



Texas Department of Insurance
Division of Workers' Compensation
 Medical Fee Dispute Resolution, MS-48
 7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: INJURY ONE TREATMENT CENTER 5445 LA SIERRA DRIVE, SUITE 204 DALLAS, TEXAS 75213	New MFDR Tracking #:	M5-05-1158-02
	Previous MFDR Tracking #:	M5-05-1158-01
	DWC Claim #:	
	Injured Employee:	
Respondent Name and Box #: DEEP EAST TEXAS SELF INSURANCE BOX #: 42	Date of Injury:	
	Employer Name:	
	Insurance Carrier #:	

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary dated December 9, 2004, states in part, "...The original EOB was denied due to unnecessary medical when resubmitted the treatment/service was denied stating 'the service provided doesn't appear reasonable nor medically necessary, documentation does not justify level of service billed, the original denial stands.'...In summary, it is our position that Deep East Texas Insurance Fund has established an unfair and unreasonable decision for denial of payment for the services that were rendered...."

Principle Documentation:

1. DWC060
2. Medical Bill(s) and EOB(s)
3. Medical Report(s)
4. Total Amount Sought \$12,416.00

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary dated December 30, 2004 states in part, "...Deep East Texas Self Insurance Fund denied payment of the healthcare treatments/services, based upon the fact that the documentation submitted by the requestor does not support that Work Hardening services were medically necessary...Upon receipt of the Injury Treatment Center's medical documentation submitted with their bills, 'Chronic Pain Management Daily Flow Sheet.' Injury Treatment Center seems to be confused as to what services they are, or are not providing...."

Principle Documentation:

1. DWC060

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	Disputed Service	Amount in Dispute	Amount Due
12/29/03 thru 2/20/04	225, 244, N, U and O	CARF accredited Work Hardening Program	\$12,416.00	\$0.00
Total Due:				\$0.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Medical Fee Dispute Resolution (MFDR) received the DWC060 on December 14, 2004. The dates of service in dispute are 12/29/03 thru 2/20/04. Under the provision of Rule 133.307 the dispute was filed timely and eligible for review.

1. Section 413.031 (c), states "In resolving disputes over the amount of payment due for services determined to be medically necessary and appropriate for treatment of a compensable injury, the role of the division is to adjudicate the payment given the relevant statutory provisions and commissioner rules...."

2. The disputed service was denied by the Respondent with reason codes:
 - 225-The submitted documentation does not support the service being billed. We will re-evaluated this upon receipt of clarifying information
 - 244-Unnecessary Medical
 - N-Not documented
 - U-Unnecessary treatment (without a peer review)
 - O U-Work Hardening/conditioning; initial 2 hours doesn't appear reasonable nor medically necessary documentation does not justify level of service billed. 014 appeal has been considered. The original audit recommendation will abide.
3. The TDI, Division of Workers Compensation website indicates that Occupational rehabilitation facilities with current accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF) are eligible for exemption from preauthorization and concurrent review requirements for work conditioning and work hardening. The division website provides instruction for requesting or renewing exemption. Both work conditioning and work hardening program exemptions must be requested and granted by DWC in order for a facility to appear on the current exemption list. To maintain DWC exemption status with no time break, facilities must renew before their exemption status expires. Renewals are intended to maintain the continuity of exemption status and are dependent on the ongoing DWC notification by the facility of the CARF accreditation process. If DWC exemption status expires without a request to renew, the DWC website will reflect a break in the facility's exemption status. In order to limit the break in exemption, the facility should immediately request a new DWC exemption.
4. No documentation was found to sufficiently support that the Requestor was exempt from preauthorization and no documentation was found to support that preauthorization was obtained prior to the rendering of the Work Hardening Program. The Requestor was contacted by the MFDR and the Requestor indicated that due to their CARF accreditation status that preauthorization was not required prior to the rendering of the Work Hardening Program.
5. Review of the division's archived records do not indicate that the Requestor was exempt from preauthorization. This issue is relevant in that the Requestor at the time was not exempt from preauthorization and therefore required prospective preauthorization prior to the initiation of the Work Hardening program.
6. The Division concludes that due to the lack of preauthorization prior to the rendering of the Work Hardening program, reimbursement is not recommended for the disputed charges. As a result, the amount ordered is \$0.00.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §408.021, §413.011(a-d), §413.031 and §413.0311
 28 Texas Administrative Code Section 133.305, 133.307

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. §413.031, the Division has determined that the Requestor is entitled to \$0.00 reimbursement.

		2010
Signature	Medical Fee Dispute Resolution Officer	Date
		2010
Authorized Signature	Medical Fee Dispute Resolution Manager	Date

PART VIII: : YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.