Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

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: Main Rehab & Diagnostic 3500 Oak Lawn #380 Dallas TX 75219-4371	MDR Tracking No.: M4-05-A553-01 Claim No.: Injured Employee's Name:
Respondent's Name and Address: Association Casualty Ins. Rep Box: #42	Date of Injury: Employer's Name: The Sweet Shop, Inc. Insurance Carrier's No.: 039697

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

POSITION SUMMARY: "…Previously these services have been denied as "E" claim has been denied. I have attached a copy of the Benefit Dispute Agreement that states that the claim is now being accepted…".

Principle Documentation:

1. Requestor's position statement
2. EOB's
3. TWCC-24 signed on 3/24/03

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

POSITION SUMMARY: "…It is determined that Main Rehab & Diagnostic has been billing with a diagnosis code of 959.3 which is for elbow/forearm. Per the BRC agreement, the compensable injury is to the bilateral wrists only…".

Principle Documentation:
1. The Respondent position summary.
2. TWCC-24 signed on 3/24/03
3. EOB's
4. HCFA-1500's

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)
11/5/02 thru 3/5/03	E	99204, 99214, 73110-WP, 99213, 97265, 97250, 97110, 95851, 95999-WP, 97122, 73221-27-22	1	$00.00
TOTAL DUE				$00.00

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

Section 413.011(a-d) titled (Guidelines and Medical Policies), and Commission Rule 134.201 titled (Medical Fee Guideline For Medical Treatments and Services Provided Under the Texas Worker's Compensation Act) effective April 1, 1996, sets out reimbursement guidelines.

1. All dates of service in dispute were denied for "E – Entitlement to benefits". On 3/24/03, a TWCC-24 was signed by all parties agreeing that the compensable injury is limited to the bilateral wrists only. All HCFA-1500's for the dates of service in this dispute contain the diagnosis of "959.3 (INJURY OTHER&UNSPECIFIED ELBOW FOREARM & WRIST). Medical records submitted by the Requestor indicate that all treatments for the dates of service in dispute were rendered to the hand, wrist, elbow and forearm. Based upon the medical records submitted by the Requestor, Medical Dispute Resolution cannot determine which services were rendered to the compensable injury of the bilateral wrists and which services were rendered to the non-compensable body parts of the forearms, hands and elbows. Therefore, per Rule §408.021(a), Rule §133.304(f)(3) and Rule §124.2, no reimbursement 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. §408.021(a)
28 Texas Administrative Code Sec. §133.304(f)(3)
28 Texas Administrative Code Sec. §124.2

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 not** entitled to reimbursement.

Decision by:

	James Schneider	08/03/06
Authorized Signature	Typed Name	Date

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.