



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Lorin Wolf, D.C.

Respondent Name

Fedex Ground Package System Inc.

MFDR Tracking Number

M4-25-2790-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

July 2, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 18, 2024	Designated Doctor Examination 99456-W6	\$642.00	\$0.00
June 11, 2024	Designated Doctor No Show Fee 99456-52	\$100.00	\$0.00
Total		\$742.00	\$0.00

Requester's Position

"Please see enclosed the original bill faxed and mailed over on 07/16/2024 for exam on 06/18/2024 and no-show fee for 06/11/2024 , proof of fax and a copy bill ... I mailed a letter on 4/9/2025 requesting payment. I still have no payment."

Amount in Dispute: \$742.00

Respondent's Position

"The exam was set on the issue of extent of injury for which the provider is entitled to reimbursement of \$642. He is also entitled to reimbursement of \$100 if the claimant failed to attend the June 11, 2025 exam."

Response Submitted by: Flahive, Ogden & Latson

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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

The insurance carrier paid for the disputed services with the following claim adjustment codes:

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 52 – Reduced services/MRI < 12 SLI
- W6 – Designated Doctor Exam Extent
- G15 – Pricing is calculated based on the medical professional fee schedule value.

Issues

1. Did Lorin Wolf, D.C. forfeit the right to medical fee dispute resolution for the date of service in question?

Findings

1. Dr. Wolf is seeking additional reimbursement for a no-show charge related to a designated doctor examination scheduled for date of service June 11, 2024, and a designated doctor examination to determine the extent of the compensable injury performed on June 18, 2024.

Per 28 TAC §133.307(c)(1), the health care provider must request medical fee dispute resolution within one year from the date of service with few exceptions.

DWC received the medical fee dispute resolution request on July 2, 2025. This is more than one year after the dates of service in question. DWC found no evidence to support that an exception applied to these dates of service.

DWC finds that Dr. Wolf has waived the right to medical fee dispute resolution for these dates of service.

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 not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

October 17, 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. 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.

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.