



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

Requestors' Name and Address: BUENA VISTA WORKSKILLS 5391 DESCO DRIVE DALLAS, TX 75225	MFDR Tracking #:	M5-09-0012-01
	Previous MFDR Tracking #:	
	DWC Claim #:	
	Injured Employee:	
	Date of Injury:	
Respondents' Name and Box #: Carriers' Representative Box #: 17	Employer Name:	
	Insurance Carrier #:	

PART II: REQUESTORS' POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestors' Position Summary, dated April 5, 2005, states in part, "...The services that were provided do not require preauthorization because we are CARF accredited...The carrier disputes that compensable injury extends to treatment of anxiety and depression, and diagnosis of major depressive disorder, pain disorder associated with psychological factors and general medical conditions, psychosocial and environmental problems...In summary, it is our position that Church Mutual Insurance has established an unfair and unreasonable time frame in paying the services that were authorized and rendered to"

Principle Documentation:

1. DWC-060
2. Total Amount Sought - \$13,940.00
3. CMS 1500s
4. EOBs

PART III: RESPONDENTS' POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondents' Position Summary, states in part, "...In order to remove the psychological component of work hardening program from the dispute the parties have agreed to resolve all billings for the psychological treatments which were provided by Buena Vista. That resolution includes the Carrier paying a total sum of \$600 to Buena Vista and Buena Vista removing that portion of its bill from the dispute...In addition, the parties further agree that the \$600 payment by the Carrier does not prevent Buena Vista from seeking payment, through medical dispute, for the remainder of the work hardening program...."

Principle Documentation:

1. Response to DWC-060

PART IV: SUMMARY OF FINDINGS OF MEDICAL NECESSITY

Eligible Dates of Service (DOS)	CPT Codes	Part V Reference	Amount in Dispute	Amount Ordered
5/5/2004 thru 6/17/2004	97456-WH-CA and 97546-WH-CA	1, 2, 3, and 4	\$13,940.00	\$0.00
Total:				\$0.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code and Division Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), Medical Dispute Resolution assigned an Independent Review Organization (IRO) to conduct a review of the medical necessity issues between the Requestor and Respondent.

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule 134.202, titled *Medical Fee Guideline* effective for professional medical services on or after August 1, 2003, sets out the reimbursement guidelines for dates of service 5/5/2004 thru 6/17/2004.

1. These disputed services were denied by the Respondent with following denial/reduction reason codes:
 - V-Per physician review, treatment was not medically necessary. Unnecessary treatment (with peer review)
 - O-Denial after reconsideration
 - R-Extent of injury
2. Phil Bohart, an authorized agent for Buena Vista Workskills and John V. Fundis, with Downs, Stanford, P.C., signed an agreement. The agreement indicates that in order to remove the psychological component of the work hardening program from the dispute, the parties have agreed to resolve all billings for the psychological treatments that were provided by Buena Vista. That resolution includes the Carrier paying a total sum of \$600 to Buena Vista and Buena Vista removing that portion of its bill from the dispute....” As a result, MDR will proceed with the audit of the disputed work hardening program.
3. The Requestor indicates in their position statement that the services were authorized, however no documentation was found to sufficiently support that the services were preauthorized. Due to the denials of unnecessary medical with a peer review, the disputed charges were assigned to an Independent Review Organization, for determination of medical necessity.
4. The Respondents denial of unnecessary medical with a peer review was upheld by Southwest Medical Examinations services, Inc., Independent Review Organization (IRO). As a result, the amount ordered is \$0.00.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section. 413.011(a-d), Section. 413.031 and Section. 413.0311
28 Texas Administrative Code Section. 134.1 eff. 5-16-02, 133.308 eff. 1-2-03 and 134.202
Texas Government Code, Chapter 2001, Subchapter G

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is entitled to \$0.00 reimbursement for the services involved in this dispute.

ORDER:

Signature

Margaret Q. Ojeda

Medical Fee Dispute Resolution Auditor

January 22, 2010

Date

Authorized Signature

Martha Luevano

Manager, Medical Fee Dispute Resolution

January 22, 2010

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, the State Office of Administrative Hearings under Texas Labor Code Section 413.031 will conduct a hearing.

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