



# Medical Fee Dispute Resolution Findings and Decision

## General Information

**Requester Name**

Jan Petrasek, M.D.

**Respondent Name**

City of San Antonio

**MFDR Tracking Number**

M4-26-0113-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

September 11, 2025

## Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 31, 2024	99456	\$449.00	\$0.00
October 31, 2024	99456	\$384.00	\$0.00
	<b>Total</b>	\$833.00	\$0.00

### Requester's Position

"Carrier has not responded to bill or reconsideration."

**Amount in Dispute:** \$833.00

### Respondent's Position

The Austin carrier representative for City of San Antonio is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on September 15, 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 §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 Medical Fee Dispute Resolution requests.
2. [28 TAC §134.235](#) sets out the fee guidelines for Required Medical Examinations (RME).
3. [Texas Labor Code §408.004](#) addresses Required Medical Examinations.

### Denial Reasons

Neither party submitted an explanation of benefits with reasons for reduction or denial of payment for the disputed services.

### Issues

1. What rules and statutes apply to the services in dispute?
2. Is the requester entitled to reimbursement for the services in dispute?

### Findings

1. This medical fee dispute involves non-payment of an RME service rendered by Dr. Petrasek on October 31, 2024.

Texas Labor Code §408.004 states in pertinent part, "(b) The commissioner may require an employee to submit to a medical examination at the request of the insurance carrier, but only after the insurance carrier has attempted and failed to receive the permission and concurrence of the employee for the examination. Except as otherwise provided by this subsection, the insurance carrier is entitled to the examination only once in an 180-day period. The commissioner may adopt rules that require an employee to submit to not more than three medical examinations in an 180-day period under specified circumstances, including determining whether there has been a change in the employee's condition and whether it is necessary to change the employee's diagnosis. The commissioner by rule shall adopt a system for monitoring requests made under this subsection by insurance carriers.

That system must ensure that good cause exists for any additional medical examination allowed under this subsection that is not requested by the employee. A subsequent examination must be performed by the same doctor unless otherwise approved by the commissioner."

DWC finds that 28 TAC §134.235, adopted to be effective June 1, 2024, applies to the reimbursement of the services in dispute. 28 TAC §134.235, states in pertinent part, "(c) When conducting an insurance carrier-requested examination to determine impairment or attainment of maximum medical improvement (MMI), the RME doctor must bill, and the insurance carrier must reimburse, using CPT code 99456, with the modifiers and at the rates specified in paragraphs (c)(2) - (3)."

2. The requester, Jan Petrasek, M.D., is seeking reimbursement in the amount of \$833.00 for a RME service rendered on October 31, 2024.

The submitted DWC069 Report of Medical Evaluation form indicates that the doctor's role in this examination is an insurance carrier selected RME doctor approved by DWC. However, a review of the submitted documentation and information known to DWC finds no evidence of an RME order for this injured employee, by Dr. Petrasek.

According to information known to DWC, there is an insurance carrier selected RME report on this injured employee by a different doctor with date of service June 27, 2024, less than 180 days prior to the currently disputed RME date of service, October 31, 2024. DWC finds no evidence that a good cause exception existed for the October 31, 2024, RME report.

In accordance with Texas Labor Code §408.004, DWC finds that the requester is not entitled to reimbursement for the disputed date of service, October 31, 2024.

### 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 reimbursement is due.

### **Order**

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

### **Authorized Signature:**

January 8, 2026

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
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, call CompConnection at 1-800-252-7031, option 3 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 3 o correo electrónico [CompConnection@tdi.tas.gov](mailto:CompConnection@tdi.tas.gov).