



TDI-DWC

Fast Facts

Prospective Review of Medical Care (PRM) Not Requiring Preauthorization

Effective October 1, 2004

When can a doctor or claimant request prospective review under the new PRM process?

The new PRM rule applies to any request for prospective review of care that does not require preauthorization filed on or after October 1, 2004.

What is PRM?

Prospective Review of Medical Care (PRM) Not Requiring Preauthorization is a new process established by Rule §134.650, to address the medical necessity of medical care that does not require preauthorization, prior to that medical care being provided. The process requires that the request include factual information supporting the carrier's intent to deny reimbursement for the proposed care. An example of when this process may be requested is when a carrier's peer review indicates no further medical care, including prescriptions, is necessary to treat the injury.

The voluntary process applies to requests from an injured worker, his or her representative, and his or her doctor, regarding medical care that is proposed for the treatment of the current medical condition for which the compensable injury is, or is suspected to be, a producing cause.

Where can I find the list of treatments or services that require preauthorization?

The list of treatments and services requiring preauthorization is found in Rule §134.600, Preauthorization, Concurrent Review, and Voluntary Certification of Health Care. In addition, the preauthorization FAST FACTS on the Division's website at <http://www.tdi.state.tx.us/wc/dwc/divisions/ffpreauthorization.pdf> details the services and treatments requiring preauthorization.

Who may request a PRM?

The doctor proposing the care, injured worker, or injured worker's representative may request to initiate the PRM process. However, the PRM Request form (DWC Form-49) must be signed by the injured worker, the proposing doctor and treating doctor if the treating doctor is not the proposing doctor.

How is PRM requested?

Contact the field office handling the claim for assistance with the PRM process. The PRM Request form (DWC Form-49) can be found on the Division website at <http://www.tdi.state.tx.us/wc/forms/index.html>. Each PRM request must be completed and signed by the proposing doctor. If the proposing doctor is not the treating doctor, the treating doctor must also sign the PRM request to indicate their agreement with the proposed medical care.



What information is required on the DWC Form-49?

The following information is required on the DWC Form-49:

1. Factual substantiation that the insurance carrier intends to deny Reimbursement for the proposed medical services.
2. The proposing doctor's name and contact information (phone, fax, or email), and signature.
3. The injured worker's name, signature, and DWC claim number.
4. A description of the specific medical care and recommended number of sessions or the duration of the proposed care.
5. A thorough explanation of the medical necessity of the proposed medical care.
6. The basis for the proposing doctor's opinion that the compensable injury is a producing cause of the current medical condition to be treated.
7. The treating doctor's signature and contact information (if different from the proposing doctor).



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Can the Division deny a request for PRM?

Yes, the reasons the Division may deny a request for PRM include the following:

1. The specific care proposed is outside the scope of the rule.
2. The carrier and the proposing doctor reached an agreement regarding the treatment.
3. There is not enough information to show that the insurance carrier is denying the treatment.
4. Contact information for the proposing doctor is missing.
5. The requested care is too broad.
6. An explanation of medical necessity or relatedness is missing.
7. Required signature (proposing or treating doctor, injured worker or injured worker's representative) is missing.
8. The PRM request has been withdrawn.

What is the purpose of the PRM examination?

The PRM examination is intended to provide an unbiased opinion regarding whether the proposed treatment is medically necessary, and if at issue, whether the medical condition to be treated is causally related to the compensable injury.

Who are the PRM doctors?

The PRM doctor is selected by the Division from the Approved Doctor List (ADL). The PRM doctor is of the same or similar licensure as the proposing doctor, and is considered to be independent, fair, impartial, thorough, reliable, and credible. The PRM doctor cannot have previously treated or examined the injured worker within the past 12 months, and cannot have examined or treated the injured worker with regard to a medical condition being evaluated in the prospective review of medical care examination (PRME).

In addition, the PRM doctor cannot have any known conflicts of interest with any of the providers known by the PRM doctor to have examined, treated or reviewed records for the injured worker's injury claim. The Designated Doctor matrix will not be used to select the PRM doctor. The PRME process is voluntary for everyone, including the doctor being asked by the Division to do the exam. If the Division has previously assigned a doctor for a PRM examination, the Division will use the same doctor for subsequent PRM examinations if he or she is still qualified and available.

Does the PRM Doctor need a medical release to get the injured worker's medical records?

No. The PRM doctor is authorized to receive the injured worker's confidential medical records to assist in the resolution of a dispute without a signed release from the injured worker.

What are the possible outcomes of the PRM examination?

The possible outcomes of the PRM examination are:

- The PRM doctor's opinion is that the proposed care is medically necessary.
- The PRM doctor's opinion is that the proposed care is not medically necessary.
- The PRM doctor's opinion is that the condition is causally related to the compensable injury (if that question was presented to the PRM doctor for an opinion).
- The PRM doctor's opinion is that the condition is not causally related to the compensable injury (if that question was presented to the PRM doctor for an opinion).



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What happens if the PRM doctor's opinion is that the condition is not causally related to the compensable injury?

If the PRM doctor states that the condition is not causally related to the compensable injury, the injured worker may request a Benefit Review Conference (BRC) to resolve the issue.

NOTE: The opinion of the PRM doctor is presumed correct unless overcome by the great weight of other evidence.

What happens if the PRM doctor's opinion is that the condition is causally related to the compensable injury?

If the PRM doctor states that the condition is causally related to the compensable injury, the insurance carrier may request a Benefit Review Conference (BRC) to resolve the issue.

NOTE: The opinion of the PRM doctor is presumed correct unless overcome by the great weight of other evidence.

Can either the insurance carrier or the injured worker dispute the PRM doctor's opinion regarding whether the condition is causally related to the compensable injury?

Yes, whichever party (injured worker or carrier) disagrees with the PRM doctor's opinion regarding whether the condition is causally related to the compensable injury may request a Benefit Review Conference (BRC) by the Division to resolve the issue.

NOTE: The opinion of the PRM doctor is given presumptive weight if the dispute goes forward to a contested case hearing.

What happens if the PRM doctor states that the proposed medical care is not medically necessary?

If the PRM doctor determines that the proposed medical care is not medically necessary, the Division will take no further action. At this point, the proposing doctor has the following options:

1. Proceed with the medical treatment and pursue retrospective medical dispute resolution if the claim is denied.
2. Pursue alternate medical treatments.
3. Initiate the PRM process again if the medical condition of the injured worker changes.



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What happens if the PRM doctor states that the proposed medical care is medically necessary?

If the PRM doctor's opinion is that the proposed medical care is medically necessary, the Division will attempt to obtain a written agreement between the parties. If a written agreement cannot be reached, the Division will issue a Medical Interlocutory Order.

What is the effect of a Medical Interlocutory Order?

A Medical Interlocutory Order will require the insurance carrier to pay for the specific medical treatment in dispute in accordance with the Division's fee guideline for the proposed medical care.

Can the insurance carrier appeal a Medical Interlocutory Order?

Yes, the insurance carrier may appeal a Medical Interlocutory Order in writing to the State Office of Administrative Hearings (SOAH) within 20 days from the date the order was issued by the Division.

Is there a fee for the PRM process?

The fee for the PRM examination is currently set at \$350 (according to the Division's fee guidelines for conducting a return to work or evaluation of medical care examination requested by the Division).

Who pays the PRM examination fee?

The insurance carrier pays the PRM examination fee to the PRM doctor.

Will there be any training planned for the ADL doctors regarding the PRM process?

The Division is planning to provide some basic training through the web for doctors about the PRM process. Initially, the Dispute Resolution Officers in the local field offices, who are working on the requests, will assist doctors with the DWC Form-49 PRM request form as needed. In addition, they will assist the PRM doctors in understanding the new process as the PRME appointments are scheduled.

