

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 11, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0000371	Date of Injury:	12/05/2012
Claim Number:	[REDACTED]	Application Received:	03/12/2015
Assignment Date:	04/14/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	01/09/2015 – 01/09/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	WC003-17		

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]
[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 full remuneration for WC003 – 17, Primary Treating Physician Permanent and Stationary Report, for date of service 01/09/2015.**
- The Claims Administrator reimbursement \$38.68 for billed code WC003 with the following rationale: “The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the schedule allowance.”
- **WC003 Description: \$9789.14 (2) Primary Treating Physician’s Permanent and Stationary Report** (Form PR-3) issued in accordance with section 9785(h). WC003 - \$38.68 for first page, \$23.80 each additional page. Maximum of six pages absent mutual agreement (\$157.68)
- Mutual agreement for WC003 not submitted for IBR.
- Documentation Entitled, “Neurologic Re-evaluation With Request for Further Approval,” Page 2, paragraph 3, under the title “**Interim History**,” the Provider states the following, “The patient is not working at this time. He is retired and considered to be permanent and stationary.” Additionally, Page 7, Paragraph 4, the Provider states, “The patient does remain permanent and stationary.”
- §9785. Reporting Duties of the Primary Treating Physician (a) (8) “Permanent and stationary status” is the point when the employee **has reached** maximal medical improvement, meaning his or her condition is well stabilized, and unlikely to change substantially in the next year with or without medical treatment
- The documentation indicates the Injured Worker reached Permanent and Stationary Status prior to 01/09/2015. As such, the report would indicate a Primary Treating Physician PR-2 Report.

- Based on the aforementioned documentation and guidelines, additional reimbursement is not indicated for WC003-17.
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The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: WC003 - 17

Date of Service: 01/09/2015							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
WC003-17	\$157.68	\$38.68	\$119.00	16	N/A	\$38.68	Refer to Analysis

Copy to:

[REDACTED]

Copy to:

[REDACTED]