



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

Blessing Anyatonwu, D.C.

Respondent Name

American Zurich Insurance Company

MFDR Tracking Number

M4-19-3450-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

March 15, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The hip, knee and the ankle/foot are a part of the lower extremity but they had separate injuries and each had an impairment rating that was assigned."

Amount in Dispute: \$150.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The report documented that the provider did range of motion for two body areas which was the left lower extremity and the left hip. The left lower extremity included the left ankle and left knee. Both of them count as one body area. The left hip counts as a second body area."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 15, 2019	Designated Doctor Examination	\$150.00	\$0.00

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

- 28 Texas Administrative Code §130.1 sets out the requirements for certification of maximum medical improvement and impairment rating.
- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - P12 Workers' compensation jurisdictional fee schedule adjustment.

- 309 – The charge for this procedure exceeds the fee schedule allowance.
- W3 – Additional payment made on appeal/reconsideration.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 947 – Upheld. No additional allowance has been recommended.

Issues

Is the requestor entitled to additional reimbursement?

Findings

Dr. Anyatonwu is seeking an additional reimbursement of \$150.00 for a designated doctor examination to determine maximum medical improvement and impairment rating. The doctor argued that an examination was performed, and impairment rating was provided for three body areas.

The submitted documentation supports that Dr. Anyatonwu performed an evaluation of maximum medical improvement. Reimbursement is \$350.00 for this examination.¹

The submitted documentation supports that Anyatonwu provided an impairment rating, which included a musculoskeletal body part, performing a full physical evaluation with range of motion of the left hip, knee, and ankle.

Impairment ratings are based on the fourth edition of the *AMA Guides to the Evaluation of Permanent Impairment*.² The division allows reimbursement for a maximum of three musculoskeletal body areas, categorized as:

- spine and pelvis;
- upper extremities and hands; and
- lower extremities (including feet).³

Dr. Anyatonwu based the impairment of the left hip on table 40, found in the lower extremity subchapter of the musculoskeletal chapter of the *AMA Guides*, fourth edition. The impairment of the left knee was based on table 41, found in the lower extremity subchapter of the musculoskeletal chapter of the *AMA Guides*, fourth edition. The impairment rating of the ankle was based on tables 42 and 43, found in the lower extremity subchapter of the musculoskeletal chapter of the *AMA Guides*, fourth edition.

Because the left hip, knee, and ankle are determined to be part of the category defined as lower extremities, only one musculoskeletal body area is eligible for reimbursement. Reimbursement is \$300.00 for the first musculoskeletal body area if a full physical evaluation with range of motion is performed.⁴ Therefore, the MAR for this examination is \$300.00.

The total allowable reimbursement for the examination in question is \$650.00. American Zurich Insurance Company reimbursed \$800.00. No additional reimbursement is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

¹ 28 Texas Administrative Code §134.250(3)(C)

² 28 Texas Administrative Code §130.1(c)(2)(B)(i)

³ 28 Texas Administrative Codes §§134.250(4)(C)(i)

⁴ 28 Texas Administrative Code §134.250(4)(C)(ii)(II)(-a-)

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

_____	_____	_____
Signature	Laurie Garnes Medical Fee Dispute Resolution Officer	April 18, 2019 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.