

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 28, 2015

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001789	Date of Injury:	08/07/2014
Claim Number:	[REDACTED]	Application Received:	10/05/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	04/25/2015 – 04/25/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	97602		

Dear [REDACTED]

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above workers’ compensation case. This letter provides you with the IBR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties. In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(f).

Sincerely,

Paul Manchester, M.D., M.P.H.
Medical Director

Cc: [REDACTED]
[REDACTED]

DOCUMENTS REVIEWED

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- The original billing itemization
- Supporting documents submitted with the original billing
- Explanation of Review in response to the original bill
- Request for Second Bill Review and documentation
- Supporting documents submitted with the request for second review
- The final explanation of the second review
- PPO Contract

HOW THE IBR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE: Provider seeking remuneration for 97602 Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session, submitted for date of service 04/25/2015.**
- The Claims Administrator denied service indicating “service unsubstantiated by documentation.”
- Nursing Admission Notes & Emergency Department Report reviewed.
- Nursing Note documents the following care relating to wound:
 - Physician’s Order “Wound: **Apply Dressing.**”
 - 4x4 and tube gauze utilized for dressing to index finger.
- **Pursuant to CCR § 9789.11(a)(1)**, 4x4 and tube gauze to dress wound is not reimbursable.
- Dressing applied to a wound does not fit the description of billed service 97602.
- Emergency Department Provider documentation indicates the following:
“31 y/o 2 days s/p surgery. Here for increased pain.. No Sign of infection. Pain meds given. F/u with Surgeon in 2-3 days for evaluation. PCP info given. Return PRN.”
- Provider’s documentation does not indicate or imply 97602 services performed.
- Documentation indicates Injured Worker seen for pain and swelling status post interphalangeal joint release; wound assessed, re-dressed with 4x4 gauze, prescribed pain medication and advised to return PRN. No indication of wound care or wound debridement performed.
- **Based on the aforementioned documentation and guidelines, reimbursement for 97602 is not supported.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 97602

Date of Service: 04/25/2015 HOPPS						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
97602	\$1,683.00	\$0.00	\$122.58	1	\$0.00	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]