



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Kasey Kunkel, D.C.

Respondent Name

Starr Indemnity and Liability Co.

MFDR Tracking Number

M4-22-2796-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 29, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 4, 2022	Designated Doctor Examination 99456-W5-WP	\$150.00	\$0.00
	Designated Doctor Examination 99456-W5-MI	\$0.00	\$0.00
	Designated Doctor Examination 99456-W6-RE	\$0.00	\$0.00
Total		\$150.00	\$0.00

Requestor's Position

EOI = 500.00
MMI = 350.00
MI (X2) = 100.00
ROM (Spine) = 300.00
Hip = 150.00
Shoulder = 150.00
Skin = 150.00 Total = 1,700.00

Amount in Dispute: \$150.00

Respondent's Position

Requestor appears to be indicating that the contusion qualifies as an additional area. However, contusions (not cuts, lacerations, etc) is classified as bruising occurs to the muscular area. This contusion occurred to the Right Knee – which was already applied an IR for ROM testing. Additionally, the requestor indicates: "Superficial contusions (bruises) resolve within three to four weeks of the injury and do not lead to permanent impairment, therefore 0% impairment is assigned." By their own admission, the requestor indicates there is no permanent IR, despite assigning "0%" IR.

Response Submitted by: CorVel

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 §130.1 sets out the procedures for certification 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.

Denial Reasons

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

- 18 – Duplicate Claim/Service
- R1 – Duplicate Billing

Issues

1. Is Kasey Kunkel, D.C. entitled to additional reimbursement?

Findings

1. Dr. Kunkel is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating performed on April 4, 2022. While the request for medical fee dispute includes the codes for multiple impairments and determination of extent of injury, Dr. Kunkel is seeking \$0.00 for these services. Therefore, they will not be reviewed in this dispute.

According to 28 TAC §130.1 (b), maximum medical improvement is defined as:

- the earliest date after which, based on reasonable medical probability, further material recovery from or lasting improvement to an injury can no longer reasonably be anticipated;
- the expiration of 104 weeks from the date on which income benefits begin to accrue; or
- the date determined as provided by Texas Labor Code §408.104.

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

According to 28 TAC §130.1 (c), "An impairment rating is the percentage of permanent impairment of the whole body resulting from the current compensable injury."

Review of the submitted documentation finds that Dr. Kunkel performed impairment rating evaluations of the spine, shoulders, and left knee with range of motion testing.

Dr. Kunkel argued that impairment ratings were also performed for the hip and skin. DWC found that the only other reference to impairment was for a hip contusion. However, Dr. Kunkel stated, "**Superficial** contusions (bruises) resolve within three to four weeks of the injury and **do not lead to permanent impairment ...**" (emphasis added). While a 0% impairment is valid according to 28 TAC §130.1 (c), it must still be applied to a permanent impairment. For skin, this impairment, Chapter 13 of the AMA Guides to the Evaluation of Permanent Impairment, fourth edition. The documentation provided does not support that Dr. Kunkel performed an impairment rating evaluation for the hip or skin.

The rule at 28 TAC §134.250 (4)(C) defines the fees for the calculation of an impairment rating for musculoskeletal body areas. The MAR for the evaluation of the first musculoskeletal body area performed with range of motion is \$300.00. The MAR for the evaluation of subsequent musculoskeletal body areas is \$150.00 each. The total allowable reimbursement for findings of impairment rating is \$600.00.

The total allowable reimbursement for the examination in question is \$950.00. Dr. Kunkel acknowledged that the insurance carrier paid this amount. No additional reimbursement 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 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

_____	_____	October 26, 2022
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.