement,

which would justify continuation of treatment. The total number of sessions completed and requested (10) would fall within typical clinical standards for the treatment of an adjustment disorder. With the claimant attempting to return to work the sessions could also provide support during this effort.

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

I agree with the provider that the requested treatment was medically necessary and recommend overturning the denial.

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

Typical clinical standards. Original TWCC mental health treatment guidelines.

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The physician providing this review is a Psychologist. The reviewer is licensed in Psychology in the State of Texas. The reviewer is a member of the American Psychological Association, and the International Neuropsychological Society. The reviewer has been in active practice for 28 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.