

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

May 21, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

<b>IBR Case Number:</b>	CB15-0000355	<b>Date of Injury:</b>	10/30/2011
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	03/12/2015
<b>Claims Administrator:</b>	[REDACTED]	<b>Assignment Date:</b>	04/30/2014
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	ML106		

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 \$195.00 for the review cost and \$279.82 in additional reimbursement for a total of \$474.82. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$474.82 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
- Partial PPO Contractual Agreement: 94%

## 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 remuneration for ML106 Supplemental Med-Legal Reports performed on 12/18/2014.**
- Claims Administrator down coded ML106 to WC007 **Consultation** Reports, with the following rationale: “**charge exceeds Fee Schedule Allowance.**”
- **ML106 Med. Legal Definition:** Fees for supplemental medical-legal evaluations.
- Letter from Claims Administrator dated September 29, 2014, states the following, “please provide a supplemental report...”
- Authorization 6/18/2014 from Claims Administrator confirms Provider as Panel Qualified Medical Examiner for Injured Worker.
- **Pursuant to § 9795 ML106 is warranted** as a ‘supplemental report,’ and not a “consultation” report, was requested by the Claims Administrator, to address questions relative to the initial Med-Legal Examination performed by the PQME (the Provider).

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: ML106 services.**

<b>Date of Service:</b> 01/06/2014							
<b>Med Legal Services</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Assist Surgeon</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
ML106	\$437.50	\$157.68	\$279.82	N/A	7	\$437.50	Reimbursed Amount – Med-Legal OMFS = \$279.82 Due Provider
WC007	N/A	N/A	N/A	N/A	N/A	N/A	Refer to Analysis

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