TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Pierce Sweeney, D.C.

Respondent Name

City of Dallas

MFDR Tracking Number

M4-26-1988-01

Insurance Carrier's Austin Representative

BOX 53 Hoffman Kelley LLP

DWC Date Received

March 17, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
October 4, 2025	Designated Doctor Examination 99456-W5-NM	$465.00	$0.00
October 4, 2025	Designated Doctor Examination 99456-W8	$664.00	$0.00
	Total	$1,129.00	$0.00

Requester's Position

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

Amount In Dispute: $1,129.00

Respondent's Position

"Following our assessment, we recommend a payment amount of $1,129.00."

Response Submitted By: Injury Management Organization, Inc.

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code Section 413.031 and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section 133.307 sets out the procedures for resolving medical fee disputes.

Adjustment Reasons

The insurance carrier denied payment for the disputed services with the following reasons:

1. 146 – Diagnosis was invalid for the date(s) of service reported.
2. Note: "Resubmit bill with appropriate ICD-10 diagnosis codes: M544 is invalid"
3. Note: "This procedure on this date was previously reviewed"
4. 18 – Exact duplicate claim/service

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the requester entitled to additional reimbursement?

Findings

1. The requester is seeking reimbursement a designated doctor examination to determine if the injured employee reached maximum medical improvement and ability to return to work. The insurance carrier stated it "recommend a payment amount of $1,129.00," after the request for medical fee dispute resolution was filed. DWC will review these services in accordance with applicable rules.
2. Per explanation of benefits dated March 19, 2026, the insurance carrier paid $1,129.00 for the services in question. Since this is the full amount requested in this dispute, DWC finds that no additional reimbursement is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence the requester and the respondent presented 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 Sections 413.031 and 413.019, DWC has determined the requester is entitled to $0.00 additional reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	June 9, 2026 Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section 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 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 this *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC Section 141.1(d).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electronico CompConnection@tdi.texas.gov.