



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor's Name and Address: Nestor Martinez, D.C. 6660 Airline Drive Houston, Texas 77076	MDR Tracking No.: M4-07-0593-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: LIBERTY MUTUAL FIRE INSURANCE COMPANY  REP BOX #: 28	Date of Injury:
	Employer's Name: Batterson, LLP
	Insurance Carrier's No.: 973447436

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

The Requestor's Position Summary as indicated on the Table of Disputed Services states, "The P/A number was written in box 23 on the HCFA."

- Principle Documentation:
1. DWC 60 package
  2. CMS 1500s
  3. EOBs
  4. Preauthorization Approval Letter dated 03/16/06 regarding approval for continued physical therapy 3 X Week for 4 Weeks to include therapeutic exercise, neuromuscular reeducation, and inferential therapy. Treatment to start 03/13/06 to 04/10/06
  5. Medical Records

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

The Respondent's Position Summary states in part, "We base our payments on the Texas Fee Guidelines and the Texas Workers' Compensation Commission Acts and Rules. Preauthorization was given for 12 visits from 3/13/06 – 4/10/06. Preauthorization was denied for an additional 12 visits to begin on 4/10/06..."

- Principle Documentation:
1. Response to DWC 60
  2. Preauthorization Denial Letter dated 04/26/06 regarding continued physical therapy three times a week for four weeks
  3. EOBs

### 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)
04/10/06	62, X388	99212 97110 x 5 Units 97140 x 2 Units 97112	1-4	\$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 Division Rule 134.202 titled (Medical Fee Guideline) effective August 1, 2003, sets out reimbursement guidelines.

1. This dispute relates to CPT codes 99212, 97110 x 5 Units, 97140 x 2 Units and 97112 for date of service 04/10/06 that was denied as “62, X388—Pre-authorization was requested but denied for this service per TWCC Rule 134.600 (X388).”
2. Per Rule 134.600, the Requestor submitted a copy of the Respondent’s preauthorization letter, indicating authorization # 05333023S001004, as proof that preauthorization was approved on 03/16/06 for twelve (12) additional visits of PT, 3 times a week for 4 weeks to include therapeutic exercise, neuromuscular reeducation, and inferential therapy with a start date of 03/13/06 to 04/10/06.
3. The Respondent submitted EOB’s indicating reimbursement for preauthorized services for dates of service 03/14/06, 03/16/06, 03/17/06, 03/20/06, 03/22/06, 03/24/06, 03/27/06, 03/28/06, 03/28/06, 03/30/06, 04/03/06, 04/06/06 and 04/07/06. Also submitted by the Respondent was a denial letter for preauthorization for an additional 12 visits to begin on 04/10/06.
4. Per Rule 134.600, the Respondent was correct in their denial of disputed date of service 04/10/06. Therefore, no reimbursement is recommended.

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

Texas Labor Code, Section §413.011(a-d)  
 28 Texas Administrative Code Sec. §134.1  
 28 Texas Administrative Code Sec. §134.600

**PART VII: DIVISION DECISION**

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:

02/13/07

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Typed Name

\_\_\_\_\_  
 Date of Decision

**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.**