

MDR Tracking Number: M5-04-0506-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 10/17/03.

### **I. DISPUTE**

Whether there should be additional reimbursement for durable medical equipment (DME) E0871 and E0114, dated 6/11/03, and reduced per "M" – reduced to fair and reasonable.

### **II. FINDINGS**

The Table of Disputed Services, originally submitted by the requestor, listed (DME) E0236, E1399 and E0245, dated 6/11/03, and denied by "U" – unnecessary medical service. The Medical Review Division dismissed the medical necessity portion of the dispute for nonpayment of the IRO fee as per Rule 133.308. On this basis, all services denied for lack of medical necessity will not be reviewed in this decision.

### **III. RATIONALE**

Rule 133.307 (g)(3)(D) requires the requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. The requestor failed to submit documentation to support a need for a change in the reimbursement according to Rule 134.401 and Texas Labor code §413.011(b).

### **IV. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for durable medical equipment (DME) E0871 and E0114.

The above Findings and Decision are hereby issued this 14<sup>th</sup> day of May, 2004.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb