

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Trenton D. Weeks, M.D.

Respondent Name

TASB Risk Management Fund

MFDR Tracking Number

M4-21-2309-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

August 16, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 10, 2020	Examination to Determine Maximum Medical Improvement and Impairment Rating (99456-WP)	\$650.00	\$0.00

Requestor's Position

"Treating Doctor sent referral for evaluation of MMI and Impairment to which Dr. Weeks performed on 11/10/2020. There is no record indicating prior certification of MMI/IR relating to this claimant's compensable injury(s). Furthermore, if MMI was certified it would be considered premature as the injured employee was not ripe for MMI prior to this certification..."

Amount in Dispute: \$650.00

Respondent's Position

The previous review is being maintained ... and no additional allowance is recommended as Carrier historical denial. The claimant had already been given 7% and had started receiving IIBS based on that rating.

Response Submitted by: TASB Risk Management Fund

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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Codes §§134.530 and 134.540 set out the procedures for preauthorization of pharmaceutical services.
3. 28 TAC §134.503 sets out the fee guidelines for pharmaceutical services.
4. Texas Labor Code §408.0041 sets out the requirements for designated doctor examinations.

Denial Reasons

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

- "Payment adjusted because the payer deems the information submitted does not support this many services."
- "Claimant had previously reached MMI by Designated Doctor (DD) on 07/18/2017 with 7% rating and IIBS have been paid out."
- "Examination not authorized and/or requested."
- 18 – Exact duplicate claim/service
- 224 – Duplicate charge

Issues

1. Is TASB Risk Management Fund's denial based on prior examination supported?

Findings

1. Trenton Weeks, M.D. is seeking reimbursement for an examination to determine maximum medical improvement (MMI) and impairment rating (IR). The insurance carrier denied payment stating, "Claimant had previously reached MMI by Designated Doctor (DD) on 07/18/2017 with 7% rating and IIBS have been paid out."

TLC §408.0041 (f-2) allows an injured employee that is not satisfied with the designated doctor's opinion to request an examination for MMI and IR from the treating doctor or a doctor referred by the treating doctor if the designated doctor's opinion is the employee's first evaluation.

Evidence available to DWC indicates that Dr. Weeks performed an examination to determine MMI and IR on or about April 25, 2017, placing the injured employee at MMI. This date is

before the date that the designated doctor placed the injured employee at MMI and evaluated IR.

DWC concludes that TASB Risk Management Fund's denial is supported. DWC finds that Dr. Weeks is not entitled to reimbursement for the examination in question.

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 not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

		September 29, 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. 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.

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.