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 #:	M2-06-1605-01
DWC#:	___
Injured Employee:	___
DOI:	___
IRO#:	IRO5317

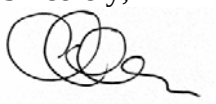
Dear Ms. Farless:

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 Nestor Martinez, D.C., Andrew Varady, M.D., Lubor Jarolimek, M.D., and Fidelity. 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 Physical Medicine and Rehabilitation 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 Nestor Martinez, D.C.:

Office visits (05/02/06 – 07/03/06)
FCE (05/19/06)

Information provided by Andrew Vandy, D.C.:

Radiodiagnostic studies (08/01/05)

Information provided by Lubor Jarolimek, M.D.:

Office visit (11/08/05)

Information provided by Fidelity:

Designated doctor examination (02/28/06)

Clinical History:

The patient is a 28-year-old, right-hand dominant female who tripped over a basket and fell with her left leg bent inwards. She sustained injuries to her left ankle, left knee, and low back. In August 2005, x-rays of the left ankle revealed minimal lateral swelling with a small 2-mm spur at the calcaneal attachment of the plantar aponeurosis. Magnetic resonance imaging (MRI) of the left ankle revealed minimal lateral swelling and thickening of the anterior talofibular ligament (ATFL) with chronic sprain. In November, Lubor Jerolimek, M.D., an orthopedic surgeon, noted a history of right thigh surgery. The patient was using crutches and an ankle splint. Dr. Jerolimek diagnosed left ankle sprain and peroneal tendon tendinitis. He advised full weightbearing. He felt no indication for any surgery and recommended rehab.

2006: Patricia Janki, M.D., conducted a designated doctor evaluation (DDE). She reviewed the following: Initially, the patient was evaluated at Concentra Medical Centers (CMC) and was diagnosed with a lumbar strain, left ankle strain, and left leg contusion. Ankle support and physical therapy (PT) was recommended. Durga Sunkara, M.D., obtained radiodiagnostic studies of the left ankle and recommended PT. Dean McMillan, M.D., treated the patient with passive; active; and manual therapy. Darvocet-N and Advil was prescribed. In a required medical examination (RME), Dr. John Kirkwood rendered following opinions: (1) The patient should continue with a home exercise program (HEP) for her lower back. The left ankle and knee injuries should have resolved. (2) No other diagnostics or referrals to specialists should be warranted. (3) Motrin and Advil should be used. (4) The patient should be able to return to work with

definite restrictions. MRI of the lumbar spine revealed a 3-mm central disc protrusion with a small annular tear at the L5-S1 level. Dr. Stephen Esses recommended weight management. The patient continued follow-ups with Dr. McMillan as needed and continued to receive therapy for her left ankle and lower back. Dr. Janki assessed clinical maximum medical improvement (MMI) as of February 28, 2006, and assigned 5% whole person impairment (WPI) rating.

In May 2006, a psychological evaluation was performed. An electromyography (EMG) study was noted to be positive for radiculopathy at L5 and S1 on the left, and irritation of L5 on the right. It was also noted that the patient had been seen by a pain specialist, Dr. Shanti, who had recommended lumbar epidural steroid injections (ESIs). A work hardening program (WHP) was recommended for moderate depression, anxiety, and deconditioning. A request for the same was denied by Robert Holladay, M.D. A functional capacity evaluation (FCE) was reviewed, in which the patient had qualified at a sedentary-to-light physical demand level (PDL) versus her job requirement of heavy PDL. The reason for nonauthorization was stated as: There was no job-specific return to work goal associated with specific job demands. Documentation did not establish the necessity of this level of care. The patient should be independent in a home exercise program (HEP) for the ankle and lower back 10 months post injury.

On May 19, 2006, Nestor Martinez, D.C., stated that after admittance to the WHP, the patient was progressing as expected. An FCE was performed, in which the patient functioned at a light PDL. Dr. Martinez recommended 20 sessions of WHP. Dr. Martinez submitted reconsideration request. He stated that Dr. Taylor had originally reviewed this case with Dr. Brooks on May 8, 2006, who recommended authorization of the WHP request. Unfortunately, the preauthorization was denied. He felt that considering the nature and extent of the patient's injury, the heavy nature of her work, and the fact that she underwent significant deconditioning during the extended period of her disability, participation in a WHP was medically necessary.

On June 1, 2006, the reconsideration request was denied as the level of treatment was not considered to be consistent with the diagnosis. In a letter dated July 3, 2006, Dean McMillan, M.D., indicated that the patient was unable to undergo lumbar ESIs due to insulin-dependent diabetes. He stated that in light of her residual functional deficits, she was authorized for a WHP. She demonstrated improvement and improved tolerance in the program activities over the initial 10 sessions. However, the request for additional sessions was denied. Dr. McMillan recommended additional sessions of WHP for her further improvement.

Disputed Services:

20 sessions of work hardening.

Explanation of Findings:

This is a morbidly obese female, one of the contraindications for work hardening, who appears to have suffered a strain sprain of the ankle, knee and back. She failed conservative treatment after therapy as pain level remained 8 and there apparently was no specific job to return to, another requirement for work hardening.

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

It is my opinion that the ruling should be upheld as work hardening is not appropriate in this patient.

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

Department of Labor and ODG (Recommended as an option, depending on the availability of quality programs, and should be specific for the job individual is going to return to). In addition, CARF Guidelines state pain-focused individuals are not good candidates and this individual reported 7/10 on VAS.

The physician providing this review is a physician, doctor of medicine. The reviewer is national board certified in physical medicine and rehabilitation. The reviewer is a member of American Academy of Physical Medicine and Rehabilitation. The reviewer has been in active practice for twenty-three 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.