SOAH DOCKET NO. 453-05-0540.M5
TWCC MR NO. M5-04-3261-01

HARTFORD INSURANCE COMPANY, **Petitioner**	§ §	**BEFORE THE STATE OFFICE**
V.	§ § §	**OF**
WOL+MED , **Respondent**	§ §	**ADMINISTRATIVE HEARINGS**

DECISION AND ORDER

Hartford Insurance Company (Hartford) requested a hearing to contest an independent review organization (IRO) determination, issued on behalf of the Texas Workers' Compensation Commission (Commission), concluding that work hardening, work hardening/each additional hour, and physician team conferences provided by Wol+Med were medically necessary and a Commission Medical Review Division (MRD) decision ordering Hartford to pay an additional amount for a functional capacity evaluation (FCE). The Administrative Law Judge (ALJ) concludes that Hartford should pay for the work hardening and the maximum allowable reimbursement (MAR) for the FCE.

I. PROCEDURAL HISTORY

A hearing convened in this case on April 6, 2005, before the undersigned ALJ at the State Office of Administrative Hearings (SOAH), Austin, Texas. There were no objections to notice or jurisdiction. Hartford appeared and was represented by H. Douglas Pruett, Attorney. Wol+Med appeared and was represented by William Maxwell, Attorney. The record was left open until May 3, 2005, for the filing of post-hearing briefs. Upon Wol+Med's request, this time was extended until May 12, 2005. On June 16, 2005, the ALJ ordered Hartford to respond to Wol+Med's argument, stated for the first time in its May 12, 2005 brief, that Hartford is barred from asserting that the disputed services are medically unnecessary. Wol+Med contended that Hartford failed to

state medical necessity as a ground for denying the claim before Wol+Med's request for medical dispute resolution. The record was re-opened until June 23, 2005, to receive Hartford's response and was closed on that date.

II. DISCUSSION

A. Factual and Legal Background

The Claimant was a 21-year-old female working as an assistant manager for ___, a fast food restaurant, on ___. On that date, she suffered an at-work injury to her neck and lower back when she fell to the floor from a counter where she was checking an ice machine. She presented to Chiropractic Health Center and Josef Verhaert, D.C., on July 18, 2003, after experiencing back pain and a headache. Dr. Verhaert's diagnosis was cervical sprain/strain, concussion, sacral sprain/strain, and back contusion.[1] The Claimant underwent treatment from Dr. Verhaert, including physical therapy, and continued working on a light-duty basis. On September 16, 2003, she was given an FCE[2] [3] by Jared Barker, O.T.R., an occupational therapist and Wol+Med's director of rehabilitation. The FCE showed, among other matters, that the Claimant was able to lift 10 pounds for eight hours a day with restrictions (a sedentary physical demand level). Her job required occasional lifting of up to 50 pounds, frequent 25-pound lifting, and consistent 10-pound lifting. The FCE also showed a severe clinical anxiety level and a moderate clinical depression level. Her PAIS-SR (psychological adjustment to illness scale) was six out of seven, indicating a need for the following domains to be addressed: health care orientation, vocational environment, domestic environment, extended family relationships, social environment, and psychological distress. Mr. Barker recommended she undergo chronic pain management.[4]

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[1] Ex. 1 at 97.

[2] Ex. 1 at 85-88.

[3] Dr. Verhaert prescribed the FCE on September 11, 2003. Ex. 2 at 127.

[4] Ex. 1 at 14, 18-19; Ex. 2 at 19-20.

The Claimant saw Charles Xeller, M.D., on September 26, 2003, for an independent medical evaluation (IME). Dr. Xeller concluded that the Claimant had had more than enough time to recover, was fully employable as of September 19, 2003, and needed no further treatment except for an MRI of her head because of her concussion.[5]

The Claimant continued treatment with Dr. Verhaert, who wrote on September 23, 2003, that she had made good progress and he believed by October 8, 2003, she would either be able to return to a full work load or could be considered for work hardening after an updated FCE. On October 13, 2003, Dr. Verhaert prescribed a work hardening program without an updated FCE. The Claimant continued treatment with him through October 24, 2003.[6]

The Claimant underwent a work hardening program at Wol+Med from November 3, 2003, through December 24, 2003. Wol+Med took her off light-duty work and she did work simulation during the work hardening. Her lifting ability increased from 10 pounds for most activities on November 3, 2003, to 40 to 45 pounds on the week of December 22, 2003.[7] A December 30, 2003 FCE[8] showed she achieved the 50-pound physical demand level her job required, with pain levels decreasing from six at 10 pounds to five at 50 pounds. The number of hours she could work in a day increased significantly in such areas as standing, sitting, kneeling, squatting, bending/stooping, pushing/pulling, twisting, walking, climbing, and reaching. She continued to have significant psycho-social deficits. Upon discharge, her level of depression was at a mild level of clinical anxiety compared to a severe level in her initial FCE and a moderate level of clinical depression (with a BDI-II testing score of 22) compared to a moderate

[5] Ex. 1 at 96-101.

[6] Ex. 1 at 93; Ex. 2 at 19, 129. Wol+Med was not required to receive pre-authorization for the work hardening services because it is accredited by the Commission on Accreditation of Rehabilitation Facilities.

[7] Ex. 2 at 268-270. Wol+Med's disciplinary team weekly treatment notes show similar progress during the work hardening program. Ex. 2 at 357-383.

[8] Ex. 2 at 172-173.

level (with a testing score of 29) in her initial FCE; and her PAIS-SR score remained the same, at six out of seven, even though the stated goal was two out of seven.[9] [10]

The Claimant presented to Nicolas Padron, M.D., on February 26, 2004, after returning to work on January 5, 2004.[11] He recorded her pain level at three on a scale of 10. He said she was working regular duty 10 to 12 hours a day and was taking Tylenol as needed, but not otherwise on prescription medications. He discharged her from his care as a referral doctor.[12]

The Claimant was seen again on March 22, 2004, on which date her pain had slowly come back. She was experiencing diffuse pain after helping unload a truck. The assessment showed she had regressed and she was again in the acute phase of care.[13]

The IRO determination, issued on August 2, 2004, concluded that the work hardening, work hardening/each additional hour, and physician team conferences for dates of service from November 7, 2003, through December 24, 2003, were medically necessary based on these factors: the Claimant clearly had a compensable injury; following chiropractic care, including physical therapy, she continued to be symptomatic, had psychological overlay, and did not meet the demand levels of regular employment; and after an eight-week work hardening program, her pain levels decreased, her range of motion and physical demand levels increased, and she returned to work at full duty on January 5, 2004.[14]

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[9] Ex. 1 at 87; Ex. 2 at 14, 172-173. Mr. Barker testified in most cases he has been involved with where the patients had psychological issues, patients would "spike" at the end of a program because of anxiety over re-entering a work environment.

[10] The Claimant's global assessment of psycho-social functioning before her injury was about the same as it was when she entered work hardening. Ex. 2 at 205.

[11] Dr. Padron is board certified in family practice and a diplomate of the American Academy of Pain Management.

[12] Ex. 2 at 132.

[13] Ex. 1 at 282.

[14] Ex. 1 at 290.

Employees have a right to necessary health care under TEX. LABOR CODE ANN. §§ 408.021 and 401.011. Section 408.021(a) provides, "An employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to health care that: (1) cures or relieves the effects naturally resulting from the compensable injury; (2) promotes recovery; or (3) enhances the ability of the employee to return to or retain employment." Section 401.011(19) of the Labor Code provides that health care includes "all reasonable and necessary medical . . . services."

As Appellant, Hartford had the burden of proof.[15]

B. Whether Hartford Is Barred From Asserting Medical Necessity As A Ground For Denial

In its May 12, 2005 brief, Wol+Med contended Hartford is barred from asserting that the FCE, done on September 16, 2003, was medically unnecessary because Hartford's stated reason for denial was "F - reimbursement according to the Texas Medical Fee Guidelines,"[16] rather than a lack of medical necessity. Hartford responded and argued that Wol+Med has failed to establish a waiver of the medical necessity issue because it has not proved that the initial EOB that contained the quoted statement was the last word from Hartford, *i. e.,* it is conceivable that at a subsequent time Hartford denied the FCE based on a lack of medical necessity. Hartford argued that Wol+Med is simply asking the ALJ to assume that Hartford's only reason for denial was denial code F.

For two reasons, the ALJ concludes that a lack of medical necessity issue is foreclosed for the September 16, 2003 FCE. First, Hartford has acknowledged that the FCE was medically necessary

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[15] 1 TEX. ADMIN. CODE (TAC) §' 155.41(b); 28 TAC § 148(h).

[16] The ALJ takes official notice that the Commission description of denial code F is "Used when the IC [insurance carrier] is reducing payment from the billed amount in accordance with the appropriate TWCC fee guideline's MAR [maximum allowable reimbursement], including when the IC is paying for a generic pharmaceutical at the brand name price because the brand name price is lower. NOT used for reductions based on lack of documentation or for charges for which TWCC has not established an MAR." .

by paying some of the amount charged.[17] The issue for Hartford seems to be how much should be paid rather than whether the FCE was appropriate. There is no evidence in the record and Hartford has not argued that it has requested a refund of the amount paid.

Second, Hartford's appeal letter states it has "requested an appeal of the MRD/IRO Findings and Decision . . . issued on August 12, 2004, . . . which are applicable to the provisions of Tex. Lab. Code Ann. §413.031(k) and TWCC Rules 133.307(p), 133.308(u) and 148.3."[18] The IRO decision did not address the medical necessity of the FCE. In its order, MRD said medical necessity is not the only issue to be resolved and ordered Hartford to pay Wol+Med an additional $428.24 for the FCE. The statute and rules quoted contemplate a request for hearing on an MRD or IRO decision. Because there is no such decision on the medical necessity of FCE, that issue is not before SOAH.

Hartford failed to present persuasive evidence that the MRD decision ordering an additional $428.24 payment for the FCE should be reversed.[19] As a result, the decision stands and Hartford should pay additional money for the FCE.[20]

Wol+Med contended that Hartford is barred from asserting that all other services are medically unnecessary because, although it denied the disputed claims on the basis of denial code "V", requiring a peer review, Hartford failed to provide a copy of the peer review to Wol+Med, as required by 28 TAC § 133.304(h), or provide an understandable explanation of Hartford's reasons for denying the claim, as required by 28 TAC § 133.304(c). Hartford argued that it has properly disputed the medical necessity of all other disputed services.

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[17] Ex. 2 at 61.

[18] The ALJ takes official notice of Hartford's appeal letter and of the August 12, 2004, MRD decision.

[19] Dr. Bierner testified he was not stating an opinion over whether or not the FCE was billed and paid according to applicable rules.

[20] The ALJ's hearing notes indicate the parties agreed that a charge for the first FCE is capped at $300.00.

The ALJ finds that that Hartford properly disputed the medical necessity of all other claims. The record shows that Charles Crane, M.D., performed a peer review of the work hardening program on February 9, 2004, and that the peer review provided an understandable explanation of Hartford's reasons for denying the claim.[21] Wol+Med's request for reconsideration of Hartford's denial of the claim shows that Wol+Med received and responded to the peer review.[22]

C. Hartford Did Not Prove Work Hardening Was Medically Unnecessary

The ALJ concludes that Hartford should be ordered to pay for the work hardening program. On its face, the following evidence indicates the work hardening was necessary:

- The Claimant sustained a compensable injury on ___.
- She underwent an extensive but unsuccessful pre-work-hardening treatment program, including physical therapy, for the purpose of returning her to work.
- She had psychological issues before entering work hardening.
- When the work hardening program began, she was significantly deficient in meeting the physical demand levels of her job.
- When the program ended, her physical capabilities had increased very significantly and she was able to return to work without restrictions.

It is significant that Hartford had the burden of proof. It had the difficult task of proving the work hardening program was not reasonably required by the Claimant's compensable injury notwithstanding the above-described factors.

Hartford argued that the necessity of a work hardening program cannot be shown by an FCE performed many weeks before a program is started, as was done in this case. This assertion reverses the burden of proof, however, *i.e.*, it was Hartford's burden to prove that the Claimant's condition

[21] Ex. 1 at 270-271.

[22] Ex. 1 at 286-287.

immediately before the start of the program was such that work hardening was unnecessary. Moreover, Wol+Med's testing of the Claimant at the beginning of the program, showing an inability to return to work, was the only persuasive evidence of her condition at that time. Hartford witness Samuel Bierner, M.D., agreed she was not able to return to work and that she had "psychological overlay."[23] The preponderant evidence indicated she needed work hardening. Hartford argued Wol+Med did not prove that conservative treatment failed prior to entering the work hardening program. This argument also reverses the burden of proof. It was Hartford's burden to prove that conservative treatment succeeded or was not sufficiently tried before work hardening began. It did not do so. Moreover, although the information was less specific than optimal, what documentary information there was showed that conservative treatment was tried and failed[24]BDr. Patron made a written statement[25] and Mr. Barker testified to that effect.

Hartford argued that the nature of the Claimant's injury shows she did not need work hardening. It contended she had a simple soft-tissue injury, MRIs of her cervical spine and brain were completely normal, a lumbar MRI showed almost exclusively degenerative changes with no impingement on the thecal sac, and an EMG revealed no cervical or lumbar radiculopathy. The most direct evidence showed the work hardening was needed, however. Conservative treatment was tried and failed. There was no convincing evidence and it was not argued that the Claimant's symptoms were disingenuous. Dr. Bierner agreed that the Claimant did not meet the physical demand levels of her job at the beginning of work hardening. The preponderant evidence showed the work hardening program succeeded.

Hartford criticized Wol+Med for taking the Claimant off light duty work and placing her in work simulation. Dr. Bierner said light duty work would have been the most effective treatment because it was the closest to the actual job the Claimant would later need to perform. However,

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[23] Dr. Bierner is trained in physical and rehabilitative medicine and pain management.

[24] Ex. 2 at 18-19.

[25] Ex. 2 at 13.

Dr. Padron indicated[26] and Mr. Barker testified that the Claimant's employer was not following the light-duty regimen and was belligerent about her job performance. She was worried she would be fired. The preponderant evidence is the light-duty program was not working.

Hartford pointed out that the only functional difference between a work-hardening and a much-less-expensive work conditioning program was that work hardening included group therapy to address behavioral issues. It argued that Wol+Med failed to identify any behavioral issues that would justify work hardening. Again, this argument reverses the burden of proof. It was Hartford's burden to prove the Claimant's behavioral problems, or lack of problems, did not justify work hardening. Moreover, Wol+Med's FCE testing results showed the Claimant did have significant behavioral issues. Dr. Verhaert thought the testing results justified work hardening. Dr. Padron said the Claimant's psychological assessments indicated psychological and behavioral deficits that were adversely affecting recovery from her medical condition and her ability to return to work.[27] Dr. Bierner agreed with the IRO that the Claimant had a psychological overlay. As testified by Mr. Barker, it appears that the psychological component of the work hardening sufficiently addressed the Claimant's fears and coping skills to allow her improve and return to work.

Hartford pointed out that the Claimant's PAIS score was the same on her December 30, 2003 FCE that it had been on September 16, 2003. It argued this evidence showed work hardening did not help the Claimant's psychological issues and thus was of no use. It also criticized the abbreviated nature of the FCE test. However, judged on the basis of what was known at the beginning of the work hardening program, the preponderant evidence was that the program appeared necessary. The Claimant had a psychological overlay, including severe clinical anxiety and a moderate level of clinical depression. Dr. Padron believed her issues justified work hardening. Dr. Bierner acknowledged that Commission criteria require work hardening programs to address behaviors that

[26] Ex. 2 at 14.

[27] Ex. 2 at 14.

impede work performance rather than a resolution of psychological issues.[28] She showed some improvement on some tests from the first to the last FCE. And regardless of other factors, the overall results of the program showed that it worked, whereas previous treatment that did not include psychological/behavioral treatment had failed.

Hartford criticized Mr. Barker's statement that the Claimant's psychological issues would resolve after she returned to work and argued the statement shows psychological treatment was never needed. Again, this argument ignores the available evidence at the beginning of the work hardening, which showed some psychological overlay indicating a need for a multi-disciplinary approach, that she was able to work before her injury despite existing psychological issues, and that the program worked sufficiently to permit the Claimant to reach her physical goals.

Hartford cited Dr. Xeller's September 26, 2003 opinion that the Claimant could return to work at unrestricted duty. Yet, subsequent evidence showed she was able to lift only 10 pounds[29] and her job occasionally required her to lift 50 pounds. The preponderant evidence showed she could not return to work.

Hartford criticized Wol+Med's work hardening notes as not adequately demonstrating what the Claimant did in work hardening, her progress, and generally the need for work hardening. It was particularly critical of the group therapy notes. If Wol+Med had the burden of proof, the notes might have made it difficult for it to prove the work hardening was needed. In this case, however, less-than-optimal notes do not prove the program was not needed. It was Hartford's burden to produce evidence that the work hardening was unnecessary, not Wol+Med's to prove, through its notes, that it was. Further, as indicated above, the preponderant evidence showed the Claimant needed a multi-disciplinary approach.

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[28] Dr. Bierner testified that the Claimant's psychological problems were based on childhood abuse issues that were very unlikely to be resolved in a work-hardening group therapy program. Regardless of that opinion, however, the evidence shows the Claimant could work before her injury, but not after, and that she had psychological problems. On its face, this evidence showed a need for a multi-disciplinary approach.

[29] Ex. 2 at 268.

Hartford criticized Mr. Barker's testimony because he recommended a chronic pain management program in the first FCE report and this was never followed. However, Mr. Barker's opinion is beside the point. The Claimant's treating doctor reviewed the FCE and ultimately prescribed work hardening after the Claimant did not respond to treatment.

Hartford stressed the fact that the Claimant's treating doctor said on March 22, 2004, that her condition had regressed and she had re-entered the acute phase of care. Citing the doctor's notes saying the pain slowly increased, it argued there was no specific event causing the increase in pain. Hartford argued the March 22, 2004, notes show the program was not successful after all. This argument was not persuasive. The doctor's notes also show the Claimant experienced diffuse pain after she helped unload a truck. Mr. Barker testified it is not clear why the Claimant's pain returned. The evidence is inconclusive on the issue of whether the Claimant's March 22, 2004, condition shows her original injury was not cured or that a new event had caused re-injury. Hartford's claim was not supported by a preponderance of the evidence in light of this factor and Dr. Padron's February 26, 2004 note showing the Claimant was able to work with relatively little pain.

Hartford criticized the IRO decision and argued that merely documenting improved functional abilities does not establish the medical necessity of a program because treatment is required to be in the most cost-effective, least intensive setting. This argument, however, ignores the preponderant evidence that pre-work-hardening treatment was ineffective and evidence indicating a need for a multi-disciplinary program.

Hartford argued that Dr. Bierner should be given more credence than Mr. Barker because Dr. Bierner is a board-certified medical doctor, whereas Mr. Barker is an occupational therapist. However, Dr. Bierner's obvious qualifications do not mean that his opinion should be accepted without reservation or reference to other evidence. As indicated above, the preponderant evidence in this case, including Dr. Padron's opinion, indicates that Hartford did not carry its burden of proving that work hardening was medically unnecessary.

III. FINDINGS OF FACT

1. The Claimant, a 21-year-old female at the time, suffered a work-related injury to her neck and lower back on ___, when she fell to the floor from a counter where she was checking an ice machine.

2. The Claimant presented to Chiropractic Health Center and J. Verhaert, D.C., on uly 18, 2003, after experiencing back pain and a headache.

3. Dr. Verhaert's diagnosis was cervical sprain/strain, concussion, sacral sprain/strain, and back contusion.

4. The Claimant underwent treatment from Dr. Verhaert, including physical therapy, and continued working on a light-duty basis.

5. On September 16, 2003, the Claimant was given a functional capacity evaluation (FCE) by Jared Barker, O.T.R., an occupational therapist and Wol+Med's director of rehabilitation.

6. The FCE showed, among other matters, that the Claimant was at a sedentary-physical - demand level, with an ability to lift 10 pounds.

7. The Claimant's job required occasional lifting of up to 50 pounds, frequent 25-pound lifting, and consistent 10-pound lifting.

8. The Claimant continued treatment with Dr. Verhaert through October 24, 2003.

9. The Claimant underwent an extensive but unsuccessful pre-work-hardening treatment program, including physical therapy.

10. On October 13, 2003, Dr. Verhaert prescribed a work hardening program.

11. At the beginning of the work hardening program, the Claimant was significantly deficient in meeting the physical demand levels of her job.

12. The Claimant had psychological issues before entering work hardening.

13. The FCE showed she had a severe clinical anxiety level, a moderate clinical depression level, and a PAIS-SR (psychological adjustment to illness scale) score of six out of seven, indicating a need for the following domains to be addressed: health care orientation, vocational environment, domestic environment, extended family relationships, social environment, and psychological distress.

14. At the beginning work hardening, the Claimant had psychological and behavioral deficits that adversely affected her ability to recover from her injury and return to work.

15. The Claimant's hardening program at Wol+Med began on November 3, 2003, and ended on December 24, 2003.

    a. Wol+Med took her off light-duty work and she did work simulation during the work hardening because the Claimant's employer was not following the light-duty regimen and was belligerent about her job performance. The Claimant was worried about being fired.

    b. The Claimant's lifting ability increased from 10 pounds for most activities on November 3, 2003, to 40 to 45 pounds on the week of December 22, 2003.

    c. A December 30, 2003 FCE showed she achieved the 50-pound physical demand level her job required, with pain levels decreasing from six at 10 pounds to five at 50 pounds.

    d. The number of hours she could work in a day increased significantly in such areas as standing, sitting, kneeling, squatting, bending/stooping, pushing/pulling, twisting, walking, climbing, and reaching.

    e. She continued to have significant psycho-social deficits, although she improved in some areas.

    f. Upon discharge, her level of depression was at a mild level of clinical anxiety compared to a severe level in her initial FCE; her level of clinical depression was at a moderate level (with a BDI-II testing score of 22) compared to a moderate level (with a testing score of 29) in her initial FCE; and her PAIS-SR score remained the same at six out of seven.

16. The Claimant returned to work on January 5, 2004.

17. The psychological component of the work hardening program sufficiently addressed the Claimant's fears and coping skills to allow her to improve physically and return to work.

18. After returning to work in January 2004, the Claimant presented to Wol+Med on February 26, 2004, showing a pain level of three on a scale of 10 with 10 the worst, working regular duty 10 to 12 hours a day; and was taking Tylenol as needed, with no prescription medications.

19. An independent review organization (IRO) determination, issued on August 2, 2004, concluded that the work hardening, work hardening/each additional hour, and physician team

conferences for dates of service from November 7, 2003, through December 24, 2003, was medically necessary.

20. The Texas Workers' Compensation Commission (Commission) Medical Review Division ordered Hartford to pay an additional amount for the September 16, 2003 FCE.

21. It is undisputed that Hartford requested a hearing not less than 20 days after receiving notice of the independent review organization determination.

22. All parties received not less than 10 days' notice of the time, place, and nature of the hearing; the legal authority and jurisdiction under which the hearing was to be held; the particular sections of the statutes and rules involved; and a short, plain statement of the matters asserted.

23. There were no objections to notice or jurisdiction.

24. All parties had an opportunity to respond and present evidence and argument on each issue involved in the case.

IV. CONCLUSIONS OF LAW

1. 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. LAB. CODE ANN. § 413.031(k) and TEX. GOV'T. CODE ANN. ch. 2003.

2. Notice of the hearing was proper and timely. TEX. GOV'T. CODE ANN. §§ 2001.051 and 2001.052.

3. Hartford had the burden of proving that the disputed the work hardening, work hardening/each additional hour, and physician team conferences for dates of service from November 7, 2003, through December 24, 2003, were not reasonably required by the nature of the Claimant's injury. 1 TEX. ADMIN. CODE (TAC) § 155.41; 28 TAC § 148(h).

4. Hartford had the burden of proving that the Commission order requiring it to pay additional money for the FCE was improper. 1 TEX. ADMIN. CODE (TAC) § 155.41; 28 TAC § 148(h).

5. Hartford did not carry its burden of proof.

6. Hartford should pay for the work hardening, work hardening/each additional hour, and physician team conferences for dates of service from November 7, 2003, through December 24, 2003. TEX. LABOR CODE § 408.021.

7. Hartford should pay the maximum allowable reimbursement for the September 16, 2003, FCE. TEX. LABOR CODE § 408.021.

ORDER

IT IS THEREFORE ORDERED that Hartford Insurance Company pay Wol+Med for the disputed the work hardening, work hardening/each additional hour, and physician team conferences for dates of service from November 7, 2003, through December 24, 2003, plus applicable interest.

IT IS ORDERED FURTHER that Hartford Insurance Company pay Wol+Med the maximum allowable reimbursement, plus applicable interest, for the disputed September 16, 2003, FCE.

SIGNED August 11, 2005.

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JAMES W. NORMAN
ADMINISTRATIVE LAW JUDGE
STATE OFFICE OF ADMINISTRATIVE HEARINGS