



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Ranil Ninala, M.D.

**Respondent Name**

Travelers Casualty & Surety Co.

**MFDR Tracking Number**

M4-21-1982-01

**Carrier's Austin Representative**

Box Number 05

**DWC Date Received**

July 12, 2021

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 19, 2020	Examination to Determine Maximum Medical Improvement and Impairment Rating	\$650.00	\$650.00

### Requestor's Position

"CERTIFYING DOCTOR EXAMINATION NO PAYMENT RECEIVED"

**Amount in Dispute:** \$650.00

### Respondent's Position

"The disputed service was a referral from the Treating Doctor to assess an impairment rating. The Claimant was previously placed at Maximum Medical Improvement on 05-05-2016 with an 11% impairment rating. That rating has long been final under Rule 130.12 and there are no currently pending impairment rating disputes. As such, there was no reasonable basis for the conducting of this evaluation."

**Response Submitted by:** Travelers

## Findings and Decision

### Authority

This medical fee dispute is decided according to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. 28 Texas Administrative Code §130.12 sets out the procedures related to the finality of determination of maximum medical improvement and impairment rating.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
4. Texas Labor Code §408.0041 sets out the requirements for designated doctor examinations.
5. Texas Labor Code §408.123 sets out the requirements for certification of maximum medical improvement and impairment rating.

### Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 50 – These are non-covered services because this is not deemed a 'medical necessity by the payer.
- W3 – Additional payment made on appeal/reconsideration.
- 863 – Reimbursement is based on the applicable reimbursement fee schedule.

### Issues

1. Is Travelers Casualty & Surety Company's denial based on medical necessity supported?
2. Is Ranil Ninala, M.D. entitled to reimbursement in question?

### Findings

1. Dr. Ninala is seeking reimbursement for an examination to determine maximum medical improvement and impairment rating performed October 19, 2020. Travelers Casualty & Surety Co. denied the examination based on medical necessity.

Texas Labor Code §408.0041 (f-2) provides the circumstances under which the injured employee may seek an examination for maximum medical improvement and impairment rating by a doctor after a designated doctor's examination. TLC §408.123 (f) addresses the exceptions to the requirement to dispute of the certification of MMI and IR within 90 days.

DWC finds that the insurance carrier failed to demonstrate that the examination in question did not meet the standards found in TLC §408.0041 (f-2) and TLC §408.123 (f).

TLC §408.0041 (h)(1) requires the insurance carrier to reimburse an examination performed under Subsection (f-2), unless otherwise prohibited. DWC concludes that the examination in question was not prohibited by the Labor Code, an order, or rule of the commissioner. Therefore, the insurance carrier's denial of this examination is not supported.

2. Because the insurance carrier failed to support its reason for denial, DWC concludes that Dr. Ninala is entitled to reimbursement for the examination in question.

The submitted documentation supports that the requestor performed an evaluation of maximum medical improvement. Per 28 TAC §134.250 (3)(C), the maximum allowable reimbursement (MAR) for this examination is \$350.00.

The submitted documentation supports that the requestor provided an impairment rating, which included a musculoskeletal body area, performing a full physical evaluation with range of motion of the lower extremity. Per 28 TAC §134.250 (4)(C)(ii)(II)(-a-), the MAR for this evaluation is \$300.00.

The total allowable reimbursement for the examination in question is \$650.00. This amount is recommended.

### Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that reimbursement of \$650.00 is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Travelers Casualty & Surety Co. must remit to Ranil Ninala, M.D. \$650.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### **Authorized Signature**

_____	_____	September 15, 2021
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 under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at [www.tdi.texas.gov/forms/form20numeric.html](http://www.tdi.texas.gov/forms/form20numeric.html). DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).

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

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).