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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

September 29, 2015

[redacted]

IBR Case Number:	CB15-0001475	Date of Injury:	07/30/2014
Claim Number:	[redacted]	Application Received:	08/28/2015
Claims Administrator:	[redacted]		
Date(s) of service:	03/17/2015		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	ML104-95-96		

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,

Paul Manchester, MD, MPH
Medical Director

cc: [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: N/A
- National Correct Coding Initiatives

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 ML 104
- Claims Administrator reimbursed $2437.50, no itemized details were submitted for EOR received.
- Letter dated May 19, 2015 requests additional clarification from Provider on areas of his report.
- Second bill review denial dated July 29, 2015 states additional information requested was not received "Your request for Second Review did not include required information…"
- Provider's report submitted documents "A total of 30 hours 35 minutes were spent on this case, including 50 minutes to conduct the claimant's Orthopedic physical examination and obtaining a detailed claimant history, 25 hours and 45 minutes for review of medical records made available and 4 hours for analysis, medical research and report preparation which included addressing causation and apportionment"
- Provider also states he met 5 complexity factors to support ML 104 including "(1)-(3), which shall count as three complexity factors"
- Pursuant § 9795. Reasonable Level of Fees for Medical-Legal Expenses, Follow-up, Supplemental and Comprehensive Medical-Legal Evaluations and Medical-Legal Testimony: (1) Two or more hours of face-to-face time by the physician with the injured worker; (2) Two or more hours of record review by the physician; (3) Two or more hours of medical research by the physician; (4) Four or more hours spent on any combination of

two of the complexity factors (1)-(3), which shall count as two complexity factors. Any complexity factor in (1), (2), or (3) used to make this combination shall not also be used as the third required complexity factor; (5) Six or more hours spent on any combination of three complexity factors (1)-(3), which shall count as three complexity factors. **An evaluator who specifies complexity factor (3) must also provide a list of citations to the sources reviewed**

- No citations were found in Provider's report and therefore, medical research cannot count as a complexity factor in this medical legal review.
- Provider states the other two complexity factors were Causation and Apportionment.
- Provider does not detail causation or apportionment in report submitted.
- Documentation reviewed does not support additional reimbursement for ML 104 submitted.
- Additional reimbursement is not warranted for ML 104.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code ML 104.

Date of Service: 03/17/2015					
Medical Legal Services					
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Workers' Comp Allowed Amt.**	**Notes**
ML 104	$9531.26	$2437.50	$7093.76	$0.00	**DISPUTED SERVICE**: See Analysis

Copy to:

[redacted]

Copy to:

[redacted]