

MATUTECH, INC.

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September 5, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-06-1794-01
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 Pain & Recovery Clinic and Harris & Harris. The Independent review was performed by a matched peer with the treating healthcare 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 Pain & Recovery Clinic:

Pre-authorization and reconsideration requests (06/08/06 & 06/30/06)
Mental health evaluation (05/09/06)

Information provided by Harris & Harris:

Office visits (01/31/05 – 05/09/06)
Therapy notes (11/23/04 – 05/05/06)

Clinical History:

The patient is a 56-year-old custodian who was dumping trash into a dumpster and she hurt her right shoulder.

Following the injury, the patient attended physical therapy (PT) at HealthSouth consisting of cryotherapy, electrical stimulation, ultrasound, and exercises. In a required medical examination (RME), Anthony Melillo, M.D., noted the following: James Ghadially, M.D, an orthopedic surgeon, diagnosed impingement syndrome of the left and right shoulder. He treated the patient with steroid injections into the right shoulder on three occasions, PT, and Bextra. Magnetic resonance imaging (MRI) of the right shoulder revealed marked supraspinatus tendinosis and a non-full-thickness bursal surface rotator cuff fraying that measured 3 x 3 mm. Dr. Melillo diagnosed adhesive capsulitis and mild-to-moderate impingement syndrome. He rendered the following opinions: (1) No further steroid injections were needed. (2) Darvocet-N, Bextra, and over-the-counter (OTC) anti-inflammatory medications would be reasonable. (3) The patient might be a surgical candidate. (4) The patient would need four to eight weeks of PT.

John Taxis, D.O, a designated doctor, assessed clinical maximum medical improvement (MMI) as of February 25, 2005 and assigned 0% whole percent impairment (WPI) rating. The patient was continued on therapy at Accident and Work Injury. Dipti Patel, D.C, noted that Dr. Ghadially had performed right shoulder arthroscopic surgery on March 30, 2005. From June through August 2005, the patient attended PT consisting of manual therapy, neuromuscular re-education, and therapeutic exercises. In another RME in November 2005, Dr. Melillo rendered the following opinions: (1) It was not clear whether the adhesive capsulitis had resolved before the surgery of March 2005. (2) The patient would require PT for adhesive capsulitis followed by a rotator cuff repair. Postop PT and work hardening/work conditioning would be necessary. (3) If the patient had persistent stiffness in her right shoulder with no documented range of motion (ROM) improvement after three months of PT, then manipulation under anesthesia (MUA) would be necessary followed by four weeks of PT.

In 2006, the patient attended 44 sessions of PT consisting of manual therapy and therapeutic exercises. In a DDE performed by Dr. Taxis, it was noted that the patient had undergone an arthroscopic revision rotator cuff repair with subacromial decompression and MUA on December 5, 2005. He opined that there were no changes to be made after reviewing the information. In a mental health evaluation, the patient was diagnosed with pain disorder and moderate major depressive disorder. The evaluator recommended comprehensive chronic pain management program (CPMP). A pre-authorization request for CPMP was denied by the carrier. Reconsideration was made which was again denied. The reason given was that lower levels of care had not been exhausted and the patient did not appear to be sufficiently stable to participate and benefit from a multidisciplinary program.

Disputed Services:

Chronic pain management program, 20 sessions (97799-CP)

Explanation of Findings:

Patient with (apparently documented) persistent shoulder pain, and diminished function, and diminished affect. Appears to have a stable and chronic course.

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

Uphold denial of CMP Program. The program does not appear medically necessary based on the documentation provided.

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

Per National clearinghouse Guidelines – the patient appears to meet only one of all possible criteria according to the notes provided.

Per North American Spine Society Phase III Clinical Guidelines for multidisciplinary spine specialists- does not apply or patient does not meet supportive criteria for this organization.

Per OCG guidelines – A comprehensive behavioral health program is the closest literature match to the rehabilitation “CMP 20 sessions” offered in the medical notes provided. The physical component is not supported by this literature.

Per Cochrane Review Database- the program is not medically indicated.

The physician providing this review is a Medical Doctor. The reviewer is national board certified in Physical Medicine & Rehabilitation as well as pain medicine. The reviewer is a member of American Medical Association, American Society of Interventional Pain Physicians. The reviewer has been in active practice for 8 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.