Dear [Name],

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,

[Signature]

cc: [Contact Information]
DOCSENS 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
- QME AME Fact Sheet

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 AME Modifier 94 for ML-104 services performed on 05/19/2014.
- Claims Administrator reimbursement rational as follows: “Our records indicate the evaluation was performed by a Panel QME.”
- Per Fact Sheet, “AMEs are physicians selected by agreement between the defense and applicant’s attorneys to perform medical/legal evaluations in a workers’ compensation case. AME’s are only used if the injured worker is represented by an attorney.”
- Letter from (Legal Parties) February 21, 2014 notifying relative parties of “issuance of a panel of Qualified Medical Examiners (QME) in the field of orthopedic surgery,” as per “the Defendant’s request.”
- Authorization to Provider May 6, 2014 addressed to the Provider and confirms agreement for evaluation to be performed by the Provider “in the capacity of a Panel Qualified Medical Examiner in the field or orthopedics.”
The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE**: Reimbursement of ML104-94 is not warranted.

<table>
<thead>
<tr>
<th>Date of Service: 05/19/2014</th>
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<tbody>
<tr>
<td><strong>Medical-Legal Services</strong></td>
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<tr>
<td><strong>Service Code</strong></td>
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<tr>
<td>ML104-95</td>
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</tbody>
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Copy to:

[Redacted]

Copy to:

[Redacted]

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