TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
David West, D.O.

Respondent Name
Zurich American Insurance Company

MFDR Tracking Number
M4-19-2098-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
December 11, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The carriers response to our reconsideration request states the total amount due is $110.00. The correct amount due is $1,100.00 as per our bill submitted 10/26/2018. The claim was not processed properly."

Amount in Dispute: $990.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The insurance carrier's Austin representative acknowledged receipt of the copy of this medical fee dispute on December 19, 2018. The insurance carrier's response is considered timely if it is submitted within 14 calendar days after the date the insurance carrier's representative received the copy of the dispute. If a response is not received within 14 calendar days of the dispute notification, then the decision may be based on the available information.[1]

No response has been received on behalf of Zurich American Insurance Company to date. For that reason, the decision will be based on the information available.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 19, 2018	Examination to Determine Maximum Medical Improvement and Impairment Rating	$990.00	$990.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable 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.

[1] 28 Texas Administrative Code §133.307(d)(1)

2. 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
3. The insurance carrier provided no reason for the reduction of reimbursement for the services in question.

Issues

What is the total allowable reimbursement for the designated doctor examination in dispute?

Findings

Dr. West is seeking an additional reimbursement for an examination to determine maximum medical improvement and impairment rating performed on October 19, 2018. This examination was performed in association with an examination to determine the extent of the injured employee's compensable injury.

The submitted documentation supports that Dr. West performed an evaluation of maximum medical improvement as ordered by the DWC. Reimbursement is $350.00 for this examination.[2] Therefore, the maximum allowable reimbursement (MAR) for this examination is $350.00.

Review of the submitted documentation finds that Dr. Santiago performed impairment rating evaluations of the cervical and lumbar spine, right hip, head, and ribs. The physical examinations of the musculoskeletal body areas included range of motion testing.

The MAR for the evaluation of the first musculoskeletal body area performed with range of motion is $300.00.[3] The MAR for the evaluation of subsequent musculoskeletal body areas is $150.00.[4]

The MAR for the head, a non-musculoskeletal body area, is $150.00.[5] The MAR for the ribs, a non-musculoskeletal body area, is $150.00.

The total MAR for the determination of impairment rating is $750.00.

Examination	AMA Chapter	§134.250 Category	Reimbursement Amount
Maximum Medical Improvement	[redacted]		$350.00
IR: Cervical Spine (ROM)	Musculoskeletal System	Spine	$300.00
IR: Lumbar Spine (ROM)			
IR: Right Hip (ROM)		Lower Extremities	$150.00
IR: Head	Mental/Behavioral	Body Systems	$150.00
IR: Ribs	Respiratory	Body Systems	$150.00
Total MMI	[redacted]		**$350.00**
Total IR			**$750.00**
Total Exam			**$1,100.00**

The total allowable reimbursement for the disputed services is $1100.00. The insurance carrier reimbursed $110.00. An additional reimbursement of $990.00 is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is $990.00.

[2] 28 Texas Administrative Code §134.250(3)(C)
[3] 28 Texas Administrative Code §134.250(4)(C)(ii)(II)(-a-)
[4] 28 Texas Administrative Code §134.250(4)(C)(ii)(II)(-b-)
[5] 28 Texas Administrative Code §134.250(4)(D)(v)

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the division has determined the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor $990.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

	Laurie Garnes	April 3, 2019
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.