

# **MATUTECH, INC.**

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July 19, 2006

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

Re: Medical Dispute Resolution  
MDR Tracking #: M2-06-1577-01  
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 Parker Chiropractic Clinic, PC. 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 Parker Chiropractic Clinic, P.C.:

Therapy notes (3/10/2006 – 6/19/2006)

Office note (6/29/06)

### **Clinical History:**

This is a 52-year-old male who injured his neck, back, ribcage; and right shoulder, arm, and elbow, when he hit himself on an air-conditioner unit inside the roof of a school bus. He developed pain in the affected areas. John Parker, D.C., evaluated the patient and noted tenderness over the paraspinals bilaterally. Cervical compression test was positive. Cervical range of motion (ROM) was moderately restricted. There was tenderness over the thoracolumbar area. Dr. Parker assessed cervical myofascitis, cervical sprain/strain, peripheral joint rotator cuff/shoulder syndrome, and shoulder sprain/strain. From March 10, 2006, through June 19, 2006, the patient attended 35 sessions of chiropractic therapy consisting of hydrotherapy, myofascial release, and stabilization exercises.

In May, Dr. Parker placed a request for reconsideration of six units of therapeutic procedures, therapeutic activities, neuromuscular reeducation and/or manual therapy. The request was denied and a home exercise program (HEP) was suggested. The carrier stated that PT would provide no benefit over HEP. A reconsideration request was again denied since it was felt that the patient has had an adequate trial of passive and active care to the cervical spine and right upper extremities and he could be independent with an HEP. A functional capacity evaluation (FCE) had demonstrated a good ROM and strength in the cervical spine and shoulder enough to indicate a home program.

On June 27, 2006, in a prospective review, it was stated that Dr. Parker allowed the patient to return to work on May 10, 2006, without restrictions. Therefore, the reconsideration for additional 12 sessions of PT to the neck and right upper extremity was denied given the following rationale: In a patient had adequate trial of passive and active care and demonstrated a very good ROM and strength in the cervical spine and shoulder regions. The patient should be very actively involved in an HEP with strengthening and stretching exercises.

On June 29, 2006, in a letter, Dr. Parker pointed out that the bus provided by the employer had a faulty door opener. This required the patient to reach over and exert force with his injured shoulder which in turn got aggravated over a period of two weeks. Dr. Parker recommended driving a bus that had a door opener in good repair. Dr. Parker recommended additional rehabilitation for the shoulder.

### **Disputed Services:**

12 sessions of physical therapy for CPT codes 97110, 97530, and 97112.

**Explanation of Findings:**

After reviewing the medical records provided, it was found that the claimant was injured on \_\_\_\_\_. The patient was initially evaluated by his treating doctor on 3-10-06. His main complaint was of head, right shoulder and right upper back pain. He received both active and passive treatments for his injuries. According to the records, the claimant has had over 3 months of treatment to date. The last treatment note dated 6-19-06 shows that the claimant has the same complaints as his reassessment that was performed on 4-21-06. The treatments in question (97112, 97110, and 97530) are identical to the treatments that the claimant has had in the past. In addition, the treatments requested fall outside of the Official Disability Guidelines, 2005, treatment guidelines for cervical sprain/strain and shoulder rotator cuff syndrome. According to the ODG, treatments for these injuries should last no longer than 8 weeks. The ODG guidelines state that "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 records do not show any exceptional factors other than the claimant still having complaints of ongoing shoulder and neck pain which has persisted for over 4 months without any change in treatment protocol or referrals to specialists. Thus, with the treatments being requested falling beyond the previously stated treatment guidelines and without any documentation supporting any exceptional factors which show why additional treatment is needed, the 12 visits of 97112, 97530, and 97110 are not medically necessary to treat this claimant.

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

Uphold Decision

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

Official Disability Guidelines, 2005

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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.