

MATUTECH, INC.

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July 27, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-06-1645-01
DWC#: _____
Injured Employee: _____
DOI: _____
IRO#: IRO5317

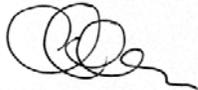
Dear Ms. Farless:

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 Sentry 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 Sentry Insurance:

Office Notes (08/09/05-04/21/06)
Therapy Notes (08/23/05-04/11/06)
Radiodiagnostic studies (08/24/05)
FCE (01/12/06-06/06/06)
Procedure note (11/04/05)
Independent Medical Evaluation (05/25/06)

Clinical History:

This 54-years-old male tripped over a tote while wrapping a pallet and fell down on the left flexed arm hurting his left shoulder and left hand. On August 9, 2006, Gerald Saboe, D.O., noted a small 1 cm non-tender ganglion cyst between the fourth and fifth metacarpals near MCP joints. X-rays of the left shoulder and left hand were unremarkable. Dr. Saboe diagnosed left shoulder strain and ganglion cyst (non-work related) and prescribed Tylenol, Biofreeze, and provided ice/cold packs. He placed the patient at clinical maximum medical improvement (MMI) without any permanent impairment as a result of the injury.

The patient attended three sessions of therapy under Douglas Burke, D.C. Khym Zarzuela, D.O., prescribed hydrocodone and Ambien. Magnetic resonance imaging (MRI) of the left shoulder revealed mild subacromial bursal fluid, mild distal infraspinatus tendinopathy, an SLAP tear, and residual cellular marrow. Elliot Clemence, M.D., an orthopedist, injected the left shoulder and prescribed Daypro. On November 4, 2005, Dr. Clemence performed a left rotator cuff repair. Dr. Clemence prescribed cyrocuff and refilled Lortab and Naprosyn. From November 2005 through January 2006, the patient attended 12 sessions of postop therapy consisting of therapeutic exercises/activities, myofascial release, soft tissue mobilization, ice with interferential, and ultrasound.

In 2006, in a functional capacity evaluation (FCE), the patient could not perform secondary to raised blood pressure and the resting heart rate. He appeared to have significant underlying psychosocial issues secondary to inability to work. Dr. Clemence recommended continuation of PT and medications. From February through March, the patient attended additional 18 sessions of therapy consisting of neurostimulation, myofascial release, therapeutic exercises/activities, and soft tissue mobilization. In March, Dr. Clemence released the patient from his care. He was released to work. On March 7, 2006, in a second FCE, the patient qualified at a light-to-medium physical demand level (PDL) whereas his job required a heavy PDL. The evaluator recommended 4-6 weeks of work hardening program (WHP). In a behavioral evaluation, depression was diagnosed. 20 sessions of WHP were recommended.

From March 30, 2006, through May 8, 2006, the patient attended 10 sessions of WHP. In an interim FCE, he qualified at medium-to-heavy PDL. Rolando Rodriguez, M.D., diagnosed myofascial pain syndrome and prescribed Vicodin and a transdermal compound containing ibuprofen and piroxicam. *On April 19, 2006, a request for additional 10 sessions of WHP was denied* since there was no medical evidence of psyche illness or manifestations of psych disorders to justify psych treatment and also no evidence of patient's improvement after the initial 10 WHP sessions. Moreover, the patient rated his pain at just 1/10.

On April 25, 2006, a report of Bexar County Healthcare Services indicated: *There had been psychological barriers to recovery. The patient continued to experience mild symptoms of depression, anxiety, and insomnia, and continued to lead a low activity level with pain rated at 3/10. He had not meet treatment goals from psychological stand point and would greatly benefit from additional WHP to meet goals including further stabilization of depression and anxiety, further implementation of pain management and to focus on increasing physical demand classification to heavy. It was important to address all physical and psychological barriers prior to returning to work in order to promote long term recovery without re-injury or exacerbation in pain.*

On May 11, 2006, in a repeat FCE, the patient did not perform any testing secondary to increased blood pressure and resting heart rate. He exhibited underlying psychological issues secondary to an inability to work. Robert Moreno, M.D., assessed clinical MMI as of May 25, 2006, and assigned 7% whole person impairment (WPI) rating.

On June 5, 2006, in an FCE, the patient performed at light PDL. Per evaluator, it was questionable whether patient could tolerate full eight hour work at this level based on heart rate monitoring, extreme deconditioning and true left shoulder weakness. The evaluator recommended more therapy that would address left shoulder motion and strength limitation as well as whole body deconditioning. It was also recommended that if he did go back to work at the light PDL, he would have restrictions for any overhead lifting and reaching. Per TWCC-73, on July 5, 2006, Dr. Burke recommended returning to work without restrictions.

Disputed Services:

Work hardening program 10 additional sessions

Explanation of Findings:

The employee was alleged to sustain a SLAP lesion from tripping and falling on 08/04/2005 that was repaired surgically on 11/04/2005. The employee tripped over a tote and fell from a standing position and fell to the floor. A left shoulder MRI was obtained that revealed a SLAP lesion so it was assumed to be the result of the trip and fall event that occurred at work. The employee received supervised in office treatment from 08/09/2005 through 01/10/2006 without any documentation of psychosocial involvement. The initial mention in the records of psychological involvement is on 01/12/2006 when a work hardening program is being requested. On psychological interview, the employee

was reported to be using appropriate coping strategies and had NO maladaptive coping strategies. On 06/05/2006, the employee is reported to be extremely deconditioned despite the extensive physical therapy provided and previous sessions of work hardening. He was stated to be in the light physical demand level based on the FCE obtained on 06/05/2006, while the employee was stated to be in the light to medium physical demand level on 03/07/2006 after the 2nd FCE. It appears that the surgeon returned the employee to work without restrictions on 03/22/2006 based on TWCC-73 dated 03/01/2006.

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

Uphold denial of additional work hardening sessions.

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

The claimant was certified at maximum medical improvement on 05/26/2006 by a designated doctor. There had been no significant progress demonstrated with the prior physical therapy to support further trials of physical therapy or the disputed work hardening sessions requested. ACOEM guidelines do not support nor recommend a protracted course of supervised physical therapy especially in light of the lack of therapeutic benefit demonstrated in this case. The medical literature reports that there is no strong evidence for the effectiveness of a multidisciplinary rehabilitation program as compared to usual care (Spine 2003, Ostelo et al). In this case, the usual physical therapeutic trials as well as the trial of 10 sessions of work hardening did NOT demonstrate progressive improvement of symptoms or return to work to support the request for additional sessions.

The physician providing this review is a doctor of chiropractic. The reviewer is national board certified in chiropractic as well as pain medicine. The reviewer has been in active practice for 23 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.