



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity Dispute

PART I: GENERAL INFORMATION

| | |
|---|---|
| Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier | |
| Requestor's Name and Address: Richard Stephenson, D. C. 322 North Main St. Bryan, TX 77803 | MDR Tracking No.: M5-07-0128-01 Previous Tracking No.: M4-04-1799-01 |
| | Claim No.: |
| | Injured Employee's Name: |
| Respondent's Name and Address: TEXAS MUTUAL INSURANCE CO, BOX 54 | Date of Injury: |
| | Employer's Name: |
| | Insurance Carrier's No.: |

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position summary states, "The treatment was in accordance with accepted guidelines for the injury according to the TWCC Spine Treatment Guidelines for a lumbar sprain/strain and falls within the first and second phases of care... Please pay this bill according to the medical fee guidelines."

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

Position statement submitted by Texas Mutual does not address the disputed issues.

PART IV: SUMMARY OF DISPUTE AND FINDINGS - Medical Necessity Services

| Date(s) of Service | CPT Code(s) or Description | Medically Necessary? | Additional Amount Due (if any) |
|--------------------|--|---|--------------------------------|
| 2-17-03 | 99212 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | \$32.00 |
| 1-15-03 – 2-13-03 | 99213 (\$48.00 x 11 DOS) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | \$528.00 |
| 1-15-03 – 3-5-03 | 99080-73 (\$15.00 x 3 DOS) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | \$45.00 |
| 1-15-03 – 2-25-03 | 99212 on 3-5-03, 99213 from 2-21-03 – 5-7-03, 97250, 97124, 97265, 97032, 97035, 97530, 97750-WP | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | \$0.00 |
| Total Due | | | \$605.00 |

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

The Division has reviewed the enclosed IRO decision and determined that the Requestor did prevail on the disputed medical necessity issues. The amount due the Requestor for the items denied for medical necessity is \$605.00.

The -WP modifier is not valid for 97750 for this date of service.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code 413.011(a-d) and 413.031
28 Texas Administrative Code Sec. 134.1, 133.307, 133.308
Medicine Ground Rules for the 1996 Medical Fee Guidelines

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 Requestor is not entitled to reimbursement of the IRO fee. The Division has determined that the Requestor is entitled to reimbursement in the amount of \$605.00. 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.

Findings and Decision and Order by:

2-5-07

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.