



## 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	
Nestor Martinez, D.C. 6660 Airline Dr. Houston, TX 77076	MDR Tracking No.: M5-06-1853-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:  TX Mutual Insurance Company, Box 54	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

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

Requestor's Position Summary, "...Attached herewith are two copies of the DWC-60 and documentation in accordance with DWC Rules 133.307 and 133.308. The remainder of the documents will be forwarded to DWC and /or the IRO upon notice...."

Principle Documentation:

1. DWC-60/Table of Disputed Service
2. CMS-1500's
3. EOB's

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

Respondent's Position Summary: No position summary received.

Principle Documentation: No documentation received.

### PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
1-23-06 – 1-30-06	62, 240, 930	97140 (\$31.81<MAR X 4 units)	1, 2	\$127.24
2-2-06 – 2-14-06	62, 240, 930	97140	1, 3	\$0.00
TOTAL DUE				\$127.24

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

Section 413.011(a-d) titled (Guidelines and Medical Policies), and Division Rule 134.202 titled (Medical Fee Guideline) effective August 1, 2003, set out reimbursement guidelines.

Dates of service 12-6-05 through 12-9-05 were withdrawn by the Requestor on 8-2-06 and will not be a part of this review.

1. These services were denied by the Respondent as "62-Payment denied/reduced for absence of, or exceeded, pre-certification/authorization," "240-preauthorization not obtained," and/or "930-Pre-authorization required,

- reimbursement denied.”
2. Per Rule 134.600 (h) (4), the Requestor provided a copy of a preauthorization letter dated 12-06-05 for 20 sessions of Physical Therapy from dates of service 12-5-05 – 1-31-06. Recommend reimbursement for four sessions with dates of service between 1-23-06 and 1-30-06.
  3. Per Rule 134.600 (h) (4), the Requestor provided a copy of a preauthorization letter dated 12-06-05 for 20 sessions of Physical Therapy from dates of service 12-5-05 – 1-31-06. Recommend no reimbursement for three sessions with dates of service between 2-2-06 and 2-14-06.

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

Texas Labor Code 413.011 and 413.031  
 28 Texas Administrative Code Sec. §134.1  
 28 Texas Administrative Code Sec. §134.202  
 28 Texas Administrative Code Sec. §134.600 (h)(4)

**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 \$127.24. The Division hereby **ORDERS** the Respondent 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:

Medical Dispute Resolution

9-15-06

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.**