

# **MATUTECH, INC.**

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November 10, 2006

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

Re: Medical Dispute Resolution  
MDR Tracking #: M2-07-0222-01  
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 Tokio Marine Management. 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 physical medicine and rehabilitation 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 Tokio Marine Management:

Office notes (09/27/00 – 09/07/06)  
Therapy notes (04/02/01 – 09/29/05)  
FCE (11/24/03 – 07/14/05)  
Radiodiagnostic studies (11/29/00 – 07/27/05)  
Electrodiagnostic studies (10/03/00 – 12/08/03)  
Procedure notes (03/09/01 – 01/20/05)  
Medical reviews (09/11/02 – 08/30/06)

### Clinical History:

This 53-year-old male developed numbness and tingling in his left hand due to repetitive pulling and picking up of heavy boxes for two and half weeks. Scott Oishi, M.D., noted positive Tinel's over the left cubital tunnel in both wrists. Electromyography/nerve conduction velocity (EMG/NCV) studies of upper extremities were suggestive of left cubital tunnel and carpal tunnel syndrome (CTS), per Dr. Oishi. Initially the patient was treated with wrist splints, occupational therapy (OT), and pain medications. In March 2001, Dr. Oishi performed left open carpal tunnel release (CTR) and left cubital tunnel release with submuscular transposition of the ulnar nerve at the elbow. The patient attended multiple sessions of physical therapy (PT). MRI of the cervical spine performed for neck pain revealed a tiny central disc bulge at C3-C4; a small broad-based disc bulge at C4-C5; uncovertebral spurs bilaterally with a broad-based fraction disc bulge at C5-C6; small uncovertebral spurs with a tiny broad-based fraction disc bulge at C6-C7; and mild anterior osteophyte formation from C3 through C6. A history of right shoulder pain treated with steroid injections and a motor vehicle accident (MVA) in 1994 causing neck stiffness was noted. R. David Bauer, M.D., diagnosed cervical spondylosis with radiculopathy and recommended PT for the cervical spine. In May 2001, the patient was evaluated by Dr. Kline for left shoulder pain. MRI was suggestive of a labral tear at the base and some acromioclavicular (AC) joint arthritis. In November 2001, George Zoys, M.D., performed left shoulder subacromial decompression with labral debridement and decompression of a labral cyst which eliminated the majority of numbness in the left arm. Postoperatively, PT was continued.

A myelogram/computerized tomography (CT) showed ventral indentation at C3-C4, C4-C5, C5-C6, and C6-C7, truncation of the right C5, left C6 and C7 nerve root sleeves; mild changes at C3-C4 and C4-C5, and significant diminution of left neural foramen due to arthrosis at C5-C6 and C6-C7. On March 4, 2002, Dr. Bauer performed anterior discectomy at C5-C6 and C6-C7 followed by arthrodesis. Dr. Zoys suspected reflex mediated pain. Suman T. Krishnan, M.D., an orthopedic surgeon, injected the left subacromial space for left upper extremity neurogenic pain. EMG/NCV studies showed

decreased recruitment at the left deltoid and left supraspinatus and fibrillation at C7 paraspinal musculature on the left. Dr. Krishnan and Dr. Bauer recommended a PRIDE program. Douglas Wood, D.O., assessed maximum medical improvement (MMI) as of September 11, 2002, and assigned 25% whole person impairment (WPI) rating.

In early 2003, the patient attended 30 days of the PRIDE program. Tom Mayer, M.D., provided a detoxification program for hydrocodone and started Paxil/Klonopin, Advil, and ibuprofen. James Gross, M.D., assessed MMI as of September 11, 2002, and assigned 5% WPI rating. The patient was involved in an MVA in June 2003 and exacerbated his neck and arm symptoms. CT of the cervical spine showed possible fracture in the right-sided screw at C6 and some lucency between C5-C6 around its circumference, and lack of integration at C6-C7 and slight narrowing of the right C4-C5 and left C6-C7 foramen. Dr. Bauer diagnosed pseudoarthrosis and cervical postlaminectomy syndrome, and recommended surgery for pseudoarthrosis. Benjamin Cunningham, M.D., treated him with a rigid cervical collar and 17 sessions of PT. Repeat EMG/NCV studies revealed left C6/C7 radiculopathy along with impingement in the left shoulder and wrist. On January 20, 2005, Dr. Cunningham performed re-fusion and cord drilling at C5-C6 disc space, removal of spinal instrumentation, and an assessment of fusion at C5-C6 and C6-C7. X-rays showed consolidation at C6-C7 with possible pseudoarthrosis and improved consolidation at C5-C6. Dr. Cunningham initiated PT. John McConnell, M.D., evaluated the patient for persistent left shoulder pain. MR arthrogram revealed moderate bony and capsular hypertrophic changes in the AC joint. Dr. McConnell injected the left shoulder with steroid. Repeat MR arthrogram of the left shoulder in July 2005 showed moderate degree recurring hypertrophic bony distal acromion densities possibly associated with impingement. John Sazy, M.D., diagnosed pseudoarthrosis at C5-C6 and also probably at C6-C7, and residual impingement or rotator cuff tear of the left shoulder; he recommended CT myelogram of the cervical spine and MR arthrogram of the left shoulder. The patient attended multiple sessions of PT to the cervical region and left shoulder. In a functional capacity evaluation (FCE), the patient qualified below a sedentary PDL versus a very heavy PDL required for his job. PT was continued.

In January 2006, Robert Holladay, M.D., performed a required medical evaluation (RME) and opined as follows: *Further treatment consisting of PT, durable medical equipment (DME), diagnostic tests, and injections would not be needed and patient should progressively be weaned off hydrocodone and Ambien and should be transitioned to over-the-counter (OTC) anti-inflammatory medications and analgesics. There was a possible aggravation of underlying pre-existing degenerative disc disease (DDD) of the cervical spine and possible aggravation of mild degenerative changes in the left shoulder at the time of injury. The patient would need maintenance follow-ups with his treating physician, two to three times per year.*

In June, the patient six individual psychotherapy sessions were recommended. On July 7, 2006, Dr. Sazy noted shooting radicular pain in the arms from neck to the elbows. Dr. Sazy recommended EMG/NCV studies of the upper extremities as the patient had failed nonoperative treatment. However, this was denied as it was felt that the patient had an aggravation of the underlying pre-existing DDD. On September 7, 2006, Dr. Sazy noted muscle weakness and neurologic findings that would indicate the necessity for EMG/NCV studies.

**Disputed Services:**

EMG/NCV upper extremities

**Explanation of Findings:**

This patient has been evaluated and surgically treated for multiple areas of neurological upper extremity entrapment as well as cervical spinal disease. Requesting doctor has established a failure of the patient to improve with current treatment. Patient's symptoms and findings have gotten progressively worse. The requested repeat diagnostic testing, EMG /NCV, is for the purpose of identifying a location(s) of any neurological change to establish a current treatment plan for the work injury.

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

Overturn denial of pre-authorization for repeat EMG/NCV to bilateral upper extremities

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

American Board of Electrodiagnostic Medicine diagnostic guidelines to establish origin of neurological signs and symptoms in an individual with multiple surgeries and changing presentation

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The physician providing this review is a medical doctor. The reviewer is national board certified in Physical Medicine and Rehabilitation as well as Electrodiagnostic Medicine. The reviewer is a member of American Academy of Physical Medicine & Rehabilitation. The reviewer has been in active practice for 35 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.