

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 2, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB13-0000630	Date of Injury:	05/19/2013
Claim Number:	[Redacted]	Application Received:	10/23/2013
Claims Administrator:	[Redacted]	Assignment Date:	07/31/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	L3040-NU x 2		

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]
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:
- National Correct Coding Initiatives
- Other: California Code of Regulations Title 8 Section 9792.9.1 Utilization Review Standards

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 is dissatisfied with denial of HCPCS code L3040-NU x 2
- Claims Administrator denied codes indicating on the Explanation of Review “This service requires prior authorization and none was identified.”
- Based on review of the Initial Podiatric Consultation, visit was an initial podiatric consultation for the injured worker at the request of the treating physician. Provider dispensed prefabricated arch supports to the injured worker at the time of the visit.
- Authorization was received indicating Treatment Requested: In house ortho referral. Treatment Authorized/Approved: In house referral. Body Part: Lt Ankle dated 6/20/2013. No authorization for any medical equipment or supplies was noted or approved.
- Pursuant Title 8 CCR §9792.9.1 (a) The request for authorization for a course of treatment as defined in section 9792.6.1(d) must be in written form set forth on the “Request for Authorization (DWC Form RFA),” as contained in California Code of Regulations, title 8, section 9785.5. (1) All decisions to approve a request for authorization shall specify the specific the date the complete request for authorization

was received medical treatment service requested, the specific medical treatment service approved, and the date of the decision

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on information reviewed, reimbursement of code L3040 is not warranted as supply was not authorized.

Date of Service: 7/12/2013						
Durable Medical Equipment						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
L3040-NU x 2	\$102.92	\$0.00	\$102.92	1	\$0.00	DISPUTED SERVICE: No reimbursement recommended

Copy to:

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