

MATUTECH, INC.

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AMENDED (June 26, 2006)

June 21, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-061423-01
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 Koala Health and Wellness Centers and Liberty Mutual Group. 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 chiropractic, 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 Koala Health and Wellness Centers:

Clinic visits (01/09/2006 – 05/26/2006)
Therapy notes (01/10/2006 – 04/13/2006)
Radiodiagnostics (12/01/2005, 05/03/2006)

Information provided by Liberty Mutual Group:

Clinic visits (12/01/2005 – 04/13/2006)
Therapy notes (02/15/2006 – 05/25/2006)
Radiodiagnostics (12/01/2005)

Clinical History:

This is a 35-year-old female who was involved in a motor vehicle accident (MVA), in which she was an unrestrained rear passenger in a cab that rear-ended another car. The patient was brought to the emergency room (ER) by an ambulance. On examination, she had a large left frontal hematoma with overlying abrasion measuring approximately 1.5-cm in diameter. The scalp was not palpable through it. He also had a 1-cm diameter abrasion over her right knee. A computerized tomography (CT) of the head was unremarkable. The scalp abrasion was cleaned, dressed and a tetanus injection was given. Diagnoses of closed head injury, left scalp laceration, left scalp hematoma, and right knee pain status post MVA was made. Prescriptions for Vicodin, baclofen, and Motrin were given.

In January 2006, a cervical evaluation was performed, which showed that the patient consistently performed at decreased functional level. From January 10, 2006, through February 11, 2006, the patient attended 10 sessions of physical therapy (PT) with therapeutic exercises, moist heat/ice packs, interferential, and manual therapy. On February 15, 2006, Mary Doyle, D.C., requested 12 more sessions of PT. Subsequently, from February 18, 2006, through April 25, 2006, a patient underwent 15 sessions of PT.

On April 4, 2006, Dr. Doyle noted that the patient had made some progress, but she continued to experience pain in and around her right shoulder. A cervical magnetic resonance imaging (MRI) was suggested. On April 7, 2006, requested PT was non-authorized due to the following reason: *The patient had reached a plateau and any additional PT would not be reasonable or would not clinically result in additional improvement, or lasting benefit. The patient should be able to move into a home self-care and exercise program.*

Uday Doctor, M.D., a pain management physician, noted tenderness over the right trapezius area. Dr. Doctor performed a right trigger point injection (TPI) in the area of the scapula. On April 18, 2006, reconsideration of the request for additional PT visits was sent and which was again non-authorized. The rationale given was: *The patient was working full-time with no restrictions to support supervised active rehabilitation versus a self-directed home-based rehabilitation protocol.*

On May 3, 2006, MRI revealed: (a) minimal annular bulge at C4-C5 without loss of disc height with findings indicative of an active annular fissure or small peripheral annular tear at 5 o'clock position; (b) a mild-to-moderate loss of disc height at C5-C6 with endplate spondylosis and a broad-based 4-mm dorsal protrusion compressing the thecal sac in the right ventral C6 nerve root; (c) dorsal annular bulge at C6-C7 without loss of disc height demonstrating changes indicative of active annular fissure or peripheral annular tear. On May 24, 2006, a reconsideration of the denial was upheld. Cavid Wimberley, M.D., noted tenderness in the lower cervical paraspinals and trapezius bilaterally, worse on the right. There was a mildly positive impingement sign of the rotator cuffs bilaterally. Dr. Wimberley referred the patient back to Dr. Doctor for possible injection. He thought that a conservative course of rehabilitation, strengthening, and endurance would help the patient recover. Dr. Wimberley saw no indication for any surgical intervention.

On June 6, 2006, Dr. Doctor noted Ms. ____ was found to have a C6 radiculopathy and had a C6 nerve root block performed. Physical therapy was ordered for cervical strengthening as well as muscle retraining.

Disputed Services:

97110 – Therapeutic exercises, 97112 – neuromuscular re-education, 97140 – manual therapy, and 97530 – therapeutic activities.

Explanation of Findings:

According to the medical records reviewed, the claimant was injured on _____. The claimant underwent treatment to the cervical spine and right shoulder areas beginning on 1/10/06. The claimant received active and passive treatment from 1/10/06 to March of 2006. The treatments in question are therapeutic exercises, neuromuscular re-education, manual therapy and therapeutic activities. According to the Official Disability Guidelines, 2005, treatment for cervical sprain/strain and shoulder sprain/strain allow for visits up to 8 weeks. The treatments in question are beyond the ODG Guidelines parameters. However, the guidelines state “When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. If additional circumstances are present, documentation must support medical necessity.” The medical records show that a performance evaluation performed on 3/15/06 revealed the claimant to still have range of motion and strength deficits which in some cases were up to 50% of normal. In my opinion, there were enough deficits in the cervical spine and right shoulder to warrant medical necessity for additional. However, the neuromuscular reeducation isn't medically due to the claimant not having any documented proprioceptive, balance, coordination, or kinesthetic sense problems. Thus, only the

therapeutic exercises, therapeutic activities, and manual therapy were medically necessary.

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

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:
Official Disability guidelines, 2005

The physician providing this review is a chiropractor. The reviewer is national board certified in chiropractic as well as pain medicine. 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.

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.