



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

ROBERTSON, VALORIE

Respondent Name

TRAVELERS INDEMNITY CO

MFDR Tracking Number

M4-20-2126-01

Carrier's Austin Representative

Box Number 05

MFDR Date Received

May 4, 2020

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Range of motion was necessary and performed as part of a full evaluation performed for the billed examination."

Amount in Dispute: \$150.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Provider assigned an impairment rating under the DRE model."

Response Submitted by: Travelers

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 10, 2020	Examination to determine maximum medical improvement and impairment rating	\$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 (DWC).

Background

- 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 citing fee guidelines.

Issues

Is Valorie Robertson, M.D. entitled to additional reimbursement?

Findings

Dr. Robertson is seeking additional reimbursement for an examination to determine maximum medical improvement and impairment rating. Travelers Indemnity Company reduced reimbursement citing fee guidelines.

The submitted documentation supports that Dr. Robertson performed an evaluation of maximum medical improvement. The maximum allowable reimbursement (MAR) for this examination is \$350.00.¹

Review of the submitted documentation finds that Dr. Robertson performed an impairment rating evaluation of the spine. The submitted documentation does not sufficiently support that range of motion testing was performed with this examination. The documentation supports that Dr. Robertson assigned the impairment rating based on the DRE method. The MAR for the evaluation of a musculoskeletal body area determined using the DRE method is \$150.00.²

The total allowable reimbursement is \$500.00. This is the amount paid by the insurance carrier. No further reimbursement is recommended.

Conclusion

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

ORDER

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

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	June 2, 2020 Date
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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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC 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.

¹ 28 TAC §134.250(3)(C)
² 28 TAC §134.250(4)(C)(ii)(I)