
INDEPENDENT BILLING REVIEW FINAL DETERMINATION

May 31, 2016

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB16-0000727	Date of Injury:	02/02/2015
Claim Number:	[REDACTED]	Application Received:	05/02/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	12/21/2015		
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: 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,

Maximus

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 12/21/2015.**
- Opportunity to Dispute Eligibility communicated with the Claims Administrator on 5/4/2016; response received May 18, 2016. The Claims Administrator indicated: “The left sided nerve study testing was not authorized by Utilization Review nor requested by [REDACTED].”
- Authorization dated December 10, 2015 “Approved” NCV/EMG Right Upper Extremity.”
- Referral, Signed and dated 12/11/2015, 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. Lateral Antebrachial Cutaneous –Right
 3. Median Antebrachial Cutaneous - Right
 4. Median Nerve –Right
 - Left Median not authorized
 5. Radial Nerve –Right
 - Total Sensory Nerves = 5
- Nerve Conduction Study Results indicate the following motor nerves tested on the upper extremities:
 1. Axillary Motor - Right
 2. Median Motor –Right

- Left Median not authorized
- 3. Musculocutaneous Motor - Right
- 4. Median Motor – Right
- 5. Ulnar Motor –Right

• Total Motor Nerves Tested = 5

- Documentation for Nerve Conduction Study reflects 10 nerves studied. A nerve conduction study is counted only once when multiple sites on the same nerve are stimulated or recorded. Motor, sensory, mixed motor/sensory, or H-reflex tests are each counted per nerve tested.
- **Based on the aforementioned documentation and the review of the CPT descriptor, CPT code reimbursement is recommend for 95911, Nerve conduction test 9-10 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: 12/21/2015							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
95913	\$686.90	\$250.29	\$119.67	N/A	1	\$250.29	Refer to Analysis

Copy to:

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

[REDACTED]
 [REDACTED]
 [REDACTED]