

MATUTECH, INC.

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May 25, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-06-1269-01
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 Gallagher Bassett, MedCare Health Clinic, 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 Texas, 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 Gallagher Bassett:

Independent Reviews (02/18/06 - 04/06/06)
Physical Therapy Notes (03/13/06)
Radiodiagnostic Notes (01/25/06)
Office Visits (12/30/05)

Information provided by MedCare Health Clinic:

Office Visits (12/30/05 – 02/02/06)
Therapy Notes (01/18/06 - 03/08/06)
Radiodiagnostic Notes (01/25/06)
Electrodiagnostic Notes (01/28/06)

Information provided by Flahive, Ogden & Latson:

Utilization Review (04/06/06)

Clinical History:

This is a 41-year-old female, who was working as an order puller and lifting many heavy products placing them in another location, had been pulling and bending for three hours when she noticed increased pain in her lumbar region and shoulders.

On December 30, 2005, Can N. Ho, D.C., evaluated the patient for pain in the lower lumbar region and shoulders. Examination revealed hypomobile patellar reflexes bilaterally; hypoesthesia over L3 and L5 on the left; positive Fabere's, Minor's, Milgram, Dugas, and leg-drop tests; tenderness over the lumbar region and gluteus maximus; and tenderness and edema over quadratus lumborum. Dr. Ho assessed facet syndrome, lumbar radiculitis, herniated lumbar disc, and myalgia. He planned physical therapy (PT). From January 2006 through March 2006, the patient attended eight sessions of PT consisting of joint mobilization, therapeutic exercises, ultrasound, electrical muscle stimulation, and adjustive techniques. Magnetic resonance imaging (MRI) of the lumbar spine revealed narrowing of the disc space at L3-L4 with irregularity anteriorly and a large spur at L3; moderate disc space narrowing at T11-T12; mild spondylosis with a disc bulge at L4-L5; spondylosis at other levels; and mild facet disease. An electromyography/nerve conduction velocity (EMG/NCV) study of the lower extremities was unremarkable. Dr. Ho reviewed a report of Dr. Ved Aggarwal. Dr. Aggarwal had prescribed Lortab, Celebrex, and Flexeril. An ultrasound scan revealed moderate edema toward the upper cervical and trapezial region. Dr. Ho recommended trigger point injections (TPIs). Mark Ritchie, D.C., stated that the patient had sustained the injury due to the accident. He stated that passive and active physical rehabilitation, physical

performance testing, and dynamic and/or static surface electromyography were necessary.

Timothy Fahey, D.C., performed a chiropractic review. He noted that Michael Hamby, D.C., had reviewed the case and had stated that further office care was not necessary and the patient could continue self-directed home exercise program (HEP). Dr. Fahey rendered the following opinions: (1) An adequate trial of chiropractic treatment was provided. No further chiropractic care or PT was necessary. (2) Length and frequency of treatment up to February 1, 2006, was reasonable. There was no need of transcutaneous electrical nerve stimulation (TENS) unit. The patient was beyond an acute phase of reported lumbar strain, and requirement of prescription medications was questionable. (3) No further diagnostic and treatment was necessary.

In a functional capacity evaluation (FCE), the patient qualified at a sedentary physical demand level (PDL) whereas her job PDL was medium. The evaluator recommended a work hardening program (WHP). In an independent medical evaluation (IME), Charles Xeller, M.D., rendered the following opinions: (1) There was no reason why the patient could not return to work without restrictions. She might benefit from a prophylactic back support and over-the-counter anti-inflammatory medications as needed. (2) A self-directed HEP was all that should be needed.

On April 6, 2006, Dirk Hunter, D.C., performed a utilization review. He did not authorize the WHP for the following reasons: The documents did not demonstrate that the patient responded to treatment with any decrease in pain. The FCE results indicated that the patient presented with an elevation of perceived disability and pain. There was no indication that Ms. ____ was considering ability to return to work. The requested intervention was not supported by evidence or clinical documentation.

Disputed Services:

Ten sessions of work hardening program (WHP); eight hours per day for five sessions per week for two weeks (97545/97546).

Explanation of Findings:

According to the medical records provided for review, the claimant was injured on _____. The claimant underwent treatment for her injuries from 12-30-05 to March of 2006. The treatment in question is work hardening 5 times a week for 2 weeks. According to the American Physical Therapy Association, to be eligible for work hardening program, a client must have a targeted job or job plan for return to work at the time of discharge, have a willingness to participate in the program, have identified physical, functional, behavioral, and vocational deficits that interfere with work, and be at a point of resolution of the principal injury such that participation in the program would not be prohibited. After reviewing the medical records, the claimant was not assessed for behavioral deficits with a formal psychological evaluation. In addition, the records do not show that the claimant was willing to participate in the work hardening program. Lastly, the records show that a physical performance test performed on 2-15-06 compared with a functional capacity evaluation performed on 3-13-06 revealed that the claimant's left lateral lumbar flexion, lumbar flexion, sacral hip extension, right straight leg raise and left straight leg

raise range of motions all worsened with treatment. It should also be noted that the claimant's hip flexion manual muscle strength testing also decreased with treatment. Thus, with the claimant's range of motion and strength worsening with treatment, the claimant was not at a point of resolution which would prohibit her from participating in the program. In short, with the claimant only meeting one of the four APTA criteria for entrance into a work hardening program, the work hardening program (5 days a week for 2 weeks) is not medically necessary to treat this claimant.

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

Uphold Decision

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

American Physical Therapy Association Work Hardening Guidelines

The physician providing this review is a chiropractor. The reviewer is national board certified in chiropractic. The reviewer has been in active practice for seven 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.

RE: ____
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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.