



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Michael Knott, D.C.

Respondent Name

Zurich American Insurance Co.

MFDR Tracking Number

M4-24-0524-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

November 1, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 8, 2023	Designated Doctor Examination 99456-W5-WP	\$800.00	\$450.00

Requestor's Position

Initial Statement: "I have made multiple requests from Zurich American Insurance, Creative Risk Solutions, Accuro, Splashlight Solutions and Medata to be paid for a Designated Doctor exam that I performed ... on 08/08/2023. I sent the medical bill, W9 and DD report on 08/25/2023 with fax confirmation."

Subsequent Statement: "The Carrier, Creative Risk Solutions, remitted a partial payment of \$350. The original bill is \$800. Break Down is MMI \$350, IR \$300, 2nd region \$150."

Amount in Dispute: \$800.00

Respondent's Position

The Austin carrier representative for Zurich American Insurance Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on November 7, 2023.

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 \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [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:

- 01 – The charge for the procedure exceeds the amount indicated in the fee schedule.
- P12 – Workers' compensation jurisdiction fee schedule adjustment.

Issues

1. Is Michael Knott, D.C. entitled to additional reimbursement?

Findings

1. Dr. Knott is seeking reimbursement for an examination to determine maximum medical improvement and impairment rating.

The submitted documentation supports the claim that Dr. Knott performed an evaluation of maximum medical improvement (MMI) as ordered by the DWC. 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. Knott performed impairment rating evaluations of the right elbow and left knee with range of motion testing. 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 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 the examination in question is \$800.00. Per explanation of benefits dated November 7, 2023, the insurance carrier paid \$350.00., an additional reimbursement of \$450.00 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 requestor has established that additional reimbursement of \$450.00 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 Zurich American Insurance Co. must remit to Michael Knott, D.C. \$450.00 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	February 1, 2024 _____ Date
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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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.