

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

March 4, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

<b>IBR Case Number:</b>	CB14-00001805	<b>Date of Injury:</b>	07/21/2008
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	11/24/2014
<b>Claims Administrator:</b>	[REDACTED]	<b>Assignment Date:</b>	12/31/2014
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	29846-LT		

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 \$375.85 in additional reimbursement for a total of \$625.85. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$625.85 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,

Paul Manchester, M.D., M.P.H.  
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

## **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 29846 Wrist Arthroscopy performed in Ambulatory Surgical setting on 01/27/2014.
- Claims Administrator reimbursement rational: “The Hospital Allowance was calculated as required under section 9789.33 of Title 8, C.C.R.”
- **§9789.33. Determination of Maximum Reasonable Fee For** services rendered on or after January 1, 2013: APC payment rate x 1.20 workers’ compensation multiplier for hospital outpatient departments and 0.82 workers’ compensation multiplier for ambulatory surgical centers, pursuant to Section 9789.30(x).
- Formula: 01/27/2014 2014 APC Relative Weight \$29.6630 x \$95.76 Adj. Conversion Factor x .82
- No Contractual Agreement submitted for IBR.
- Based on the aforementioned Ambulatory Surgery Guidelines, additional reimbursement is warranted for 29746.

The table below describes the pertinent claim line information.

### DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 29846

<b>Date of Service:</b> 01/27/2014						
Ambulatory Surgery						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers’ Comp Allowed Amt.	Notes
29846	\$9,181.33	\$1,953.38	\$398.22	1	\$2,329.23	<b>OMFS – Reimbursed Amount = \$375.85 Due Provider.</b>

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