

MATUTECH, INC.

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October 23, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-07-0097-01
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 Patrick Davis, D.C., and Flahive, Ogden & Latson, Attorneys at Law. 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 Patrick Davis, D.C.:

Progress notes (07/10/06 – 08/25/06)

Information provided by Flahive, Ogden & Latson, Attorneys at Law:

Pre-authorization determinations (08/30/06 and 09/06/06)

Clinical History:

This is a 37-year-old patient who fell off a roller chair and fell to the ground impacting her upper and lower back and head to the ground. She injured her cervical, thoracic, and lumbar spine and right shoulder region.

Following the injury, she presented to Patrick Davis, D.C., who noted decreased range of motion (ROM) in the right shoulder; and at the cervical, thoracic, and lumbar spine; and diagnosed right-sided cervical radiculopathy, right-sided lumbosacral radiculopathy, and right shoulder derangement along with pain all over the spine. Subsequently, the patient was treated with approximately 12 sessions of physical medicine rehabilitation/therapy and was released to light duty work. Dr. Davis requested 12 additional sessions of therapy.

On August 30, 2006, request for physical therapy (PT) three times a week for four weeks was denied. The rationale provided was: *The patient had already had sufficient supervised PT to perform a home exercise program (HEP). The current request for additional 12 supervised PT sessions was not supported as medically necessary and exceeded recommended PT guidelines.*

On September 6, 2006, a reconsideration request for PT was denied. The rationale provided was *the patient's primary medical condition would appear to be a muscular strain. ACOEM guidelines would support an expectation that a person could be educated on a home program regimen for rehabilitation issues. Presently, medical necessity for the request would not appear to be established.*

Disputed Services:

Physical therapy three times a week for four weeks (additional)

Explanation of Findings:

Based on the records reviewed, this is a 37 years old patient who had an injury to the cervical, thoracic, and lumbar spine as well as right shoulder. She had limited ROM

based on the initial clinical findings. The patient had 12 PT sessions .the is no radiological reports or any diagnostics reports.The patient is back to work on light duty.

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

Uphold decision for denial of the requested treatment.

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

The documentation provided demonstrated that the claimant had received 12 PT sessions in order to stabilize her condition. There is not enough clinical and diagnostic studies to support additional PT sessions. This decision is made based on ACOEM and ODG treatment guidelines.

The physician providing this review is a DC, DACAN. The reviewer is national board certified in Chiropractic and Neurology. The reviewer is a member of American Chiropractic Academy of Neurology. The reviewer has been in active practice for 18 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.

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If you are disputing the 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.