

# **MATUTECH, INC.**

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November 14, 2006

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

Re: Medical Dispute Resolution  
MDR Tracking #: M2-07-0289-01  
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 Republic Underwriters Insurance Company/JI Specialty. 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 Republic Underwriters Insurance Company/JI Specialty:

Office notes (03/30/06 – 07/20/06)  
Procedure note (04/11/06)  
Radiodiagnostics (03/15/06)  
Functional capacity evaluation (08/24/06)  
Treatment summary note (09/01/06)  
Note requesting reconsideration (09/07/06)  
Pre-authorization determinations (09/06/06 and 09/14/06)

### Clinical History:

This is a 41-year-old patient who injured his right knee when his foot which was resting on a shovel, slipped off into a hole.

The patient presented to Michael Kirkpatrick, M.D., for evaluation and treatment. He ordered a magnetic resonance imaging (MRI) of the right knee, which revealed a posterior horn medial meniscal tear; diffuse subcutaneous edema above the knee with a moderate-sized knee effusion; osteoarthritis; and Baker's cyst. The patient was referred to Derek Lichota, M.D. X-rays revealed minimal degenerative joint disease (DJD).

On April 11, 2006, Dr. Lichota performed an arthroscopic partial medial meniscectomy and abrasion chondroplasty. Thereafter, the patient underwent 24 sessions of physical therapy (PT). A functional capacity evaluation (FCE) performed on August 24, 2006, demonstrated the patient to perform at the medium to medium-heavy physical demand level (PDL) against his job requirement of a heavy PDL. Work hardening program (WHP) was recommended. On September 6, 2006, the request for work conditioning program (WCP) for 10 sessions was denied. The rationale provided was: *the provided documentation did not establish the need for WCP. The patient demonstrated the necessary strength for return to work. Strength was not necessarily an issue, but conditioning based on treadmill test. However, numerous literature reports indicated that there was no strong evidence for the effectiveness of supervised training as compared to home exercise and return to work. It was also noted that there was no overall increase in ability from June 13, 2006, through August 24, 2006, despite rehabilitation indicating that the patient had reached maximum rehabilitation potential.* In response, Dr. Blair stated that the patient continued to have improving symptomatology. He had not reached maximum medical improvement (MMI) and further improvement was expected with implementation of the requested treatment regimen. On September 14, 2006, a re-consideration request for WC (10) four-hour sessions to the right knee was denied. The rationale provided was: *The patient underwent partial medial meniscectomy followed by 24 PT sessions. Static strength was reported and extrapolated in reports over time with 133 pounds static force noted on*

*prior denial. Only FCE reported dynamic lifting ability (noted as 35 pound plus box of an unidentified weight). The patient worked in the heavy PDL conditioning at the time. I*

On October 10, 2006, Don MacKay, M.D., performed a designated doctor evaluation (DDE). He assessed clinical maximum medical improvement (MMI) as of October 10, 2006, and assigned 1% whole person impairment (WPI) rating.

**Disputed Services:**

Work conditioning (4-hour) for 10 sessions over two weeks (97545WC – 97546WC).

**Explanation of Findings:**

It appears that the employee injured his knee while at work and was determined to sustain a tear in the posterior horn of the medial meniscus on the right knee. The employee underwent a partial meniscectomy on 04/11/2006. Sutures were removed on 04/25/2006 and instructions in rehab were provided. The employee changed treating doctors and was provided formal rehabilitation from Christopher Blair, DC from 06/12/2006 through 08/24/2006 consisting of about 24 sessions. On 10/10/2006, the employee was evaluated by a designated doctor and certified at maximum medical improvement with 1% whole person impairment. The treating doctor requested work conditioning for the employee and was twice denied.

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

Uphold decision to deny work conditioning

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

It appears based on the records that the claimant is overcoming his activity intolerances and his condition is stable and static. Based on the FCE dated 08/24/2006, the employee is capable of lifting up to 137 pounds on the leg lift and up to 133 pounds on the floor lift. The ability to lift during the high near lift should be about 30% more than what the employee is able to lift during the arm lift. In this case, it is not. This calls into question the effort from the employee during this evaluation. Based on the abilities of the employee outlined in the records, the medical necessity of an intensive work conditioning program is not established.

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The physician providing this review is a doctor of chiropractic. The reviewer is national board certified in chiropractic. The reviewer has been in active practice for 22 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.