

MATUTECH, INC.

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

May 3, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-06-1177-01
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 Linden Dillin, M.D., Claims Administrative Service Inc., and Bruce Carpenter, 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 Linden Dillin, M.D.:

Radiodiagnosics (01/23/06)
Office notes (01/18/06)

Information provided by Claims Administrative Services, Inc.:

Review of records (03/23/06)
Radiodiagnosics (01/23/06)
Office notes (09/07/05)

Information provided by Bruce Carpenter, M.D.:

Office notes (09/07/05 - 03/03/06)
Radiodiagnosics (09/07/05 - 03/23/06)

Clinical History:

This is a 47-year-old female who injured her left foot when a 50-lb table fell on top of her foot. Following the injury, the patient was seen at the Lake Granbury Medical Center emergency room (ER). X-rays were negative. The patient was advised to use crutches and walking shoe. Darvocet was prescribed. Bruce Carpenter, M.D., noted swelling, pain, significant ecchymosis in the second and third phalanges as well as around the heads of the metatarsals of the left foot. There was pain with flexion-extension of these toes. Repeat x-rays were unremarkable. Dr. Carpenter diagnosed crush injury to left foot with significant contusion. He prescribed ibuprofen or Aleve. He recommended CAM walker, weightbearing as tolerated, and multiple stretching exercises. In October, Dr. Carpenter noted a significant bunion on the left large toe at the metatarsophalangeal (MTP) joint. He recommended padding and asked her to wear wider shoes. Dr. Carpenter referred her to a podiatrist.

In 2006, Linden Dillin, M.D., a podiatrist, obtained x-rays and noted some fragmentation of the medial sesamoid. Dr. Dillin assessed left foot pain of unclear etiology; rule out chronic regional pain syndrome (CRPS). A three-phase bone scan revealed scattered right greater than left foot osteoarthritic changes without any evidence of fracture, bony abnormalities, or reflex sympathetic dystrophy. Dr. Dillin diagnosed left medial sesamoidalgia, possibly due in part to fragmentation of the medial sesamoid. He prescribed Relafen and a full length metatarsal pad with first MTP pressure relief. However, he noted no improvement even after two months. There was extreme tenderness directly underneath the medial sesamoid. Dr. Dillin discussed left medial sesamoidectomy and left Chevron and Akin osteotomy. On March 13, 2006, the

procedure was non-authorized on following basis: Prior to sesamoidectomy, it was prudent to inject the area in order to identify the source of the patient's pain. Even if bunionectomy was necessary, it did not appear to be a compensable injury. On March 23, 2006, reconsideration for prior non-authorization of medial sesamoidectomy and bunionectomy was denied for following reasons: Without imaging substantiation of an abnormality of the medial sesamoid bone, there was a question as to whether the excision would be beneficial.

In a peer review, Bernie McCaskill, M.D., rendered the following opinions: (1) The diagnosis was crush injury to the left foot, second and third toes, and it appeared to have resolved. (2) The current signs and symptoms of great toe pain were secondary to a bunion that did not appear to be directly related to the compensable injury. (3) The patient had a long-standing great toe deformity which pre-existed activity at work and this condition was not aggravated by the activity at work. (4) The treatment that the patient was undergoing was related to a condition which pre-existed activity at work on that date. (5) Sesamoidectomy was not medically necessary and reasonable because there was no documentation of the symptoms in this area until several months following the work related injury.

On March 23, 2006, Dr. Carpenter noted the patient had dropped a box of computer paper on her left foot in the same area leading to increased pain and tenderness. There was mild erythema around the tarsal-metatarsal area in the first and second toes. X-rays of the left foot were within normal limits. She was given tennis shoes and Naproxen. On April 15, 2006, a request for medial sesamoidectomy and bunionectomy to the left foot was denied for the following reason: Prior to the sesamoidectomy it would appear prudent to inject the area in order to identify the source of pain. It did not appear the bunion was a part of the compensable injury. There was indeed some pain from the medial sesamoid, but not secondary to fracture. The mechanism of injury made the diagnosis most consistent with contusion, which would heal slowly. If medial sesamoid was responsible for causing more pain, then excision of sesamoid would be all that was necessary to return the pain (secondary to the pre-existing bunion) to baseline levels, making bunionectomy unnecessary.

Disputed Services:

Medial sesamoidectomy and bunionectomy to the left foot.

Explanation of Findings:

This is a 47 year old female who presented with crush injury to her second and third metatarsals on the dorsum of the foot on _____. Initial x-rays were unremarkable for fracture. The patient was treated with Cam walker. In January 2006, the patient was evaluated by Linden Dillin, M.D. Dr. Dillin noted fragmentation of the medial sesamoid and ordered a bone scan to rule out chronic regional pain syndrome. The bone scan revealed scattered osteoarthritis changes. Dr. Dillin has recommended removal of the tibial sesamoid and correction of the hallux valgus deformity. The patient has been treated with a metatarsal pad but it is unclear if she has been on modified shoe wear.

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

I agree with the two previous reviewers Dr. Phil Wilk and Bernie McCaskill, M.D. I recommend upholding their decision to deny the surgery for medial sesamoidectomy and bunionectomy as not being related to the compensable injury.

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

Dr. Wilk has more than adequately addressed this issue. Dr. Dillin provides no documentation that the medial sesamoid is fragmented and is related to the compensable injury. The only imaging study, a bone scan, showed no increased uptake in the medial sesamoids suggesting an acute fracture due to the trauma. The hallux valgus deformity is due to long standing pre-existing use of shoe wear and is not related to the compensable injury. In this reviewers opinion, Dr. Dillin has failed to provide adequate documentation that this patient sustained trauma to the first metatarsal pharyngeal joint primarily the medial sesamoid from the ____ injury. He has failed to document how this has exacerbated her bunion or hallux valgus deformity.

The physician providing this review is a board certified 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.