

# **MATUTECH, INC.**

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**Amended** July 12, 2006  
July 6, 2006

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

Re: Medical Dispute Resolution  
MDR Tracking #: M2-06-1480-01  
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 Texas Mutual Insurance Company and Robert Coolbaugh, D.C. 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 Texas Mutual Insurance Company:

Clinic visits (03/29/2006- 06/06/2006)  
Radiodiagnostics (09/19/2005 – 04/11/2006)  
Designated Doctor Evaluation (04/19/06)  
FCE report (06/06/06)

#### Information provided by Robert Coolbaugh, D.C.:

Radiodiagnostics (10/18/2005 – 12/16/2005)  
Clinic notes (03/02/2006 – 06/06/2006)  
Electrodiagnostics (03/21/06)  
Designated Doctor Evaluation (04/19/06)  
FCE report (06/06/06)

### **Clinical History:**

This is a 28-year-old female who injured her low back, when she tried to prevent the MHMR patient from falling in a van. In the process, she was thrown to the ground, landing on her buttock and left outstretched arm. X-rays of the lumbar spine and the left shoulder were unremarkable. Magnetic resonance imaging (MRI) studies of the left shoulder and thoracic spine were unremarkable. An MRI of the lumbar spine was suspicious for a right foraminal annular tear at L4-L5. There was a 3-4 mm focal right paracentral disc protrusion minimally indenting the thecal sac was noticed at L5-S1. In 2006, Robert Coolbaugh, D.C., saw the patient for the constant bilateral lower lumbar pain, bilateral sacroiliac (SI) pain, and intermittent pain in the left shoulder joint. The patient had received some treatment earlier for her pain. Dr. Coolbaugh diagnosed rupture/herniation of the lumbar disc, radiculitis (lumbar), muscle spasm, left shoulder sprain/strain, and disuse muscle atrophy. Robert LeGrand, Jr., M.D., a neurosurgeon, noted that the patient had a total of three epidural steroid injections (ESIs) in conjunction with PT and chiropractic care. The patient was also undergoing chronic pain management program (CPMP). Dr. LeGrand felt that the patient had a posttraumatic right lumbar radiculopathy. He recommended obtaining lumbar myelography and computerized tomography (CT). The electrodiagnostic studies of the lower extremities suggested a right L5 radiculopathy.

In March, Gaylon Seay, M.D., noted that the patient was unable to lift any heavy object. Examination revealed reproducible crepitus, partially with rotation. An MRI of the left shoulder with an arthrogram demonstrated a linear abnormal signal within the supraspinatus tendon; probably representing tendinopathy or less likely an intrasubstance tear. Dr. Seay recommended excision of the distal clavicle and acromioplasty of the left

shoulder. Daniel Thompson, III, M.D., a designated doctor, assessed clinical maximum medical improvement (MMI) as of April 19, 2006, and assigned 5% whole person impairment (WPI) rating.

On April 21, 2006, pre-authorization for the left shoulder surgery was denied for the following reason: The MRI and arthrogram of the left shoulder was normal. Without more specific objective evidence that the patient had impingement, arthroplasty was not indicated. On May 5, 2006, a pre-authorization request for the reconsideration was denied for the following rationale: The records did not clarify the complete physical examination. The response to subacromial injection and/or AC joint injection was unknown. MRI and arthrogram were essentially normal. This did not appear to be surgical shoulder pain. Further information regarding the medical necessity for elective shoulder surgery was needed. In May, Dr. Seay performed a subacromial bursal injection into the left shoulder with Depo-Medrol and Marcaine. Dr. Seay noted that the patient had a transient relief with the injection of a left shoulder, but had not received any lasting benefit. Once again he recommended surgery. Meanwhile, a mental health evaluation was carried out and individual psychotherapy was recommended for depression symptoms. Winston Whitt, M.D., a pain management physician, prescribed hydrocodone, Naprosyn, and clonazepam. In a functional capacity evaluation (FCE), the patient functioned at a sedentary physical demand level (PDL) versus her job requirement of the medium-heavy PDL. A work hardening program (WHP) was recommended.

**Disputed Services:**

Outpatient surgery for left shoulder distal clavicle excision and acromioplasty.

**Explanation of Findings:**

Please refer to the above summary. The patient appears to have a left shoulder with supraspinatus tendinopathy or intrasubstance tear, likely the result of impingement syndrome. The patient has been suggested to be a candidate for left shoulder distal clavicle resection and acromioplasty.

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

At this point, I would recommend delaying surgical decision until the patient has been noted to have a formal and concerted physical therapy program to strengthen the rotator cuff musculature. This may require a minimum of three to six months of directed therapy to strengthen the rotator cuff musculature. At that time, if the patient continues to have significant discomfort and obvious impingement, treatment through the above recommended surgery would be reasonable. If, however, the patient has been noted to have improvement with nonoperative measures, this should be the plan for continued management of the patient's condition. If records can be provided which document a formal and concerted effort to perform physical therapy and the patient has been noted to have persistent disability and dysfunction resulting from her diagnosis, the patient may become a surgical candidate. Previous recommendation for a work hardening program does appear to be reasonable, and only when the patient is noted to have failed concerted physical therapy strengthening exercises should a surgical decision be made.

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

The patient appears to have uptake/a clearly abnormal signal within the supraspinatus tendon on the involved shoulder suggestive of impingement syndrome. Surgical intervention may in fact be required in the future as the patient has been noted to have failed directed physical therapy; however, that surgery would likely involve an acromioplasty only, performing a distal clavicle resection only in the face of significant AC joint pathology.

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The physician providing this review is an Orthopedic Surgeon. The reviewer is national board eligible by the American Board of Orthopedic Surgeons. The reviewer has been in active practice for 9 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.