

# **MATUTECH, INC.**

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April 28, 2006

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

Re: Medical Dispute Resolution  
MDR Tracking #: M2-06-1112-01  
DWC#: \_\_\_\_\_  
Injured Employee: \_\_\_\_\_  
DOI: \_\_\_\_\_  
IRO#: IRO5317

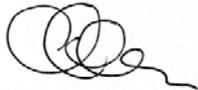
Dear Ms. Farless:

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 Dr. Tarbox. 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 Pain Management, 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 Dr. Tarbox:

Office Notes (05/10/00 – 04/11/06)  
Therapy Notes (06/09/00 - 01/17/05)  
Procedure Notes (05/23/00 - 05/04/04)  
Electrodiagnostic Studies (05/10/00 - 03/08/02)  
Radiodiagnostic Studies (04/03/01 - 12/21/01)  
Independent Medical Evaluation (03/09/01 - 06/12/03)

#### Information provided by Lone Star HealthCare Group:

Office Notes (06/29/05 – 04/11/06)

### Clinical History:

This is a 51-year-old right hand dominant female who sustained injuries to her hands when she fell on a rug and landed on her outstretched hands.

**2000:** A day after the injury, the patient was seen at Cypress Fairbanks Medical Center. X-rays of the left wrist were unremarkable. The patient was treated with wrist splints and medications. Michael Brown, M.D., a hand surgeon, noted that nerve conduction velocity (NCV) studies subsequent to an injury of \_\_\_\_ had been positive. The patient had undergone left ulnar nerve anterior transposition and bilateral open carpal tunnel release (CTR) in the past. An examination showed positive Tinel's bilaterally about the ulnar nerve and positive Tinel's and Phalen's about the median nerve. Electromyography (EMG)/NCV studies revealed bilateral carpal tunnel syndrome (CTS). On May 23, 2000, Dr. Brown performed re-do open CTR, flexor synovectomy, and epineurotomy of the median nerve on the right. On June 20, 2000, he performed re-do open CTR, flexor synovectomy, and epineurotomy of the median nerve on the left. On August 15, 2000, Dr. Brown performed first dorsal compartment tenovagotomy; extensor tenosynovectomy; accessory dorsal compartment tenovagotomy; and tenolysis of the APL and EPB tendons. The patient attended 26 sessions of physical therapy (PT). Dr. Brown suspected reflex sympathetic dystrophy (RSD) on the left. A left stellate ganglion block was administered and Neurontin was prescribed.

**2001:** On January 23, 2001, Dr. Brown performed left thumb tenovagotomy and tenosynovectomy for stenosing synovitis. The patient attended five sessions of PT. A diagnosis left rotator cuff sprain was made. Magnetic resonance imaging (MRI) of the left shoulder revealed moderate anterior cuff tendonitis, and mild distention of the subacromial/subdeltoid bursa or mild bursitis. In an independent medical evaluation (IME), John Dozier, M.D., stated that the patient had not reached maximum medical

improvement (MMI) and would need further PT. In a functional capacity evaluation (FCE) the patient qualified at a light-to-sedentary physical demand level (PDL). Dr. Dozier recommended returning to work with restrictions. Frank Barnes, M.D., an orthopedic surgeon, diagnosed left de Quervain's syndrome and left shoulder tendinitis. He rendered the following opinions: (1) The shoulder problems were unrelated to the accident of \_\_\_\_\_. (2) The patient could return to sedentary work. (3) The treatment seemed to have been appropriate to her hand and wrist complaints. (4) She would need further PT. (5) She had not reached MMI as she had not recovered from her surgery. Camille George, M.D., injected the first extensor compartment along the base of the left thumb and prescribed Medrol Dosepak. MRI of the cervical spine revealed a 4-5 mm right posterior herniation at C6-C7 effacing the anterior subarachnoid space and mildly narrowing the right exit zone.

**2002:** The patient attended multiple sessions of PT. Dr. Dozier assessed MMI as of January 11, 2002, and assigned 2% whole person impairment (WPI) rating. He stated that further treatment, surgery, and PT were not indicated and the left shoulder and neck were not to be considered part of the claim. He added that the patient was capable of returning to work in a light duty capacity. Richard Evans, M.D., prescribed Celebrex, Darvocet N, Zanaflex, Lortab, glucosamine/chondroitin, Zoloft, Skelaxin and Vioxx. Repeat EMG/NCV studies revealed persistent bilateral CTS, more on the right; some compromise of the ulnar nerve at the wrist; and left C5 nerve root irritation. Ken Korthauer, M.D., assessed MMI as of March 25, 2002, and assigned 14% WPI rating. Anthony Bottorff, D.C., performed a peer review and stated that chiropractic treatment would not be considered reasonable and necessary after March 2002.

**2003:** On March 26, 2003, Jacob Varon, M.D., performed tenolysis of the flexor profundus and flexor sublimis tendons of the left ring finger; excision of the fibrotic tissue from the metacarpophalangeal area of the left ring finger; left ring finger trigger release; and modified neurolysis of the left ring finger digital nerve with microvascular technique. The patient attended multiple sessions of PT. Dr. Dozier stated that the EMG/NCV studies did not correlate well with the physical examination and thus they were of doubtful significance and did not guide treatment in any way. He stated that the only reasonable treatment would be pain management. On December 2, 2003, Dr. Varon performed neurolysis of the left median nerve with modified microvascular technique; tenolysis of the flexor pollicis longus; and tenolysis of the flexor profundus and flexor sublimis tendons of the left index and middle fingers.

**2004 – 2005:** The patient continued to attend PT. Dr. Varon diagnosed recurrent median neuropathy on the right and contracture of the interphalangeal joint. On May 4, 2004, he performed excision of fibrotic tissue of the right wrist with neurolysis of the median nerve; tenolysis of the flexor carpi radialis and flexor pollicis longus; and tenolysis of the flexor sublimis and flexor profundus tendons of the right index finger. He also performed contracture release of the interphalangeal joint of the right thumb along with tenolysis of the flexor pollicis longus and brevis; and modified capsulotomy of the interphalangeal joint. Ronald Kahn, M.D., tried various medications including Celebrex, Lexapro, Lidoderm patches, Excedrin and Nexium. The patient attended seven sessions of individual psychotherapy and 12 sessions of PT with Dr. Kahn.

**2006:** On January 18, 2006, Arthur Tarbox, Ph.D. performed a psychological evaluation and diagnosed pain disorder. He recommended 30 sessions of a multidisciplinary chronic pain management program (CPMP). On January 25, 2006, and April 11, 2006, Dr. Kahn diagnosed adjustment disorder with mixed anxiety and depressive mood. He refilled Nexium, Lexapro, Vicodin, Celebrex, the Lidoderm patch, and HCTZ. He recommended 20 sessions of CPMP.

On January 31, 2006, and February 16, 2006, the CPMP was denied for the following reason: *There was no functional behavioral analysis or psychological testing; and there were no reliable data or controlled studies demonstrating favorable outcomes from multidisciplinary rehabilitation.*

**Disputed Services:**

**Chronic pain management 20 sessions**

**Explanation of Findings:**

(Patient with chronic pain with psychological overlay who has experienced symptoms since year 2000. Patient has mood findings which create a complex picture of health status.

Stable function without deterioration is noted in records

Stable utilization of healthcare is noted (without increase or decrease)

Appears to demonstrate outbursts of anger or hostility, in addition to isolation, and reduction of this behavior is stated as an objective.

Does not appear to misuse or overuse medications

Stable physical activity and function, and improvement is stated as an objective.

Patient appears to be responding to medication treatment – stable, and reduction is stated as an objective.

There is significant evidence of “fear” prohibiting rehabilitation efforts

There is no significant evidence of vocational rehabilitation potential but nevertheless it is clearly stated as an objective and meets the overall objective of the program.

Specifically, the treatment goals submitted by Dr Ronald Kahn MD appear to be consistent with the objectives of the quoted literature.

The psychological evaluation and findings by Dr Tarbox PhD appears to be a noteworthy, relevant, independent university-based opinion which weighs in heavily into the overall clinical picture.

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

Partially uphold/overturn denial. Recommendation to Approve ten sessions of chronic pain program with complete statement and summary of progress at the end of ten days including a statement of compliance.

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

(National Clearinghouse Guidelines - review of records indicate patient clearly meets at least 4 of 7 admission criteria

North American Spine Society Phase III – review of records indicate patient clearly meets at least 5 of 10 admission criteria

ODG guidelines indicate appropriateness of program for chronic pain and complex regional pain syndrome

Blue Cross Blue Shield guidelines 2004 indicate all entry criteria satisfied

Aetna Guidelines 2005 indicate all entry criteria satisfied

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The physician providing this review is a Doctor of Medicine (M.D.). The reviewer is national board certified in Physical Medicine and Rehabilitation as well as pain medicine. The reviewer has been in active practice for eight 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.