

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

May 10, 2016

[Redacted]
[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB16-0000588	Date of Injury:	08/15/2012
Claim Number:	[Redacted]	Application Received:	04/12/2016
Assignment Date:	April 29, 2016		
Claims Administrator:	[Redacted]		
Date(s) of service:	09/24/2014 – 09/24/2014		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	95913		

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 \$93.50 in additional reimbursement for a total of \$288.50. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$288.50** 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 95913, 13 or more Nerve Conduction Studies, submitted for date of service 09/24/2014.**
- Opportunity to Dispute Eligibility communicated with the Claims Administrator on 04/13/2016; response received 04/26/2016. The Claims Administrator indicated the Left Median Sensory and Left Median Radial is “**not related to the work comp injury of the right upper extremity,**” and the left hand comparison studies were “not counted.”
- Referral, Signed by the QME on 09/09/2014, indicates Right Upper Extremity EMG/NCV.
- Nerve Conduction Study Results indicate the following sensory nerves tested on the Right Upper Extremities:
 1. Ulnar Nerve – Right
 - To 5th digit
 - Dorsal Cutaneous
 2. Median Nerve –Right
 - Left Median not authorized
 3. Radial Nerve –Right
 - Total Sensory Nerves = 3
- Nerve Conduction Study Results indicate the following motor nerves tested on the upper extremities:
 1. Radial Motor - Right
 2. Median Motor –Right
 3. Ulnar Motor –Right
 - Total Motor Nerves Tested = 3
- Documentation for Nerve Conduction Study reflects 6 nerves studied

- Provider’s Consultation Report indicates “**peak latency differences**” were “**noted on comparison**” resulting in a diagnosis of “**carpel tunnel syndrome based on the comparison studies.**” Reimbursement is indicated for the comparison studies 5 Studies, R. Median, Ulnar and bilaterally.
- **Based on the aforementioned documentation and the review of the CPT descriptor, CPT code Reimbursement is recommend for 95912, Nerve conduction test 11-12 studies, and is not indicated for 95913.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 95913

Date of Service: 09/24/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers’ Comp Allowed Amt.	Notes
95913	\$686.90	\$219.49	\$142.41	N/A	1	\$312.99	95912 \$93.50 Due Provider Refer to Analysis

Copy to:

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[REDACTED]
[REDACTED]
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