



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: () Health Care Provider (x) Injured Employee () Insurance Carrier	
Requestor's Name and Address: Gary W. Jeffries PO Box 25 Randolph, TX 75475	MDR Tracking No.: M4-05-5679-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: TPCIGA for Reliance National Insurance C/o Flahive, Ogden & Latson Box 19	Date of Injury:
	Employer's Name: TNP Enterprises, Inc.
	Insurance Carrier's No.: 011655000256WC01

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "All treating Doctors letters stating how inhumane this insurance company is being by paying and stopping my medication. I am totally disable now because of this injury and my condition has and is only going to get worse. It seems these people could at least pay for what I need so I can get what relief I can get each day with water therapy and the medication that the doctor feels I need."

- Principle Documentation:
1. Pharmacy Payment Print Out Sheet.
 2. Medical Necessity letters.
 3. Clinical Notes
 4. TWCC-60

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary states in part, "Alternatively, at minimum it would appear that: (1) 2002 and 2003 disputes are not timely filed; (2) the certificate of medical necessity of the motorized wheelchair has not been signed by the treating doctor and therefore is invalid; (3) a hot tub/Jacuzzi has alternative, non-medial uses and therefore would not properly be reimbursable DME; (4) the only medication that has been possibly been documented to be medically necessary, and only for certain time periods, by claimant's treating doctor would be OxyContin, Norco, Zolof and Valium, but it is impossible to tell whether and/or when these were denied."

- Principle Documentation: 1. Response to initial TWCC 60.

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
03/24/04 – 03/08/05	Out-of-Pocket Expenses	1	\$9,067.31

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

1. Review of the disputed issues reveals the wheelchair and hot tub are not part of this dispute. Per §133.307(d)(1) dates of service 03/14/02 through 02/15/04 are outside the one-year filing deadline and cannot be reviewed.

Per §133.307(f) injured worker has submitted pertinent documentation showing evidence of carrier receipt of employee request for reimbursement; furthermore the injured worker has submitted letters of medical necessity, clinical notes and proof of payment for the prescriptions. The carrier's response indicates that the only medication that has possibly been documented to be medically necessary, and only for certain time periods, by claimant's treating doctor would be OxyContin, Norco, Zolof and Valium, but it is impossible to tell whether and/or when these were denied by the insurance carrier. The carrier did not submit documentation to substantiate time frame in question. Therefore, per §134.504 reimbursement in the amount of \$9,067.31 is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.307
28 Texas Administrative Code Sec. 134.504

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 \$9,067.31. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30-days of receipt of this Order.

Ordered by:

Marguerite Foster

October 7, 2005

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.