



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

John Obermiller, M.D.

Respondent Name

Granite State Insurance Co.

MFDR Tracking Number

M4-23-0333-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 11, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 8, 2021	RME Examination to Determine Maximum Medical Improvement and Impairment Rating	\$150.00	\$150.00
	RME Examination to Determine Extent of Injury	\$500.00	\$500.00
	RME Examination to Determine Return to Work	\$250.00	\$250.00
	Multiple Impairment Ratings	\$50.00	\$0.00
Total		\$950.00	\$900.00

Requestor's Position

A Post-DD RME was performed on December 8, 2021 by John P Obermiller MD ... Per the DWC022, Dr. Obermiller was asked to address Maximum Medical Improvement and Impairment Rating and Extent of Compensable Injury, and Ability to Return to Work. Dr. Obermiller addressed 1 body area using Diagnosis Related Estimates (DRE). We were paid for the MMI portion of the exam ...

On 03/08/2022 the carrier denied partial invoice, with codes P12, 309 and 296 paying, \$350.00 of \$1300.00.

Amount in Dispute: \$950.00

Respondent's Position

The Austin carrier representative for Granite State Insurance Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on October 18, 2022.

Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.235 sets out the fee guidelines for examinations to determine the extent of a compensable injury and return to work.
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 reduced the payment for the disputed services with the following claim adjustment codes:

- P12
- 309
- 296

Issues

1. Is John Obermiller, M.D. entitled to additional reimbursement?

Findings

1. Dr. Obermiller is seeking additional reimbursement for examinations to determine maximum medical improvement, impairment rating, extent of injury, and return to work.

The submitted documentation supports that Dr. Obermiller 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.

Review of the submitted documentation finds that Dr. Obermiller performed impairment rating evaluations of the spine using the DRE method to assign the rating. The rule at 28 TAC §134.250 (4)(C)(ii) defines the fees for the calculation of an impairment rating for musculoskeletal body areas. The MAR for the evaluation of a musculoskeletal body area determined using the DRE method is \$150.00.

The submitted documentation indicates that Dr. Obermiller performed examinations to determine the extent of the compensable injury and the ability to return to work. According to 28 TAC §134.235, the MAR for such examinations is \$500.00. Rules for multiple examinations of this type are found at 28 TAC §134.240 (2).

Not including maximum medical improvement and impairment rating, when multiple examinations of this type are required, the first examination is reimbursed at 100% of MAR. The second examination is reimbursed at 50%. Additional examinations are reimbursed at 25%.

For this dispute, the MAR for the examination to determine the extent of injury is \$500.00. The examination to determine the ability to return to work is \$250.00.

Dr. Obermiller is also seeking reimbursement for the calculation of an additional impairment rating given as part of an examination performed at the request of the insurance carrier. 28 TAC §180.22 (h) reserves reimbursement for multiple impairment ratings performed as part of a **designated doctor** examination.

The evidence presented with the dispute request does not support that this service was provided as part of a designated doctor examination. Therefore, no reimbursement can be recommended.

The total allowable reimbursement for the services in question is \$1,250.00. The insurance carrier paid \$350.00. An additional reimbursement of \$900.00 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 additional reimbursement of \$900.00 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 Granite State Insurance Co. must remit to John Obermiller, M.D. \$900.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

December 9, 2022

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.