

MATUTECH, INC.

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May 26, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-06-1281-01
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 Shanti Pain and Wellness Clinic, James Key, M.D. and Hartford Underwriters. 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 Shanti Pain and Wellness Clinic:

Office notes (12/16/05 – 05/09/06)

Information provided by James Key, M.D.:

Office notes (12/16/05)

Radiodiagnostics (03/30/06)

Electromyography (02/23/06)

Information provided by Hartford Underwriters:

Physical therapy (10/07/05 – 11/03/06)

Electromyography (02/23/06)

Office notes (12/16/05 – 05/09/06)

Clinical History:

This is a 27-year-old male who reported an injury sustained on _____. The patient developed repetitive-type of injury to his right wrist from checking gauges/studs at work.

2005: On October 7, 2005, Walter Lee, M.D. examined the patient for pain on the dorsal and volar aspects of the right wrist. The patient complained of numbness in the right second and third digits. He was on prednisone. On examination, there was tenderness over the flexor and extensor tendons of the right wrist. Dr. Lee diagnosed tendinitis of the right wrist. From October through November, the patient attended 12 sessions of physical therapy (PT) consisting of therapeutic exercises, soft tissue mobilization, electrical stimulation, ultrasound, paraffin bath and range of motion (ROM) exercises. Lodine was prescribed. Ihsan Shanti, M.D., noted localized redness, tenderness, and swelling over the right wrist/hand. ROM was limited secondary to pain. Crepitus was present with decreased stability in the affected area. Dr. Shanti diagnosed right wrist pain and rule out carpal tunnel syndrome (CTS). Dr. Shanti continued treatment with Naproxen, Vicodin, and Soma.

2006: Dr. Shanti noted positive Tinel's and Phalen's signs at the right wrist. Elavil and Ultracet were added. Electromyography/nerve conduction velocity (EMG/NCV) study indicated moderate bilateral median sensory neuropathy at the wrist possibly secondary to an entrapment syndrome. James Key, M.D., an orthopedic surgeon, diagnosed bilateral CTS, right greater than left. He recommended exploration and release of the right carpal tunnel first and then the left. Magnetic resonance imaging (MRI) of the right wrist revealed damaged triangular fibrocartilage complex (TFCC), which appeared to be

torn or disrupted with the possibility of a fragment migrating distally adjacent to the lunate. On March 31, 2006, the requested surgery was denied on the grounds that the patient had not undergone any therapy, injections, splinting, etc., and further information was required for approval of the surgery. On April 12, 2006, the reconsideration for the carpal tunnel release was denied for the following reason: There was no documented conservative care including splinting, stretching, injections, or medications and there was no interval note submitted. On May 9, 2006, Dr. Shanti noted that the patient had seen Dr. Bloom who had recommended surgery. The patient continued to remain off work.

Disputed Services:

Exploration and release of the right carpal tunnel.

Explanation of Findings:

Patient is a 27 year old obese male who does repetitive job with his upper extremities who developed tingling in his index and long finger of his right upper extremity. Electrical studies showed moderate median nerve neuropathy. MRI scan showed a significant tear of the PFCC. A recent consultation with Dr. Bloom has recommended surgery but this is not present for review. It is noted that the patient has not had physical therapy, injections, splinting, or further analysis of his MRI scan or TFCC tear.

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

Uphold denial of exploration and release of right carpal tunnel.

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

There is no documentation to support that the patient has had non-operative treatment including splinting, therapy, or activity modification. There is also no documentation supporting that the theology of the patient's carpal tunnel could be due to his obesity. There is also noted documentation from Dr. Bloom recommending surgery. There has been no evaluation of the MRI scan for a TFCC tear as being the possible generator of this patient's wrist pain.

The physician providing this review is an orthopedic surgeon. The reviewer is national board certified in orthopedic surgery. The reviewer is a member of the 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.