

MATUTECH, INC.

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

April 17, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-06-1051-01
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 Wal-Mart RSL Group and Sky Clinical 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 Chiropractic, 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 Wal-Mart RSL Group:

Radiodiagnostic Notes (03/03/05 – 5/3/05)
Office Visits (03/03/05 – 01/26/06)
Therapy Notes (04/01/05 – 03/02/06)
Procedure Note (07/07/05)

Information provided by Sky Clinical Associates:

Initial behavioral evaluation (01/26/06)

Clinical History:

This is a 49-year-old female who injured herself while pulling a box of cakes out of a freezer. The box started to slip. She took a step back to catch the box and twisted her right ankle.

2005: Following the injury, the patient presented at Baylor Medical Center. Right ankle x-rays revealed an extensive soft tissue swelling laterally that was suggestive of a possible ligamentous injury. The patient was diagnosed with ankle sprain and was treated with an ankle splint, Soma, Lortab and crutches. Mark Kazewych, M.D., an orthopedic surgeon, noted marked tenderness over the anterior talofibular ligament (ATFL) and the distal fibula. X-rays of the right ankle showed a remote avulsion fracture of the distal fibula; and a sclerotic border along the proximal fragment that was consistent with remote injury. Dr. Kazewych diagnosed severe right ankle sprain through a prior right distal fibular nonunion. He treated the patient with a short-leg cast and a walking boot. From April through July, the patient attended 30 sessions of physical therapy (PT) consisting of myofascial therapy and joint mobilization. In functional capacity evaluations (FCEs) on two occasions, the patient qualified at the medium physical demand level (PDL) whereas her job required a heavy PDL. Magnetic resonance imaging (MRI) revealed a discontinuous and torn ATFL. The ligament had begun to partially heal and scar over. The MRI also revealed a small avulsed bone fragment from the tip of the lateral malleolus; mild peroneal and tibialis posterior tenosynovitis; and mild Achilles tendinosis. Dr. Kazewych assessed an old ligamentous tear. On June 9, 2005, the patient had an inversion injury while walking in a parking lot. X-rays revealed two small avulsion fractures (unchanged when compared to the earlier studies).

On July 7, 2005, Dr. Kazewich performed a resection of the right distal fibula; removal of a loose body from the right ankle joint; and primary repair of the right anterolateral ankle ligament complex. Postoperatively, the patient was placed in a short-leg cast followed by

a walker boot. From August through December, she attended 27 sessions of postop PT. Sherine Reno, M.D., recommended a compressive stocking, a work hardening program (WHP) and an ankle splint. Dr. Kazewych noted mild osteopenia in the right ankle on the x-rays. He released the patient to full, unrestricted work. He stated that the psychological stressors that the patient had were possibly slowing rehabilitation. He recommended a PRIDE rehabilitation or a WHP

2006: From January 9, 2006, through March 2, 2006, the patient attended 13 additional sessions of PT. In a repeat FCE, the patient qualified at the medium PDL. Anesthesiologist Miguel Banta, Jr., M.D., recommended four weeks of a chronic pain management program (CPMP).

Sandra Young-Whigham, L.C.S.W., diagnosed pain disorder associated with both psychological factors and a general medical condition; adjustment disorder with mixed anxiety and depression features; and persistent disorder of initiating or maintaining sleep. She recommended a CPMP. The 20 sessions of CPMP requested by Dr. VanderWerff were denied, the reason being: the request was not supported per the ODG-TWC guidelines; no lower levels of psych treatments had even been attempted prior to the request; the patient should have exhausted all avenues of care prior to the program; and the program should have outlined a plan with goals to return the patient to work duties.

Disputed Services:

20 sessions of a chronic pain management program.

Explanation of Findings:

The employee injured her right ankle on _____. She was provided an extensive course of chiropractic/physical therapy that was uneventful. She injured her right ankle again on or about _____ per Dr. Kazewych's report dated 06/09/2005. Surgery was provided on 07/07/2005. On 12/13/2005, Dr. Kazewych believed that the employee could return to work without restrictions although she had some personal problems that might be causing psychological stress and retarding recovery. Although she was returned to work without restrictions, a work hardening program was recommended. A chronic pain management program was requested times 20 sessions.

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

The conclusion is to uphold the carrier's denial of the 20 sessions of CPMP.

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

Much of the literature regarding the effectiveness of chronic pain centers have already been discussed by the utilization personnel at UniMed Direct. Gachel and Turk reported in 1999 (Psychosocial Factors in Pain) that there is no data available to determine what set of patients with what characteristics are most likely to benefit from what set of

treatment modalities, provided in what type of format. Sadock and Sadock reported in Kaplan and Sadock's Synopsis of Psychiatry, 9th Edition that a comprehensive review of the relevant professional literature has identified many potential causes of Pain Disorder but none of those identified causes have anything to do with physical injury or anything else work related. Comprehensive reviews of the scientific literature in regard to the known causes of mental illnesses are readily available. For the vast majority of mental illnesses, those comprehensive reviews fail to identify anything from the adult life as a cause – including complaints of pain.

The physician providing this review is a Doctor of Chiropractic. The reviewer is certified by the National Board of Chiropractic Examiners. The reviewer has been in active practice for 22 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.