

MATUTECH, INC.

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

July 13, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-06-1346-01
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 Advance Treatment Center and Flores Jackson. 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 pain management, 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 Advance Treatment Center:

Radiodiagnostic studies (09/13/05-10/20/05)
ROM Study (08/30/05)
Office Notes (08/31/05-05/2/06)

Information provided by Flores Jackson:

Office Notes (01/12/06-03/27/06)
FCE (03/03/06)

Information provided by (unidentified source):

Office Notes (12/13/05-06/01/06)
Designated Doctor Evaluation (01/16/06)
Utilization Review (04/10/06-04/25/06)

Clinical History:

The patient is a 44-year-old female who injured her right hand, wrist, and elbow while placing some towels into the washer. She was using great force to push in the towels, when her right hand and wrist were hyperextended as well as her right elbow was hyperflexed due to sudden stop. She experienced a popping pain in her right wrist and elbow. On August 30, 2005, Jonathan Twigg, D.C., evaluated the patient. He reported the following: On the day following the injury, the patient arose with severe pain and swelling into her right upper extremity. She managed to work approximately one week before she reported her injury. She continued with weakness of the right upper extremity, and numbness in the second, third, fourth, and fifth digits. Dr. Twigg diagnosed wrist/hand and elbow sprain/strain, possible medial epicondylitis, and possible carpal tunnel syndrome (CTS). He recommended initiating physical therapy (PT) consisting of electrical muscle stimulator (EMS) with heat or ice, soft tissue and passive joint mobilization, ultrasound, and therapeutic exercises. Jaime Stolar, M.D., noted tenderness over the right shoulder, right elbow, medial epicondyle, and in the right wrist. He diagnosed right elbow medial epicondylitis and suspected triangular fibrocartilage complex (TFCC) tear. He prescribed EC Naprosyn, Tylenol, ketoprofen, and bupivacaine cream. Magnetic resonance imaging (MRI) of the right wrist revealed signal changes in the lunate and triquetrum suggesting ulnolunate impaction. Dr. Stolar added famotidine, tramadol, cyclobenzaprine, and prescribed a wrist brace. He injected right medial epicondyle and tendons, acromioclavicular (AC) joint, and distal radioulnar joint. Orthopedic surgeon Alvaro Hernandez, M.D., noted positive Phalen's and Tinel's sign, and tenderness over the volar carpal ligament and distal volar aspect of the wrist. Patient

had very little pain relief with PT. On x-rays, Dr. Hernandez noted some slight cyst formation in the lunate. He diagnosed internal derangement of the right wrist with posttraumatic CTS. Electromyography (EMG) studies of the right upper extremity were unremarkable. He recommended continuation of conservative treatment and prescribed ketoprofen cream, Skelaxin, and Dolobid.

MRI of the right elbow revealed a small effusion. MRI of the right shoulder revealed AC arthrosis with a down-sloping type I acromion possibly contributing to outlet impingement. In October, Dr. Twigg recommended returning to work without any restrictions. He noted that Ms. ____ had attended two sessions of individual psychotherapy, which had been very beneficial. In December, he performed a functional capacity evaluation (FCE) and recommended work conditioning program (WCP).

2006: Dr. Stolar refilled Naprosyn, famotidine, Tylenol, cyclobenzaprine, and ketoprofen plus bupivacaine cream. William Leff, D.C., a designated doctor, assessed clinical maximum medical improvement (MMI) as of January 16, 2006, and assigned 4% whole person impairment (WPI) rating. He recommended considering retraining to a sedentary occupation. Dr. Hernandez prescribed Ultracet and continued ketoprofen cream. He recommended referral to a Texas Rehabilitation Commission (TRC).

On February 13, 2006, Dr. Twigg noted that the patient had attended two weeks of WCP. On March 3, 2006, in an FCE, patient was qualified at a light physical demand level (PDL) versus a medium PDL required for her job. Dr. Twigg recommended a chronic pain management program (CPMP) and evaluation by Dr. Boltran.

On April 3, 2006, James Flowers, M.A. L.P.C., performed a psychological evaluation. He diagnosed pain disorder associated with psychological factors and general medical condition, adjustment disorder with mixed anxiety and depressed mood, chronic sleep disorder due to a general medical condition, and severe psychological stressors. Dr. Flowers recommended 30 sessions of CPMP. He noted the following: The patient had attended individual therapy in October through December 2005 which was beneficial but insufficient. She had completed a WCP in February 2006. She had not been able to return to work. Dr. Flowers recommended participating in behavioral multidisciplinary CPMP as the patient continued to deal with symptoms of depression, anxiety, and pain symptoms.

On April 4, 2006, request for CPMP was denied. The rationale was: Though the patient might have some psychological or psychological issues to deal with, it was unclear how they could be related to such a minor injury.

On April 5, 2006, Lexapro was added to the medication regimen. On June 1, 2006, Dr. Stolar injected right shoulder and right elbow at medial epicondyle and common flexor tendons.

Disputed Services:

30 sessions of chronic pain management program, (5 sessions per week for 6 weeks).

Explanation of Findings:

Patient has appeared to have suffered a traumatic injury with physical and behavioral findings significantly out of proportion to the reported medical findings. The patient has had documentation of extensive and exhaustive medical treatment without lasting or sustained benefit, but with similar expectations of recovery. The patient effort has been documented inconsistently and/or shows an inconsistent effort. The request for treatment offers treating provider's statements which are inconsistent with previous observations of rehabilitation potential and the historical medical notes indicate a more flat recovery pattern.

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

Conclusion of reviewer is to uphold denial of CMP program. No sessions are authorized.

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

{National Clearinghouse guidelines (1 of all possible goals)}; {Efficacy of multidisciplinary pain treatment centers meta analysis by Flora, Redrich, Turk: Pain, 49 (1992) 221-230}; {ACOEM guidelines}; {Official Disability Guidelines "behavioral health vs physical therapy for chronic pain"}

The physician providing this review is a medical doctor. The reviewer is national board certified in physical medicine rehabilitation as well as pain medicine. The reviewer is a member of international spinal intervention society, American medical association. The reviewer has been in active practice for 7years.

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.