

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 23, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000550	Date of Injury:	09/27/12
Claim Number:	[REDACTED]	Application Received:	09/30/13
Claims Administrator:	[REDACTED]		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	ML102 – 86		

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.

IBR Case Assigned: 3/27/2014

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 \$335.00 for the review cost and \$369.18 in additional reimbursement for a total of \$704.18. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$704.18 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 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

[REDACTED]
Chief Coding Reviewer

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: OMLFS
- National Correct Coding Initiatives
- Other: Official Medical Legal Fee Schedule

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 disputing the reimbursement of ML102 86.
- The Provider sent the Claims Administrator an invoice itemizing ML102 services. The description of services is as follows:
 - Comprehensive orthopedic medical-legal evaluation for permanent and stationary rating
 - Pre-authorized level of service;
 - Complexity of evaluation;
 - 3Combined time spent in face to face evaluation, review of all current and past information, physician dictation and editing time spent in the preparation of report:
 - Addressing issues of causation and appointment as requested.
- The medical documentation submitted meets the criteria of a Medical Legal Evaluation.
- A declaration of services meeting Labor code § 4062.3(i) for the Medical Legal Evaluation.
- Signed Authorization by the Claims Administrator permitting ML102 services at a fee of \$625.00.
- Invoice itemizing Code ML102 indicating a “flat rate” of \$625.00.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code ML102 86

Date of Service: 6/13/2013							
Medical Legal Fee Schedule							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
ML102 86	\$ 625.00	\$ 255.82	\$ 369.18	1	N/A	\$625.00	DISPUTED SERVICE: Additional reimbursement of \$369.18 is warranted.

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
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