

MATUTECH, INC.

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July 14, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-06-1409-01
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 Connecticut Indemnity Company. 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 physical medicine rehabilitation, pain medicine 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 Connecticut Indemnity Company:

Clinic notes (09/27/2003 – 04/12/2006)
Required Medical Evaluation (04/08/2004)
Functional capacity evaluation (03/15/2006)
Laboratory blood reports (05/17/2006)

Clinical History:

This is a 47-year-old patient; he had an aggravation of his “compromised hip” _____. He had a history of a motor vehicle accident (MVA) in 1980 resulting in surgery of his left knee.

1997 – 2001: Jose Carreras, M.D., examined the patient for the left hip pain with associated leg weakness. X-rays showed evidence of arthrodesis of the left hip with sclerotic bony changes at the acetabulum and head of the left femur. The repeat x-rays demonstrated fracture of the left arthrodesis. A three-phase bone scan of the hips demonstrated hyperemia in the region of the left hip along with increased activity. A gallium scan of the pelvis revealed mild increased radioisotope accumulation throughout the left hip. Dr. Carreras performed a left hip fusion. In post-operative follow-up, Dr. Carreras noted that the fusion was disconnected from the neck of femur secondary to repetitive bending, lifting, and weightbearing. In September 1997, Dr. Carreras reported that the left hip was fusing very well. Subsequently, physical therapy (PT) and work conditioning program (WCP) was planned.

In 1998, x-rays showed evidence of synarthrosis of the left hip joint with marked sclerotic reaction suggestive of bony destruction. Fernando Ortengon, M.D., examined the patient in 1999. Dr. Ortengon noted that the patient continued to have pain in the left hip. In 2000, Guillermo Pechero, M.D., noted that the patient was status post removal of instrumentation and fusion. Bone graft appeared to be in place and consolidated. In January 2001, the patient underwent a left total hip replacement. The patient received PT and was doing well until November 2001, when he started developing more and more pain to the left side. X-rays indicated that the patient might have had a nonunion of the greater trochanter. A triple-phase bone scan showed findings compatible with bony reaction and possible inflammatory reaction related to the trochanteric osteotomy that had been done.

In 2002, per Dr. Pechero, the patient was taken off work and x-rays of the intertrochanteric region revealed a nonunion. On October 1, 2002, Dr. Pechero performed the following: (a) Removal of the irritative hardware, (b) exploration of the greater trochanter nonunion, (c) incision and drainage of serous fluid, and (d) irrigation

and debridement of the greater trochanteric region. Infection of the greater trochanter nonunion was treated with Bactrim. In 2003, the patient complained of pain down the lateral and anterior thigh and the bone scan revealed loose prosthesis. Jose Marina, D.O., saw the patient for a second opinion and noted multiple cicatrices from his previous surgery. An indium scan showed no evidence of infection in the left hip.

In September 2003, a case manager's note indicated that the patient was pending a repeat hip replacement surgery due to obesity. Weight loss was advised. In 2004, a required medical evaluation (RME) was conducted by Ernesto Tamez, M.D. He noted that the patient had been recently diagnosed with diabetes. He rendered the following opinions: (1) The work injury had aggravated his previously injured hip requiring medical care. (2) Specific care, i.e. surgery, had been medically reasonable and necessary since without it, the patient was incapable of performing his activities of daily living (ADL). (3) The patient's obesity and diabetes did contribute to and could compromise his condition. Dr. Pechero recommended a revision of the total hip replacement.

In 2005, pharmacy notes indicated that the patient had received hydrocodone and Biofreeze. Dr. Pechero stated that getting a surgeon to treat the patient for the total joint revision had been a challenge and accordingly was trying to get him over into a chronic pain management program (CPMP). He stated that the patient qualified for the CPMP due to his depression. Meanwhile, the patient was continued on crutches and medications.

On March 15, 2006, a functional capacity evaluation (FCE) demonstrated that the patient qualified at a light/medium physical demand level (PDL) against his job requirement of a medium/heavy PDL. A recommendation for 10 sessions of behavioral CPMP was given. However, the request was denied based on the following rationales: a psychological evaluation was provided, but was dated 04/04/05. It was not possible to make a recommendation for treatment without an accurate understanding of the current level of functioning. Vasilios Mathews, M.D., examined the patient and noted exquisite pain with any ROM at the left hip. X-rays demonstrated loosening of the femoral components and possibly a loose acetabular component as well, with scalloping of the cortices. Removal and placement of antibiotic spacer was recommended.

On April 11, 2006, adverse determination for a CPMP was provided. Per the advising physician, the patient had a 9-year history of an ambiguous set of pain complaints with conservative care and multiple surgical treatments including a hip replacement. Clinical indication and necessity for this procedure could not be established. Documentation recorded left hip, right knee, and left lower extremity pain, but the psychological evaluation and PT records were a year old and did not adequately address the issues. Besides, the evaluation did not meet criteria for a psychological evaluation of a chronic pain patient defined as per revised guidelines. Additionally, there was no documentation that the patient's treating physician had exhausted all other appropriate care for this problem. On April 12, 2006, Dr. Pechero examined the patient who continued to have severe pain to the left hip with any internal and external rotation along with lateral thigh pain. The patient got approved for the revision of his total hip replacement. Hydrocodone and ibuprofen were refilled.

Disputed Services:

Pre-authorization denied for 10 sessions of chronic pain management.

Explanation of Findings:

Patient with initial injury, then compounding issues such as loosening of implanted prosthesis, then hyperemia in a region indicated by the records to have limited staged treatments without apparent historical coordination, but each with apparent documented effort by the claimant.

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

DECISION IS TO OVERTURN DENIAL FOR 10 SESSIONS OF PAIN MANAGEMENT

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

NATIONAL CLEARINGHOUSE GUIDELINES, patient meets all criteria for entry; ODG guidelines, patient fulfills all applicable aspects; Efficacy of multidisciplinary pain treatment centers a meta-analytic review by Herta Flora, Thomas Fredrich, and Dennis turn in pain, 49(1992) 221-230. Turk DC, Clinical effectiveness and cost effectiveness of treatments for patients with chronic pain. The Clinical Journal of Pain 2002, 18 355-365.

The physician providing this review is a medical doctor. The reviewer is national board certified in physical medicine and rehabilitation as well as pain medicine. The reviewer is a member of AMERICAN MEDICAL ASSOCIATION, INTERNATIONAL SPINAL INTERVENTION SOCIETY, AAPMR. The reviewer has been in active practice for 7 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.