

MATUTECH, INC.

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September 18, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-06-1808-01
DWC#: _____
Injured Employee: _____
DOI: _____
IRO#: IRO5317

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 Harris & Harris and from various providers. 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 chiropractic 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 Harris & Harris:

Office visits (02/01/06 - 06/14/06)
Radiodiagnostics (10/14/05 - 01/17/06)
Electrodiagnostics (03/07/06)

Information provided by Medical records from various providers:

Office visits (10/14/05 - 07/03/06)
Electrodiagnostic study (03/07/06 and 04/11/06)
Radiodiagnostics (10/26/05 and 01/17/06)

Clinical History:

This 24-year-old female was injured when she slipped on a wet curb and injured her right knee and hip and low back.

On October 14, 2005, Brad Burdin, D.C., evaluated the patient. Dr. Burdin noted a history of surgery to the left medial thigh damage due to a gun injury. Examination findings were: decreased perception of vibration in the right great toe, limited range of motion (ROM) in the right knee, tenderness in the right sacroiliac (SI) joint, tenderness over the L5-S1, positive Kemp's test, positive straight leg raise (SLR) test bilaterally, severe medial joint line (MJL) tenderness in the right knee, and discomfort in the right hip with internal and external rotation. X-rays of the lumbar spine and right hip were unremarkable. Therapy was started. Magnetic resonance imaging (MRI) of the right knee revealed ill-defined area of marrow signal abnormality of the lateral tibial plateau consistent with bone bruise; grade II signal consistent with degenerative changes of the anterior and posterior horns of both menisci; and small joint effusion. Morris Lampert, M.D., a neurologist, noted positive Tinel's signs in both wrists. He prescribed ibuprofen, Skelaxin, Nortriptyline, Tylenol ES, and a hand splint. MRI of the lumbar spine revealed multilevel degenerative disc disease (DDD) with the worst level of L4-L5; mild bilateral neural foraminal stenosis at L4-L5; and a small eccentric focal disc protrusion at L4-L5 on the right. On February 1, 2006, Wilson Patrick, M.D., performed a right knee arthroscopy with lateral meniscectomy. Per Dr. Burdin, the patient attended 12 visits of postop rehabilitation.

David Hirsch, D.O., a pain specialist, evaluated the patient. He performed electromyography/nerve conduction velocity (EMG/NCV) study of the lower extremities on two occasions which were unremarkable. Zanaflex, Lodine, and hydrocodone were prescribed. Dr. Hirsch performed a right SI joint injection and trigger point injections (TPIs) in the right gluteus medius and piriformis muscles. In June, he performed a lumbar epidural steroid injection (ESI). In a functional capacity evaluation (FCE), the

patient did not meet her job requirements. In a mental health evaluation, the patient was diagnosed with pain disorder and panic disorder without agoraphobia. Ten to twelve sessions of work hardening program (WHP) were recommended. The WHP was denied by the carrier. The rationale was: the patient was nine months status post injury for knee and low back. She had undergone knee arthroscopic repair. The extent of the lower back injury was a strain in the nature. The patient had received 32 visits of PT. The FCE was unremarkable. There was no objective evidence to support work hardening. The treatment had been excessive in both intensity and duration. A designated doctor evaluation was strongly indicated.

On August 21, 2006, in a letter, an attorney stated: relatedness of patient's psychological condition to her compensable injury had yet to be established. There were no significant objective findings documented, remarkable either in degree or complexity which would support the need for WHP.

Disputed Services:

8 weeks of work hardening (97545 and 97546)

Explanation of Findings:

This patient has been through extensive care and has had good care to date. She seems to have slightly responded to the care, but is still unable to provide her employer with the duties of her job. She is in a light work category, but her job demands heavy lifting and she is unable to do that work. The work hardening program could have a positive effect on her ability to do that work and should be approved.

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

Overturn the denial

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

FCE of the provider, Phase III of the North American Spine Treatment Guidelines

The physician providing this review is a Chiropractor. The reviewer is national board certified in forensics as well as pain medicine. The reviewer is a member of the ACA and TCA. The reviewer has been in active practice for 14 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.