

# **IMO MED-SELECT NETWORK®**

**A Certified Texas Workers' Compensation  
Health Care Network**

**Employee Handbook for  
The University of Texas System**

**NETWORK EMPLOYEE HANDBOOK**  
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## ***IMO Med-Select Network® | Frequently Asked Questions***

*The purpose of this employee handbook is to provide general information by addressing frequently asked questions to all who are employed by **The University of Texas System**, as of April 1, 2013, which represents the effective date of the above named organization joining the IMO Med-Select Network®.*

*This program is for any injury that occurs as of April 1, 2013 and thereafter.*

### **1. What is a Texas workers' compensation health care certified network?**

It is a program that has been certified by the State of Texas to provide health care services to you if you become injured at work.

### **2. What is Injury Management Organization, Inc. (IMO)?**

IMO is a Certified Utilization Review Agent (URA) and the parent company to the IMO Med-Select Network®. IMO provides Case Management, Pre-Authorization, Medical Bill Review, Industry Care Programs, along with other health care management services.

### **3. How do I find out more about the IMO Med-Select Network®?**

- Visit website at [www.injurymanagement.com](http://www.injurymanagement.com)
- Write to: IMO Med-Select Network®, P.O. Box 118577, Carrollton, TX 75011
- Call the Network Main Line: 214.217.5939 or 888.466.6381
- Call the Customer Care Line: 214.217.5936 or 877.870.0638

### **4. What is a service area?**

A service area is any county where the network operates with physicians and other health care providers to care for injured employees. If the network lists a county as part of its service area there will be providers for all zip codes in that county ready to provide health care services to the injured employees. If you live in a county covered by a service area, you are required to use a network provider.

### **5. What should I do if I move to a different zip code?**

Notify your employer immediately to assist them in making sure that the network has service area coverage for you.

### **6. May I use a P.O. Box for my official address when I participate in the network?**

No. The network requires a physical address in order to ensure all communication reaches the injured employee.

## 7. Where does the network operate?

*The network operates in the following counties or service areas:*

- |              |               |                 |
|--------------|---------------|-----------------|
| 1. Atascosa  | 24. Fort Bend | 47. Milam       |
| 2. Austin    | 25. Galveston | 48. Montgomery  |
| 3. Bandera   | 26. Gonzales  | 49. Navarro     |
| 4. Bastrop   | 27. Grayson   | 50. Parker      |
| 5. Bell      | 28. Grimes    | 51. Rains       |
| 6. Bexar     | 29. Guadalupe | 52. Robertson   |
| 7. Blanco    | 30. Harris    | 53. Rockwall    |
| 8. Brazoria  | 31. Hays      | 54. San Jacinto |
| 9. Brazos    | 32. Henderson | 55. Smith       |
| 10. Burleson | 33. Hidalgo   | 56. Starr       |
| 11. Burnet   | 34. Hill      | 57. Tarrant     |
| 12. Caldwell | 35. Hood      | 58. Travis      |
| 13. Cameron  | 36. Hunt      | 59. Van Zandt   |
| 14. Chambers | 37. Jefferson | 60. Walker      |
| 15. Colorado | 38. Johnson   | 61. Waller      |
| 16. Collin   | 39. Karnes    | 62. Washington  |
| 17. Comal    | 40. Kaufman   | 63. Wharton     |
| 18. Dallas   | 41. Kendall   | 64. Williamson  |
| 19. Denton   | 42. Lee       | 65. Wilson      |
| 20. El Paso  | 43. Liberty   | 66. Wise        |
| 21. Ellis    | 44. Limestone | 67. Wood        |
| 22. Falls    | 45. McLennan  |                 |
| 23. Fayette  | 46. Medina    |                 |

## 8. (a) Will I need to sign any forms to participate in the network?

Your employer / carrier will provide you with a **Notice of Network Requirements** and an **Acknowledgement Form**. You will also be presented with an Acknowledgement Form for signature at the time of injury.

## (b) What will happen if I choose not to sign the Acknowledgement Form?

If an employee receives the Notice of Network Requirements and refuses to sign the Acknowledgement Form, they are still required to participate in the network.

## 9. Who is responsible for paying for my medical care if I receive treatment outside of the network?

If you receive care from an out-of-network provider, you *may* be financially responsible for the health care services if it is determined that you live in the network service area.

## 10. Who can be a network treating doctor?

The IMO Med-Select Network® requires your treating doctor to be a physician chosen from the network

directory who is a licensed Medical Doctor (MD) or Doctor of Osteopathy (DO). The treating doctor must be a specialist in Family Practice, General Practice, Internal Medicine or Occupational Medicine. In El Paso, Texas, all specialists listed above in addition to Physical Medicine Rehabilitation.

#### **11. How do I choose my treating doctor?**

After an injury occurs, you must choose your treating doctor from the network provider list. If you need help, you may call a network customer care representative for assistance at 888.466.6381 Monday-Friday 8-5 p.m. CST or online at [www.injurymanagement.com](http://www.injurymanagement.com) and click "Find a Provider".

#### **12. May I select my HMO primary care doctor for my network treating doctor?**

Even though your employer does not participate in an HMO, if you do participate in one outside of your employer, you may select your HMO primary care doctor **prior to your injury**. This can be done by completing the Network Form # IMO MSN-5. To obtain this form, please contact the IMO Med-Select Network® at **888.466.6381** or email [netcare@injurymanagement.com](mailto:netcare@injurymanagement.com). The network will contact your HMO doctor to participate in the network. If your doctor does not agree or does not meet the certified network qualification requirements to participate in the network you must choose a treating doctor from the network list.

#### **13. How do I nominate a doctor?**

1. The network has a nomination form and credentialing process that must be completed prior to any doctor being considered as a network provider. The first step is to fill out a nomination form available on the IMO website at [www.injurymanagement.com](http://www.injurymanagement.com) or by contacting your claims adjuster.

2. The network will contact your doctor about participating in the network. If your doctor does not agree or does not meet the certified network qualification requirements, you must choose another treating doctor from the network list.

#### **14. Am I required to see a doctor close to my residence?**

Although the network must provide you with access to a treating doctor within a 30-mile radius of your residence, you can choose any treating doctor on the list of treating doctors in the network.

#### **15. Can my chiropractor or my orthopedic surgeon be my treating doctor?**

No. The treating doctor must be a specialist in Family Practice, General Practice, Internal Medicine or Occupational Medicine. In El Paso, Texas, all specialists listed above in addition to Physical Medicine Rehabilitation. For treatment by any other type of specialist, including a chiropractor or orthopedic surgeon, you must be referred by your treating doctor.

#### **16. Do you have physician assistants or nurse practitioners in the certified network?**

No. The certified network does not have physician assistants or nurse practitioners contracted to treat injured employees at this time. You may be treated by one of the above if it is under the direction of a medical doctor in the certified network.

## 17. Can I change my treating doctor?

You are limited to the changes that you can make. These limits are set to ensure that you have quality and continuity in your care.

- Change #1 is called the alternate choice. When you contact the network you will be asked to complete the **Request for Alternate Treating Doctor # IMO MSN-1**. The network will not deny your request for your selection of an alternate choice.
- Change #2 is called your subsequent change. If you have used your alternate choice of treating doctor and you are still dissatisfied, you must request and receive permission from the network for the subsequent change of treating doctor.

*You will need to contact the network at:*

- Telephone: 214.217.5939 or toll free 888.466.6381
- E-mail: [netcare@injurymanagement.com](mailto:netcare@injurymanagement.com) or,
- By faxing the completed form to 214.217.5937 or 877.946.6638
- You may also mail a copy of the **Request For Subsequent Change in Treating Doctor Form # IMO MSN-7** to: IMO Med-Select Network®, P.O. Box 118577, Carrollton, TX 75011
- Complaints: [netcomplaint@injurymanagement.com](mailto:netcomplaint@injurymanagement.com)

## 18. What do I do if my treating doctor dies, retires, or leaves the network?

If your current treating doctor dies, retires or leaves the network you are allowed a change of treating doctor at any time during your care.

## 19. What if I don't live in the service area?

If you do not live in the service area, you are not required to receive health care from the certified network. You should contact your claims adjuster to discuss this matter.

## 20. The Notice of Network Requirements states that I must receive medical care from the network if I live in the network service area. How is "live" defined?

*Where an employee lives includes:*

- a. The employee's principal residence for legal purposes, including the physical address which the employee represented to the employer as the employee's address;
- b. A temporary residence necessitated by employment; or
- c. A temporary residence taken by the employee primarily for the purpose of receiving assistance with routine daily activities because of the compensable injury.

*28 Texas Administrative Code §10.2(a) (14)*

## 21. What if I need to be referred to a specialist?

If you need a specialist, your treating doctor will refer you. You must go to a health care provider in the network, except in emergencies and other special circumstances. All referrals to a specialist must be approved by your treating doctor. Appointments with specialists are to be set no later than 21 days

after the date of the request. If there is an urgent medical need, a shorter time period may be appropriate.

## **22. What if I need a specialist that is not in the network?**

If your treating doctor decides there is no provider or facility in the network that can provide the treatment you need for your compensable injury, he or she will contact the network for permission to send you to a provider outside of the network.

Your treating doctor is required to submit to the network a completed referral called a **Request for Out-of-Network Specialist form # IMO MSN-4**. The network will approve or deny the request within seven days of receiving this form from the treating doctor.

You and your treating doctor will be notified by telephone and in writing if the request is not approved. The notice will also explain the appeal process.

## **23. What is Telephonic Case Management?**

When you are injured at work you will be provided with a telephonic case manager (TCM) to assist with coordination of your medical needs. A TCM is a licensed and certified medical professional that will help coordinate the medical services that your doctor recommends. The TCM will also provide education and help with communication between you and your doctor and employer. The network wants you to have the best quality of care and a safe stay at work / return to work health outcome.

## **24. What is considered to be an emergency?**

*As defined by the Texas Insurance Code:*

“Medical Emergency” – means the sudden onset of a medical condition manifested by acute symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected to result in:

- a. Placing the patient’s health or bodily functions in serious jeopardy; or
- b. Serious dysfunction of any body part or organ.

## **25. How do I receive emergency care?**

You should seek treatment from the nearest urgent care facility or hospital emergency room if emergency care is necessary. The network provider directory lists urgent care centers and hospitals that participate in the network.

## **26. How can I get a network provider directory?**

Your employer will have a network provider directory available. A network provider directory also will be available at:

1. IMO Med-Select Network® Website: [www.injurymanagement.com](http://www.injurymanagement.com)

2. Or you may call us directly at:
  - a. Network Main Line – 214.217.5939 or 888.466.6381
  - b. Customer Care – 214.217.5936 or 877.870.0638

## **27. Will medical services need prior approval?**

Some medical services must be approved in advance. Unless there is an emergency need, your treating doctor must contact the network for approval prior to providing the following health care services:

### **IMO Network Preauthorization List**

#### **1. Hospital and Surgical Care**

- a. All inpatient admissions including length of stay and, when necessary, extending the authorized length of stay
- b. All inpatient and outpatient surgical procedures performed in hospital or Ambulatory Surgical Center (ASC)

#### **2. Mental Health Care**

- a. All psychological/psychiatric services after the completion of the initial evaluation.

#### **3. Physical Medicine Services (regardless of location)**

- a. Osteopathic or chiropractic manipulations after the first six sessions occurring within 30 days following the initial treatment date
- b. \*\* Physical or occupational therapy outside of the first six sessions occurring within 30 days following the initial treatment date or up to 12 sessions occurring within 60 days following surgical intervention

#### **4. Diagnostic Testing**

- a. CT myelograms and discogram CTs
- b. Repeat diagnostics

#### **5. Injections**

- a. Epidural Steroid Injections (ESIs) and facet injections
- b. Medial branch blocks and rhizotomies

#### **6. Rehabilitation Programs**

- a. Work hardening, work conditioning, and outpatient rehabilitation regardless of accreditation
- b. Pain management, chemical dependency, and weight loss

#### **7. Durable Medical Equipment (DME):** Billed at \$1,000 or greater per item, either cumulative rental or purchased. All electrical and/or neuromuscular stimulators including transcutaneous electrical stimulators (TENS) or interferential stimulators

#### **8. Treatment not addressed or not recommended by Evidence Based Guidelines:** Unless preapproved as part of a treatment plan



9. **Drugs** identified with a status of “N” in the current edition of the *Official Disability Guidelines Treatment in Workers’ Compensation (ODG)/Appendix A, the ODG Workers’ Compensation Drug Formulary and any updates and any compound that contains such a drug.*

## 28. What happens if I am unable to work?

Your telephonic case manager will work with your doctor, employer and workers’ compensation adjuster to coordinate possible work programs to accommodate your restrictions while rehabilitating.

## 29. How do I file a complaint?

1. If you are dissatisfied with any aspect of the network, you may file a complaint by completing the **Complaint Form** # IMO MSN-3.
2. You must file the complaint within 90 days of the event about which you are dissatisfied.
3. To obtain and submit this form you can contact the **Network Complaint Dept.** by:
  - a. Writing: P.O. Box 118577, Carrollton, TX 75011
  - b. Calling: 877.870.0638
  - c. E-mailing: netcomplaint@injurymanagement.com
4. The network will respond to your complaint with a letter of acknowledgment within seven calendar days after receipt of the complaint.
5. Every complaint will be investigated and resolved within 30 calendar days after receipt of the complaint.
6. The network will send a letter to you explaining its decision and recommendations.

## 30. How do I file an appeal?

1. If you are dissatisfied with the complaint response, you must submit your appeal either by calling the network at 877.870.0638 or writing to the network. This process does not require a form completion, but you may use the Complaint Form # IMO MSN-3 and check the appropriate box to indicate that you are filing an appeal:

IMO Med-Select Network® Attention:  
**NetAppeal Committee** P.O. Box 118577  
Carrollton, TX 75011

2. File the appeal within 15 days of receiving the decision letter.
3. The network will send a letter when it receives the appeal and once again when the decision is made.

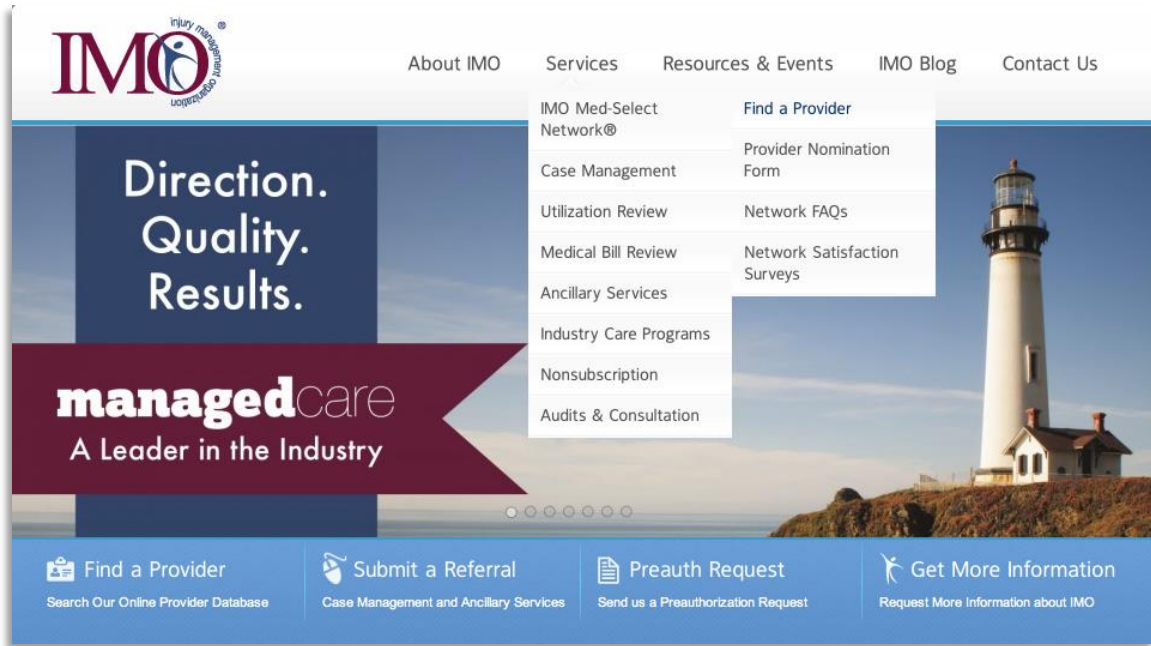
## 31. What should I do next, if I do not agree with the network’s complaint or appeal resolution?

If you are dissatisfied with the network’s complaint or appeal resolution, you may file a complaint with the Texas Department of Insurance (TDI). A complaint form can be accessed at:

1. TDI Website at [www.tdi.state.tx.us](http://www.tdi.state.tx.us), or
2. TDI HMO Division at the following address: HMO Division, Mail Code 103-6A, Texas Department of Insurance, P.O. Box 149104, Austin, TX 78714-9104

**Find a Provider Search Instructions**  
**Link to Access: [www.injurymanagement.com](http://www.injurymanagement.com)**

The snapshots below show samples of the following: **1)** A visual of the website homepage where the “Find a Provider” search can be easily located on the blue bar across the middle or under the “Services” tab; **2)** A visual of the page where the “Find a Provider” search and database are located; **3)** Step 1 and 2 of the search process; **4)** Search results format based on a sample zip code.



### Getting Started

#### Determine Your Service Area

Service areas in the IMO Med-Select Network® include the following counties. If you **do not** live in a geographic county listed, please contact your employer, carrier or IMO at 888.466.6381 for further assistance.

Main coverage areas include Austin, Houston, North Texas, San Antonio, El Paso and the Valley. Finding the right provider near you is easy! Complete Steps 1 and 2 below and click “Search”.

IMO MED-SELECT NETWORK®			
Austin	Houston	North Texas	Valley
Bastrop	Austin*	Collin	Smith
Bell	Brazoria	Dallas	Tarrant
Bianco*	Chambers	Denton	Van Zandt*
Brazos	Colorado*	Ellis	Wise*
Burleson*	Fort Bend	Grayson	Wood*
Burnet	Galveston	Henderson	
Caldwell	Grimes*	Hill*	
Falls*	Harris	Hood	
Fayette*	Jefferson	Hunt	Atascosa*
Hays	Liberty	Johnson	Bandera*
Lee*	Montgomery	Kaufman	Bexar
Milam*	San Jacinto*	Limestone*	Comal
Robertson*	Walker*	McLennan	Gonzales*
Travis	Waller	Navarro*	Guadalupe
Williamson	Washington*	Parker	Karnes*
	Wharton*	Rains	Kendall*
El Paso		Rockwall	Medina*
El Paso			Wilson

\*Rural Counties

## Step 1: Define Your Search

One or more of the following can be used to define your search.

### Define Your Search

Enter Your Zip Code:  *To search by multiple zip codes, insert a comma OR space in between each.*

Tell us Your Preferred Distance:  Less than 5 Miles  15 Miles  30 Miles  60 Miles  75 Miles

Search by Practice / Facility Name:  Search by Provider Tax ID Number:

Search by Provider Last Name:  Search by City Name:

## Step 2: Choose Your Provider Type

Select the provider type you want to search and use the dropdowns to best narrow your criteria.

### Choose Your Provider Type

<input checked="" type="radio"/>	<b>Treating Doctors</b>	The IMO Med-Select Network® requires your <b>treating doctor</b> to be a physician chosen from the network directory and who is a licensed Medical Doctor (MD) or Doctor of Osteopathy (DO). Treating doctors' primary service <b>must</b> be one of the following: Family Practice / Family Medicine, General Practice / General Medicine, Occupational Medicine, Internal Medicine or Physical Medicine & Rehabilitation (in El Paso only). <input type="text" value="Select Treating"/>
<input type="radio"/>	<b>Specialists / Facilities</b>	Your treating doctor must be the one to refer you to a specialist. <input type="text" value="Select Specialty"/>
<input type="radio"/>	<b>MMI / IR Physicians</b>	Your treating doctor must be the one to refer you to a Maximum Medical Improvement and / or an Impairment Rating Physician.
<input type="radio"/>	<b>All Providers</b>	Your treating doctor must be the one to refer you to a Maximum Medical Improvement, Impairment Rating Physician or Specialist.

## Review Search Results

After Steps 1 and 2 are submitted, you will see the below information shown in this sample snapshot including the option to print and email the list, in addition to Google Map directions if desired.

To view the “**Provider Details**” page, click on the “Practice / Facility Name” in red you wish to see.

The screenshot shows the IMO website interface. At the top left is the IMO logo with the tagline 'injury management solutions'. The navigation menu includes 'About IMO', 'Services', 'Resources & Events', 'IMO Blog', and 'Contact Us'. A large banner image of healthcare professionals is overlaid with a 'Find a Provider' button. Below the banner, the section 'Providers (725) In Your Area' is displayed. Above the table are buttons for 'PRINT LIST', 'EMAIL LIST', 'NOMINATE PROVIDER', and 'START NEW SEARCH'. The table lists the following providers:

Practice / Facility Name	Provider Name	Specialty	Credentials	County	Address	City	State	Zip	Phone	Fax
US Healthworks	Baxter, Shiu-Yueh	Family Medicine	MD	Denton	1837 W. Frankford Road, #116	Carrollton	Texas	75007	972-236-1941	972-236-1955
US Healthworks	Kenner, Linda	Physical Therapy/Facility	PT	Denton	1837 W. Frankford Road, #116	Carrollton	Texas	75007	972-236-1941	972-236-1955
Carrollton Physical Therapy & Work Hardening	Kuznetsova, Tetyana	Physical Therapy/Facility	PT	Dallas	3720 North Josey Lane #104	Carrollton	Texas	75007	972-394-7170	972-492-8065
Carrollton Physical Therapy & Work Hardening	Ludgar, Edgar	Physical Therapy/Facility	PT	Dallas	3720 North Josey Lane #104	Carrollton	Texas	75007	972-394-7170	972-492-8065
US Healthworks	US Healthworks - Carrollton,	Urgent Care Facility	UCF	Denton	1837 W. Frankford Road, #116	Carrollton	Texas	75007	972-236-1941	972-236-1955