

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 29, 2016

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

IBR Case Number:	CB16-0000550	Date of Injury:	04/14/2010
Claim Number:	[REDACTED]	Application Received:	04/06/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	08/07/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	ML104-94, 72052, 72120, 73030-RT, 73030LT, 73080, RT, 73080-RT, 73110-RT, 73110-LT, 73130-LT, and 73130-RT		

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,

[REDACTED], MD, MPH
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
- Official Medical Fee Schedule
- Negotiated contracted rates: N/A
- National Correct Coding Initiatives

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 billed services ML104-94, 72052, 72120, 73030-RT, 73030LT, 73080, RT, 73080-RT, 73110-RT, 73110-LT, 73130-LT, and 73130-RT performed on 08/07/2015.
- Claims Administrator reimbursed \$468.75 for ML 104-94 with indication “the charge exceeds the Official Medical Fee Schedule Allowance. The charge has been adjusted to the scheduled allowance” and \$440.84 for all other services with indication “allowance was reduced as per contractual agreement”
- Documentation submitted for review included EORs, SBR and Provider’s Agreed Medical Evaluation report.
- Provider states he was requested as an Agreed Medical Evaluator.
- Not identified in review was the request for Provider as an AME along with directives from parties as to which tasks were requested of him in his evaluation.
- **Title 8, § 9793 (g)(2) The report is obtained at the request of a party or parties, the administrative director, or the appeals board** for the purpose of proving or disproving a contested claim and addresses the disputed medical fact or facts specified by the party, or parties or other person who requested the comprehensive medical-legal evaluation report. Nothing in this paragraph shall be construed to prohibit a physician from addressing additional related medical issues.

