

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

November 17, 2014

[Redacted]  
[Redacted]  
[Redacted]

<b>IBR Case Number:</b>	CB14-0001199	<b>Date of Injury:</b>	04/20/2001
<b>Claim Number:</b>	[Redacted]	<b>Application Received:</b>	08/25/2014
<b>Claims Administrator:</b>	[Redacted]	<b>Assignment Date:</b>	10/07/2014
<b>Provider Name:</b>	[Redacted]		
<b>Employee Name:</b>	[Redacted]		
<b>Disputed Codes:</b>	97799-86		

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.

**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 \$250.00 for the review cost and \$2496.03 in additional reimbursement for a total of \$2746.03. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$2746.03 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,

[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: PPO Contract Discount 5%
- National Correct Coding Initiatives
- Other: Official Medical Fee Schedule Guidelines

## 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 reimbursement of code 97799-86.
- Provider was reimbursed \$2847.72 and is seeking additional reimbursement of \$2496.03.
- Claims Administrator sent a partial payment in the amount of \$2847.72 indicating on the Explanation of Review: "Charges reduced in accordance with base allowances per the applicable fee schedule."
- Request for Authorization of Medical Treatment form requested 97799 x 160 hours at \$225.00 an hour.
- Claims Administrator's Approval letter for 80 hours of Northern California Functional Restoration Program.
- Based on review of the Weekly Progress Report which details the injured worker's medical history, current medications, physical examination including functional strength, range of motion, function movement and lifting, dynamic posture and stabilization, psychological evaluation, treatment plan and a formal request for authorization, procedure code 97799-86 is substantiated as the Provider documented services performed.
- PPO Contract reviewed shows a 5% discount to be applied.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Based on information reviewed, additional reimbursement of code 97799-86 is warranted.**

Date of Service: 5/19/2014-5/22/2014							
[REDACTED]							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
97799-86	\$5625.00	\$2847.72	\$2496.03	N/A	N/A	\$5343.75	<b>DISPUTED SERVICE:</b> Allow reimbursement \$2496.03

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