



# Texas Department of Insurance

## Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48  
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645  
512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

Texas Bone & Joint Center

**Respondent Name**

Travelers Indemnity Company of America

**MFDR Tracking Number**

M4-16-0878-01

**Carrier's Austin Representative**

Box Number 5

**MFDR Date Received**

December 2, 2015

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 23 – 30, 2015	Physical Therapy	\$2280.15	\$0.00

#### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §122.2 sets out the procedures for reporting injuries to the Division of Workers' Compensation through the Texas Workers' Compensation System.
3. Texas Labor Code §402.00128 defines the general powers and duties of the commissioner.
4. Texas Labor Code §414.002 defines the authority of the Division of Workers' Compensation to monitor claims.

**Issues**

Does the Medical Fee Dispute Resolution (MFDR) office have jurisdiction to review this dispute?

**Findings**

Texas Labor Code §414.002 (a)(1) gives the Division of Workers' Compensation the authority to monitor claims for "persons claiming benefits under this subtitle." Review of Division records and the submitted information finds that the injured employee does not have an existing claim for benefits under the Texas workers' compensation system, in accordance with 28 Texas Administrative Code §122.2. Rather, the Division has good cause to believe that the disputed health care relates to the injured employee's claim for benefits under the workers' compensation laws of the state of Georgia.

28 Texas Administrative Code §133.307(a)(3) requires that "In resolving non-network disputes regarding the

amount of payment due for health care determined to be medically necessary and appropriate for treatment of a compensable injury, the role of the Division of Workers' Compensation (Division) is to adjudicate the payment, given the relevant statutory provisions and Division rules." Further, 28 Texas Administrative Code §133.307(f)(3) states, in relevant part, "The division may dismiss a request for MFDR if: (D) the division determines that good cause exists to dismiss the request." The division finds that MFDR does not have jurisdiction to review this dispute.

**Conclusion**

MFDR does not have jurisdiction to review this dispute. The dispute is hereby dismissed for good cause in accordance with 28 Texas Administrative Code §133.307(f)(3)(D). For that reason, the merits of the issues raised by the parties to this dispute have not been addressed.

***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that it does not have jurisdiction over this dispute. The request for medical fee dispute resolution is hereby dismissed.

**Authorized Signature**

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Signature

Laurie Garnes  
Medical Fee Dispute Resolution Officer

December 22, 2015  
Date