



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:
Stephen Dudas
2800 Forestwood #130
Arlington TX 76006

MDR Tracking No.: M4-05-9696-01

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:
Service Lloyds Ins. Co.
Rep Box #: 42

Date of Injury:

Employer's Name: Travelhost, Inc.

Insurance Carrier's No.: 9612880

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

- Principle Documentation:
1. TWCC-60
 2. EOB's and CMS-1500
 3. Documentation for services rendered

Position Summary: "I am the) Approved doctor for a compensable injury."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

- Principle Documentation:
1. Respondent's response to MDR.
 2. Letter dated 8/27/04 "...disputing...TIBS & change of treating doctor..."
 3. Copy of the **Approved TWCC-53 dated 8/23/04.**
 4. Copy of TWCC-21 dated 7/26/04 disputing compensability related to new conditions of low back pain and lumbosacral radiculitis..."
 5. Copy of TWCC-21, dated 5/20/04, disputing entitlement to disability benefits...
 6. Copy of the Benefit Dispute Agreement dated 1/4/05 "Agreed the date of MMI is 11/10/04...Agreed the MMI rating is 7%...Agreed the claimant had disability from 9/17/04 through 11/9/04."
 7. Copy of the current TWCC-60 w/ Table of Disputed Services.

Position Summary: "...The Provider in this matter seeks reimbursement in the amount of \$2,463.32 for a number of office visits and physical therapy services delivered to the Claimant between 9/27/04 an 11/18/04. Enclosed herein is information relevant to the Carrier 's position on this matter..."

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code(s) or Description	Part V Reference	Additional Amount Due
9/27/04 & 9/29/04	unknown	97113		\$00.00
9/30/04	L	97750-FC Functional Capacity Eval.		\$570.56
10/5/04-10/29/04	L	97113 – aquatic w/ therapeutic exercises x 10 days		\$1,201.50
11/4/04 & 11/9/04	L	97113 – aquatic w/ therapeutic exercises x 2 days		\$320.40

11/18/04	L	97150 x 3 units - therapeutic procedures 97113 x 1 unit – aquatic w/ therapeutic exercises	\$00.00
TOTAL DUE			\$2,092.46

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.

(MDR = Medical Dispute Resolution, DOS = Date(s) of Service, EOB = Explanation of Benefits)

- This dispute is related to lack of reimbursement for office visits and physical therapy services rendered from 9/27/04 through 11/18/04.
- DOS 9/27/04 and 9/29/04 did not have CMS-1500's to support services billed or any EOB's indicating any review. Therefore these two DOS will not be reviewed as a dispute has not been established according to 133.304 and no reimbursement can be recommended.
- The Respondent denied the remaining billed services with "L – Not treating doctor approved treatment," and "O – denial after reconsideration."
- The Requestor was the treating doctor, per the approved TWCC-53 dated 8/23/04, during the DOS of treatment.
- A copy of the signed Benefit Dispute Agreement, dated 1/4/05, confirms resolve of disputed issues. In part; "Agreed the date of MMI is 11/10/04...Agreed the MMI rating is 7%...Agreed the claimant had disability from 9/17/04 through 11/9/04." Therefore, DOS between 9/17/04 and 11/9/04 will be reviewed as fee issues according to 408.021(a-d).
- Designated Doctor exam on 8/24/04 certified the injured worker was not at MMI; approximate estimated date 11/24/04.
- In the Initial Evaluation on 8/25/04, the doctor's *Treatment Recommendations*, mentioned 'One-on-one physical therapy three times a week for four weeks.' On 8/31/04, a *Physical Therapy Initial Evaluation* was completed by 'B. Pardue, L.P.T.' The first sentence included the statement in part, "referred for physical therapy evaluation and treatment three times a week for four weeks." A FCE was completed which resulted in the statement "The patient is making good progress in physical therapy and has not yet reached a plateau." Per Benefit Dispute Agreement, injured worker reached MMI on 11/10/04.
- The Requestor supported services rendered between 9/30/04 and 11/9/04 with SOAP notes and reports to substantiate treatment according to 133.307(g), therefore reimbursement recommended as follows:

DOS	CPT code	Units	Total Due
9/30/04	97750-FC	16 – Maximum according to 134.202 (e)(4) (\$28.53 x 125%=\$35.66 x 16=)	\$570.56
10/5/04, 10/8/04, 10/12/04, 10/14/04, 10/15/04, 10/19/04, 10/21/04, 10/22/04, 10/26/04 & 10/29/04:			
	97113	3 -per day x 10 DOS = (\$120.15 x 10=)	\$1,201.50
11/4/04	97113	4 –per day	\$160.20
11/9/04	97113	4 –per day	\$160.20
- The Requestor did not support services rendered post 11/9/04 to substantiate treatment according to 133.307(g), therefore reimbursement not recommended for DOS 11/18/04.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. § 413.011(a-d)
28 Texas Administrative Code Sec. § 408.021
28 Texas Administrative Code Sec. § 133.304
28 Texas Administrative Code Sec. § 134.202(e)(4)

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 \$2,092.46.**

Ordered by:

4 / 28 / 06

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.