

HUMPAL PHYSICAL THERAPY,	§	BEFORE THE STATE OFFICE
Petitioner	§	
	§	
V.	§	OF
	§	
LIBERTY MUTUAL INSURANCE	§	
COMPANY,	§	
Respondents	§	ADMINISTRATIVE HEARINGS

DECISION AND ORDER

I. PROCEDURAL HISTORY

Petitioner Humpal Physical Therapy (Provider), seeks reimbursement from Liberty Mutual Insurance Company (the Carrier) for \$5,498.00 in medical services associated with physical therapy services that Provider administered to workers compensation claimant ___ from August 7-September 30, 2002. An Independent Review Organization (IRO) denied reimbursement for these expenses. Provider challenged that denial.

The Administrative Law Judge convened a hearing on these issues on November 14, 2003. The hearing was concluded and the record closed that date. Provider was represented by Scott Humpal and the Carrier was represented by Attorney Kevin J. Franta.

II. EVIDENCE AND BASIS FOR DECISION

The documentary record in this case consisted of the a set of documents from each party. Scott Humpal, physical therapist and owner of Humpal Physical Therapy, testified on behalf of Provider and Bernie McCaskell, M.D., testified on for the Carrier. Based on the evidence, the ALJ concludes that Provider's claim should be approved. The particular facts, reasoning, and legal analysis in support of this decision are set forth below in the Findings of Fact and Conclusions of Law. In summary, the ALJ accepts Scott Humpal's testimony that these physical therapy services were medically necessary and the testimony of the Carrier's medical doctor witness that physical therapy services during this time period were appropriate.

III. FINDINGS OF FACT

1. On ___, ___(Claimant) suffered a compensable injury to his back when he was attempting to lift the bed of a truck with several other individuals.
2. Claimant's injury is covered by worker's compensation insurance written for Claimant's employer by Liberty Mutual Insurance Company (the Carrier).
3. Provider Humpal Physical Therapy seeks reimbursement from the Carrier for \$5,498.00 in physical therapy services associated with treatment of Claimant's lumbar spine injury for dates of service between August 7 and September 30, 2002.

4. The Carrier denied reimbursement of the expenses identified in Finding of Fact No. 3.
5. Provider timely requested dispute resolution by the Texas Workers' Compensation Commission Independent Review Organization (IRO).
6. The MRD issued its findings and decision on July 15, 2003, concluding that the disputed expenses should be denied, and Provider timely appealed this decision.
7. Active and passive physical therapy services and physical therapy office visits provided by Provider between August 7 and September 30, 2002, were in appropriately close proximity to the date of injury, were prescribed by a medical doctor, and were warranted for treatment of Claimant's back injury.
8. The active and passive physical therapy services provided by Provider between August 7 and September 30, 2002, were medically necessary to treat Claimant's back injury and provided relief from pain, increased lumbar active range of motion, and increased strength.

IV. CONCLUSIONS OF LAW

1. The Texas Workers' Compensation Commission (Commission) has jurisdiction to decide the issues presented pursuant to TEX. LABOR CODE §413.031.
2. The State Office of Administrative Hearings has jurisdiction over matters related to the hearing in this proceeding, including the authority to issue a Decision and Order, pursuant to TEX. LABOR CODE §413.031 and TEX. GOV'T CODE ch. 2003.
3. The Notice of Hearing issued by the Commission conformed to the requirements of TEX. GOV'T CODE §2001.052 in that it contained a statement of the time, place and nature of the hearing; a statement of the legal authority and jurisdiction under which the hearing was to be held; a reference to the particular section of the statutes and rules involved; and a short plain statement of the matters asserted.
4. Petitioner has the burden of proving by a preponderance of the evidence that it should prevail in this matter. TEX. LABOR CODE §413.031.
5. The treatment provided to the Claimant was reasonably required by the nature of Claimant's injury. TEX. LAB. CODE ANN. § 408.021.
6. Provider should be reimbursed for the fees incurred in providing treatment to Claimant in the amount of \$5,498.00.

ORDER

IT IS THEREFORE, ORDERED that Liberty Mutual Insurance Company reimburse Petitioner for fees incurred in treating the Claimant between August 7 and September 30, 2002, in the amount of \$5,498.00.

ISSUED February 20, 2004.

**BILL ZUKAUCKAS
ADMINISTRATIVE LAW JUDGE
STATE OFFICE OF ADMINISTRATIVE HEARINGS**