



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Joshua Linney, D.C.

**Respondent Name**

Indemnity Insurance Co of North America

**MFDR Tracking Number**

M4-25-2490-01

**Carrier's Austin Representative**

Box Number 15

**DWC Date Received**

June 6, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 3, 2024	Designated Doctor Examination 99456-W5	\$834.00	\$834.00
	Designated Doctor Examination 99456-W8	\$642.00	\$642.00
<b>Total</b>		<b>\$1,476.00</b>	<b>\$1,476.00</b>

### Requester's Position

"AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED. THE CURRENT RULES ALLOW REIMBURSEMENT."

**Amount in Dispute:** \$1,476.00

### Respondent's Position

The Austin carrier representative for Indemnity Insurance Co. of North America is Downs & Stanford, PC. The representative was notified of this medical fee dispute on June 10, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

## **Findings and Decision**

### Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.240](#) sets out the procedures for payment or denial of a medical bill.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.210](#) sets out the guidelines for division-specific services.
4. [28 TAC §134.240](#) sets out the fee guidelines for designated doctor examinations.

### Denial Reasons

Neither party submitted an explanation of benefits for the disputed services.

### Issues

1. Did the insurance carrier take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is Joshua Linney, D.C. entitled to reimbursement for the examination in question?

### Findings

1. Dr. Linney is seeking reimbursement for a designated doctor examination to determine maximum medical improvement, impairment rating, and ability to return to work. The requester indicated that it did not receive payment or an explanation of denial for medical bills submitted for the examination in question.

Per 28 TAC §133.240(a), the insurance carrier is required to take final action by paying, reducing, or denying the service in question not later than 45 days after receiving the medical bill. This deadline is not extended by a request for additional information.

The greater weight of evidence presented to DWC supports that a complete bill for the services in question was received by the insurance carrier or its agent. DWC found no evidence to support that the insurance carrier took final action on the bill for the service in question.

2. Because the insurance carrier failed to provide any defense for non-payment of the designated doctor examination in question, DWC finds that Dr. Linney is entitled to reimbursement.

28 TAC §134.240(d)(3) states, in relevant part, "MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4)."

28 TAC §134.240(d)(4)(A)(i)(II) states, "the reimbursement for the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4)."

28 TAC §134.240(d)(7) states, in relevant part, "The reimbursement rate for determining the ability of the injured employee to return to work is \$642 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W8.'"

No adjustments found in 28 TAC §134.210(b)(4) apply to the date of service in question.

DWC finds that the total allowable reimbursement is \$1,476.00. This amount is recommended.

### Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that reimbursement of \$1,476.00 is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that Indemnity Insurance Co of North America must remit to Joshua Linney, D.C. \$1,476.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

August 28, 2025  
\_\_\_\_\_  
Date

### **Your Right to Appeal**

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at [www.tdi.texas.gov/forms/form20numeric.html](http://www.tdi.texas.gov/forms/form20numeric.html). DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or

personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option three or email [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in [28 TAC §141.1 \(d\)](#).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).