



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

**Type of Requestor:** (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier

Requestor's Name and Address:  
Workperfect Houston, Inc.  
7447 Harwin, Ste. 180  
Houston, TX 77036

MDR Tracking No.: M4-05-3052-01 (formerly M4-05-0195-01)

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:  
Fort Bend I.S.D.  
C/o Harris & Harris  
Rep Box #: 42

Date of Injury:

Employer's Name: Fort Bend ISD

Insurance Carrier's No.: FB201263

### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor did not submit a position summary; however, the Requestor's rationale listed on the table of disputed services states, "Related and documented."

Principle Documentation:

1. Requestor's Rationale
2. TWCC-60/Table of Disputed Services
3. CMS-1550
4. EOBs
5. FCE report

### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent did not submit a position summary; however, the Respondent's rationale listed on the table of disputed services states, "peer review done 4-12-03 shows chiropractic care reasonable and nec & related, TWCC-69 Dr Pucillo 0% MMI 11-18-03 TWCC-69 Des Dr 0% MMI DOS 3/20/04 IME Dr. Baswell 3-1-04 sts no further care Police Report shows 72 pass bus parked hit @ 3 mph by small toyoto surveillance by adjuster at Walgreens when injured worked waited on (??) at counter Dec 03".

Principle Documentation:

1. Respondent's Rationale

### PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
02/12/04	R, N	97750-FC-CA	1	\$548.80
TOTAL DUE				\$548.80

### PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Section 413.011(a-d) titled (Guidelines and Medical Policies), and Commission Rule 134.202 titled Medical Fee Guideline effective August 1, 2003, set out reimbursement guidelines.

1. CPT Code 97750-FC-CA for date of service 02/12/04 was denied as "R – Charge Unrelated to Compensable Injury" on 03/08/04; the bill was re-audited on 04/05/04 and was denied as "N – Not Documented." Review of the DWC database reveals that compensability is not an issue. According to the FCE report submitted by the Requestor, the treating doctor of record, John A. Felker, D.C., referred the injured worker for a functional capacity evaluation. The report documents the testing started at 9:00 a.m. and ended by 1:00 p.m. indicating the testing took a total of 4 hours. Per Rule 134.202(e)(4) reimbursement for FCE's will be in accordance with Rule 134.202(c)(1). The Respondent has not indicated any previous FCE's were performed on this injured worker; therefore, per the above referenced rule, (e)(4), the initial FCE shall be for up

to a maximum of 4 hours and shall be billed using the “physical performance test or measure”. The FCE report supports the level of service billed. Reimbursement in the amount of \$548.80 ( $\$27.44 \times 125\% = \$34.30 \times 16$ ) is recommended.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

28 Texas Administrative Code Sec. §413.011(a-d)  
28 Texas Administrative Code Sec. §134.201  
28 Texas Administrative Code Sec. §134.202

**PART VII: DIVISION DECISION AND ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the requestor **is** entitled to additional reimbursement **in the amount of \$548.80.**

Ordered by:

Marguerite Foster

March 10, 2006

Authorized Signature

Typed Name

Date of Order

**PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW**

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**