



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> <input checked="" type="checkbox"/> Health Care Provider <input type="checkbox"/> Injured Employee <input type="checkbox"/> Insurance Carrier	
Requestor's Name and Address:	MDR Tracking No.: M5-05-2974-01
Robert Wright DC PO Box 531019 Grand Prairie TX 75053	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
American Protection Insurance      Box 42	Employer's Name:
	Insurance Carrier's No.:

### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents submitted: TWCC-60 package, EOBs, and CMS 1500.  
 Position summary: Treating doctor prescribed examination. Performed as per 134.202. Carrier denied even though the URA recommended payment in the amount of 764.71 on 1-28-05. Handwritten note by adjuster indicates no payment due.

### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents submitted: TWCC-60 response.  
 Position summary: Treatment not deemed medically reasonable or necessary.

### PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
11-19-04	MEDICAL NECESSITY HAS BEEN WITHDRAWN	1.	-0-
11-17-05	99456-WP	2.	\$650.00

### PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

1. The requestor submitted a letter of withdrawal dated 9-29-05 for the medical conference that the carrier denied as unnecessary medical and not appropriate healthcare provider.
  
2. Per Division Rule 134.202 (e)(6)(C)(iii) an examining doctor, other than the treating doctor, shall bill using the 'Work related or medical disability examination by other than the treating physician...'. Reimbursement shall be \$350.00 for the MMI evaluation. Per Division Rule 134.202 (e)(6)(D)(iii)(II)(-b-)(-1-), "The MAR for musculoskeletal body areas shall be as follows. If a full physical evaluation, with range of motion, is performed: \$300 for the first musculoskeletal body area..." Per Division Rule 134.202 (e)(6)(D)(iii)(III), "If the examining doctor performs the MMI examination and the IR testing of the musculoskeletal body area(s), the examining doctor shall bill using the appropriate MMI CPT code with modifier 'WP'. Reimbursement shall be 100% of the total MAR. Per the MMI/IR evaluation report dated 11-17-04, the requestor billed for an MMI evaluation (\$350) and the first musculoskeletal body area (Upper Extremity with ROM-\$300.00) for a total amount billed of \$650.00. Per TDI/DWC records, the provider was granted a temporary exception status valid from 9-1-03 to 7-8-05 and completed the MMI/IR training valid from 9-4-03 to 1-25-07. The date of service falls within these dates. Therefore, recommend reimbursement of \$650.00. The carrier will be billed for inappropriate denial of a TWCC-required report.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

28 Texas Administrative Code Sec. 134.202

**PART VII: DIVISION DECISION AND ORDER**

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 reimbursement in the amount of \$650.00. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30 days of receipt of this Order.

Ordered by:

Dee Z. Torres Medical Dispute officer

10-3-05

Authorized Signature

Typed Name

Date of Order

**PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW**

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

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