



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

SMITH, EDWARD WILLIAM

Respondent Name

GREAT MIDWEST INSURANCE CO

MFDR Tracking Number

M4-20-2190-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

May 5, 2020

REQUESTOR'S POSITION SUMMARY

Original position statement, dated April 28, 2020: "Two body areas were rated and examined for this examination (left hip joint fracture and sacrum fracture). Range of motion measurements were taken, recorded and necessary for the 1st body area and utilized in determining the appropriate impairment rating."

Subsequent position statement, dated May 19, 2020: "Objective evidence (multiple CTs on date of injury) identify 'left-sided sacral and anterior acetabular fractures' ... The 'Pelvis' injuries therefore include fractures involving the sacrum and the acetabulum ...

From an anatomical standpoint, both identified fractures (sacrum and acetabulum) are included in the list of 'pelvis' bones. However, the acetabular fracture is a critical, integral, and anatomical structure of the hip joint and therefore, requires ROM testing of the hip joint in order to determine any 'lower extremity impairment' that could reasonably be related to the injury ... Impairment for the acetabular fracture is addressed in the Guides on Table 64, page 85 ...

The sacrum is an 'anatomical part of the spine' ... The examiner could use impairments in the Guides related to spinal injuries for impairment purposes. I considered the Lumbosacral DRE Categories for the sacral fracture and did not consider impairment by this method appropriate ... Impairment for sacrum fractures is specifically addressed in the Guides Section 3.4 "The Pelvis" on page 131."

Amount in Dispute: \$150.00

RESPONDENT'S POSITION SUMMARY

"The injuries that were reviewed were a left hip joint fracture and sacrum fracture. The carrier believes that that is one body area."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 5, 2020	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 (DWC).

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
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 reduced payment for the disputed services with the following claim adjustment codes:
 - 119 – Benefit maximum for this time period or occurrence has been reached.
 - 186 – Additional charges received, but no additional allowance is recommended due to the maximum allowance for this admission has been reached.
 - 6766 – Specialty bill audit/expert code review involving the application of code auditing rules and edits based on coding conventions defined in the American Medical Association's Current Procedural Terminology (CPT) Manual, and coding guidelines dev
 - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
 - W3 – Additional payment made on appeal/reconsideration.

Issues

Is Edward Smith, D.O. entitled to additional reimbursement for the examination in question?

Findings

Dr. Smith is seeking additional reimbursement for an examination to determine maximum medical improvement and impairment rating. In his supplemental position statement, Dr. Smith argued that "the Guides considers the sacrum to be an anatomical part of 'The Pelvis' for impairment purposes and the acetabulum to be an anatomical part of 'The Lower Extremity' for impairment purposes."

Flahive, Ogden & Latson argued that the fractures evaluated in this examination were part of one body area according to "Division rule 134.250 (4)(C)(ii)."

The submitted documentation supports that Dr. Smith performed an evaluation of maximum medical improvement as ordered by the DWC. The maximum allowable reimbursement (MAR) for this examination is \$350.00.¹

The submitted documentation supports that Dr. Smith provided an impairment rating performing a full physical evaluation with range of motion. The impairment evaluation included an acetabulum fracture and a sacral fracture.

Dr. Smith acknowledged that "from an anatomical standpoint, both identified fractures ... are included in the list of 'pelvis' bones." In the narrative submitted with the medical fee dispute request, Dr. Smith stated that impairment for both fractures was determined using "Table 64, page 85" of the AMA Guides to the Evaluation of Permanent Impairment. Review of this table finds that both conditions are found under the heading "Pelvis," subheading "Pelvic fracture."

The DWC concludes that both fractures are categorized as one body area. Reimbursement is \$300.00 for the first musculoskeletal body area if a full physical evaluation with range of motion is performed.²

¹ 28 TAC §134.250(3)(C)

² 28 TAC §134.250(4)(C)(ii)(II)(-a-)

The total allowable reimbursement for the examination in question is \$650.00. The insurance paid \$650.00. No additional 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

_____	_____	July 6, 2020
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 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.