

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 3, 2016

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB16-0000162	Date of Injury:	12/12/2012
Claim Number:	[REDACTED]	Application Received:	02/03/2016
Assignment Date:	02/24/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	09/30/2015 – 09/30/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	ML101		

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: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$195.00 for the review cost and \$750.00 in additional reimbursement for a total of \$945.00. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$945.00** within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. 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
- Med-Legal OMFS

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 additional remuneration for ML101 services performed on 09/30/2015.**
- The Claims Administrator indicates ML101 units reduced based on submitted report.
- **OMFS Med-Legal ML101 Definition:**
 - Follow-up ML evaluation.
 - Occurs within nine months of initial ML evaluation.
 - **Involves a physical examination.**
 - The physician must verify, under penalty of perjury, the time spent by him or her on the following activities:
 - review of records
 - **face-to-face time with the injured worker**
 - preparation of the report (doesn't include clerical time)
 - Time spent shall be tabulated in 15 minute increments.
 - All expenses are included except for diagnostic testing.
- **Submitted Documentation** entitled "Supplemental Report" reviewed; the **criteria** for **ML101** was **not met** as the Injured Worker was not re-examined in accordance with ML101.
- Authorization and Report reflects ML106 services.
- **OMFS Med-Legal ML106 Definition:**
 - ML 106 RV 5 Per 15 Min.
\$62.50/15 min or \$250/hr
 - Fees for supplemental medical-legal evaluations.
 - Fees will not be allowed under this section for supplemental reports following the physician's review of:
 - information which was available in the physician's office for review or was included in the medical record provided to the physician prior to preparing the initial report
 - the results of laboratory or diagnostic tests which were ordered by the physician as part of the initial evaluation
- Authorization for Med-Legal Supplemental Report Services, dated September 9, 2015 signed by Legal Parties substantiates the need for the Provider's supplementary services. Allowable hours for the requested services is not indicated.
- **Page 2, paragraph 2 of the Supplemental Report** reflects the following time components:
 - Reviewing and summarizing report = two hours
 - Writing Report = three hours

Note: Although "summarizing report" is indicated, the act does not categorically infer the act was performed during the actual composition (writing) of the report; the action could also reflect time spent during intellectual contemplation and compartmentalizing of new data pertaining to relevant medical issues relating to the Injured Worker.
- **Based on the documentation submitted, additional reimbursement for ML101 is not indicated, recommend reimbursement for documented services ML106.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: ML101

Date of Service: 09/30/2015						
Med-Legal						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
ML101	\$1,250.00	\$500.00	\$750.00	20	\$1,250.00	Recommend ML106 \$750.00 Due Provider Refer to Analysis

[REDACTED]

[REDACTED]