MATUTECH, INC.

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July 6, 2006

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

Re: Medical Dispute Resolution

MDR Tracking #:	M2-06-1548-01
DWC#:	___
Injured Employee:	___
DOI:	___
IRO#:	IRO5317

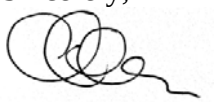
Dear Ms. Farless:

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 Injury Solutions and Amerisure Insurance. 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 chiropractics 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 Injury Solutions:

Office notes (03/01/2006 – 05/05/2006)
Radiodiagnostics (04/27/2006 – 05/22/2006)
Electrodiagnostics (05/02/2006)
Procedure notes (02/09/2006)

Information provided by Amerisure Insurance:

Office notes (12/23/2005 – 05/16/2006)
Therapy notes (02/06/06 – 04/06/06)
Procedure notes (02/09/2006 – 05/16/2006)
Radiodiagnostics (04/27/2006 – 05/22/2006)
Electrodiagnostics (05/02/2006)
Peer Review (04/28/06 & 05/03/06)

Clinical History:

This is a 40-year-old male who was moving a load of sheetrock on a dolly. When it began to move and shift, he attempted to correct it with his left arm. His left arm got pinned between the elevator and the sheetrock. He experienced severe pain into his left shoulder, left wrist, and left thumb. Christopher Wong, M.D., evaluated the patient for complaints of numbness and tingling in the left hand. The patient was on hydrocodone and Naproxen. There was tenderness over the base of the thumb metacarpal and ulnar side of the wrist, involving the triangular fibrocartilage complex (TFCC). X-rays of the left hand demonstrated a fracture of the base of the thumb metacarpal. In addition to fracture, Dr. Wong diagnosed sprain of the left hand with a possible TFCC injury. The patient was put in a short-arm thumb spica fiberglass cast and a sling. Magnetic resonance imaging (MRI) of the left wrist was recommended.

In 2006, Karen Perl, D.O., recommended physical therapy (PT) for the left shoulder and prescribed Lortab and Naprosyn. Patrick Davis, D.C., planned for a PT program for the left wrist and left shoulder region. From February 6, 2006, through February 28, 2006, the patient attended nine sessions of PT for the left shoulder joint. The modalities consisted of myofascial release, neuromuscular reeducation, therapeutic procedures, manipulations, and ice/heat application under the care of Dr. Davis. Ved Aggarwal, M.D., performed a left shoulder intraarticular steroid injection. He prescribed Celebrex, Elavil, Flexeril, and Vicodin. Joseph Daniels, D.O., obtained x-rays after removal of the cast. They demonstrated nice healing of the fractured navicular. From March 20, 2006, through April 6, 2006, the patient attended nine sessions of therapy with the aforementioned modalities. MRI of the left shoulder revealed: (a) thickening and mildly

increased signal within the distal supraspinatus tendon, consistent with tendinosis; (b) a small amount of fluid within the subacromial/subdeltoid bursa, which might reflect bursitis; and (c) type II acromion process. In a peer review, Greg Vagner, M.D., rendered the following opinions: (1) The patient had shoulder pain that improved with therapy and corticosteroid injections. Current treatment had been reasonable and necessary to an extent. If the shoulder pain worsened, then an arthroscopy would be indicated. Further PT would not be necessary outside of a home exercise program (HEP). (2) There was no evidence of a pre-existing injury. (3) The patient's injury was specific to the upper extremity only, and the back and neck were not causally related to the injury in question. (3) The patient should be maintained on HEP and over-the-counter (OTC) medications, with visits every two months unless he opted for the left shoulder surgery. Electromyography/nerve conduction velocity (EMG/NCV) of the upper extremity was normal.

On May 5, 2006, Dr. Davis reported that Mr. ___ had participated in a total of 27 sessions of PT out of which 18 sessions were rendered to the left wrist/forearm. Dr. Davis requested six additional sessions of PT. Dr. Aggarwal administered a left shoulder intraarticular steroid injection and performed a left shoulder arthrogram. MRI of the left wrist demonstrated extensive carpi ulnaris tendinopathy. On May 25, 2006, a preauthorization request for additional PT three times a week for two weeks was denied for the reason as follows: The patient had received nine visits of PT for the left shoulder and 18 for the left wrist after removal from the cast. The current request exceeded the ODG/TWC treatment guidelines. The patient should do just as well with HEP and return to modified work duties.

Disputed Services:

Physical therapy: therapeutic exercises (97110) and neuromuscular re-education (97112).

Explanation of Findings:

Based on the records reviewed, the treating doctor was authorized to provide physical therapy on 2 occasions. On 02/01/2006 and 03/17/2006, partial approval was provided for physical therapy of the left shoulder and then left wrist when the cast was removed. This appears to have ended on or about 04/06/2006. There was no documentation of approved physical therapy beyond that point. On 04/28/2006, peer review reported that adequate physical therapy had been provided and more was NOT medically necessary. The claimant should have been transitioned to self directed home based exercise protocols. There was no objective finding of a neurological lesion or structural deformity related to the work event that would prevent the patient from exercising in a self directed home based setting. There was no indication that extent of injury required surgical repair.

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

Uphold denial

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

The Official Disability Guidelines support 8 sessions of physical therapy for a fractured carpal bone. In this case, that was provided. The Occupational Medicine Practice Guidelines from the American College of Occupational and Environmental Medicine reports that the patient should be instructed in home based exercise protocols. There was no objective finding of neurological involvement or instability in the fractured carpal bone or other documentation provided that would support treatment beyond the parameters of the guidelines above.

The physician providing this review is a doctor of chiropractic. The reviewer is national board certified in chiropractic healthcare. The reviewer has been in active practice for over 22 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.