

# **MATUTECH, INC.**

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Date: 7-7-06

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

Re: Medical Dispute Resolution  
MDR Tracking #: M2-06-1446-01  
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 Richard Wilson, M.D., Jason Eaves, D.C., and San Antonio Spine and Rehab. 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 Richard Wilson, M.D.:

Office notes (04/05/2006)

Information provided by Jason Eaves, D.C.:

Office notes (02/20/2006 - 02/23/2006)

Information provided by San Antonio Spine and Rehab:

Office notes (12/16/2005 – 04/16/2006)

PT notes and FCE (12/27/2005 – 02/16/2006)

Radiodiagnostics (01/12/2006)

Required Medical Evaluation (02/24/06)

### Clinical History:

This is a 47-year-old male who twisted his right ankle while helping to unload hot water heater from a truck. Daniel Beltran, D.C., evaluated the patient and recommended physical therapy (PT). From December 2005, through January 2006, the patient attended 12 sessions of PT. The modalities were therapeutic exercises, electrical stimulation, massage, and joint mobilization. X-rays of the right ankle revealed minimal spurring at the medial malleolus and flattened talar dome suggesting remote impaction injury. X-rays of the lumbar spine revealed osteophytosis and lower lumbar facet hypertrophy. Dr. Beltran noted that the patient continued to have concerning right knee medial joint line tenderness and crepitus with an antalgic gait. He decided to refer the patient for a magnetic resonance imaging (MRI) of the knee. Bruce Kinzy, M.D., noted tenderness in the posterior neck with limited range of motion (ROM), tenderness at the right ankle and knee, crepitations in the right knee, and decreased strength. Dr. Kinzy assessed strain of right ankle, right wrist, and right knee; and strain/sprain of cervical and thoracic spine. He prescribed Motrin, Flexeril, and Darvocet. He recommended continuation of therapy.

In a functional capacity evaluation (FCE), Mr. \_\_\_\_ performed at a low-medium physical demand level (PDL). C.P. Garcia, M.D., assessed radiculitis, displacement of lumbar intervertebral discs, internal derangement of right knee, and sprain/strain of ankle and cervical spine. He prescribed Soma and recommended 12 sessions of PT. Jason Eaves, D.C., noted positive tests which included cervical distraction, foraminal compression, and shoulder depression, Kemp's, Nachlas, Yeoman's, and Ely's tests. Dr. Eaves recommended active and passive PT three times a week for four weeks.

In a required medical evaluation (RME), David Willhoite, M.D., rendered the following opinions: (1) The diagnoses were patellar tendinitis of right knee and resolved right ankle strain. (2) There was causal relationship between the accident and injury. (3) The ongoing treatment was related to the injury. (4) The patient should be evaluated by an orthopedic surgeon for the knee, and he might require cortisone injections. He was not a surgical candidate. (5) Darvocet and Flexeril were not reasonable. (6) Ongoing chiropractic therapy was not reasonable. (7) No additional PT was reasonable or necessary.

On March 21, 2006, Dr. Eaves requested 12 sessions of PT. It was denied for the reason that the patient was well past the acute phase of care where passive modalities and supervised exercises were considered most effective. Besides, there were no recent objective findings on knee and ankle evaluation to suggest inability of the patient to transit into a self-directed rehabilitation program. Richard Wilson, M.D., diagnosed severe right prepatellar bursitis and medial meniscal tear. Dr. Eaves requested reconsideration of PT. In a review of medical necessity, Daniel Klemis, D.C., denied the request for the additional PT on April 12, 2006. The rationale provided was as follows: Dr. Eaves failed to provide sufficient clinical documentation to support medical necessity of the additional care three-and-a-half months post injury. The right patellar bursitis and medial meniscal tear needed medical care and not ongoing passive chiropractic and PT. On May 16, 2006, Dr. Eaves requested reconsideration for 12 sessions of PT.

**Disputed Services:**

12 sessions of physical therapy. CPT codes: 97110, 97140, G0283, and 97035

**Explanation of Findings:**

According to the medical records reviewed, the claimant was injured on \_\_\_\_\_. The claimant underwent conservative treatment to the cervical spine, lumbar spine, right knee, and right ankle beginning on 12-16-05 and lasting through February of 2006. The treatments in question include active and passive therapies (97110, 97035, 97140, G0238) for 12 visits. According to the medical records, with regards to the right knee and right ankle injuries, the claimant was referred for an orthopedic consultation on 4-5-06 in which it was recommended that the claimant have surgery to the right knee. In regards to the cervical spine and lumbar spine injuries, at this point in time, the claimant is six plus months from his injury date. According to the North American Spine society Guidelines for Multidisciplinary Spine Care Specialists, 2003, after 16 weeks from the date of injury, a patient reaches the tertiary phase of care. The tertiary phase of care is a chronic stage which indicators include documented history of persistent failure to respond to non-operative and/or operative treatment which surpasses the usual healing time of 4 to 6 months. Types of interventions in this phase of care include referral to a chronic pain program, functional restoration program, injection procedures, and pharmacologic interventions. Continued active or passive treatments are not medically necessary in this phase of care especially if previous trials had little to no effect on the claimant's symptoms. In short, due to the fact that the claimant is a surgical candidate with regards to his right knee and that the other body areas have reached the tertiary or

chronic phase of care, continued passive and active treatment is not medically necessary to treat this claimant.

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

Uphold carrier decision.

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

North American Spine Society's Guidelines for multidisciplinary spine care specialists, 2003

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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 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.