



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

Type of Requestor:  Health Care Provider    Injured Employee    Insurance Carrier

Requestor's Name and Address:

Bandera Road Injury Center  
6831 Bandera Road  
Leon Valley, TX 78238

MDR Tracking No.: M5-07-0415-01

Claim No.:

Injured Employee's  
Name:

Respondent's Name:

COMMERCE & INDUSTRY INSURANCE, BOX 19

Date of Injury:

Employer's Name:

Insurance Carrier's  
No.:

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

Position Summary states in part, "I have enclosed the written confirmation of the preauthorization that was obtained for these dates of service. Please reconsider and pay promptly."

Principle Documentation:

1. DWC 60 package
2. CMS 1500's
3. EOBs

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

Respondent's Position Summary states in part, "No preauthorization number is given, no proof of a written request as required."

Principle Documentation:

1. DWC 60 response

### 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)
12-21-05 - 1-05-06	50, 172	97140-59 (\$31.79 x 5 units, 2005) + (\$31.15 x 3 units, 2006)	1, 2, 3, 4, 5	\$252.40
12-21-05 - 1-05-06	50, 172	97110 (\$33.56 x 17 units, 2005) + (\$33.46 x 14 units, 2006)	1, 2, 3, 4, 5	\$1,038.96
12-21-05 - 1-05-06	50, 172	97032 (\$19.00 x 3 units, 2005) + (\$18.94 x 2 units, 2006)	1, 2, 3, 4, 5	\$94.88
	Total Due			\$1,386.24

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

In a letter dated 1-24-07 the Requestor withdrew CPT code 99213 which was denied for medical necessity. On 1-30-07 the Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the Respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Date of service 12-20-05 was untimely filed per Rule 133.307 (d)(1) and will not be a part of this review.

1. The Respondent denied these services as "50-These are non-covered services because this is not deemed a 'medical necessity' by the payer," and "172-Payment is adjusted when performed/billed by a provider of this specialty."

2. Dr. Kimberly Driggers is on the TDI Approved Doctor's List and a health care professional licensed in Chiropractic Medicine.
3. Per Rule 134.600 (h), the Requestor provided a copy of a preauthorization letter from AIG Claims Services dated 12-12-05 for 18 sessions of physical therapy.
4. The Respondent denied these sessions for unnecessary medical treatment based on a peer review. Rule 133.301 (a) states "the Respondent shall not retrospectively review the medical necessity of a medical bill for treatments (s) and/or service (s) for which the health care provider has obtained preauthorization under Chapter 134 of this title." A referral to Legal and Compliance will be made for this violation of the rules.
5. Recommend reimbursement per 134.202(c)(1).

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

Texas Labor Code 413.011(a-d), 413.031  
 28 Texas Administrative Code Sec. 133.301, 133.307, 134.1, 134.202, 134.600

**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 additional reimbursement in the amount of \$1,386.24. 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:

<p>_____</p> <p>Authorized Signature</p>	<p>_____</p> <p>Typed Name</p>	<p>2-27-07</p> <p>_____</p> <p>Date of Order</p>
--	--------------------------------	--

**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.**