

**MAXIMUS FEDERAL SERVICES, INC.**

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

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**Independent Bill Review Medical/Legal Final Determination Upheld**

12/16/2013

[REDACTED]  
[REDACTED]  
[REDACTED]

Re: Claim Number: [REDACTED]  
Claims Administrator name: [REDACTED]  
Date of Disputed Services: 1/23/2013 – 1/23/2013  
MAXIMUS IBR Case: CB13-0000060

Dear [REDACTED]

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 8/30/2013, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

**Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:**

The following evidence was used to support the decision:

- 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
- Medical Legal Fee Schedule in effect July 1<sup>st</sup>, 2006

**Supporting Analysis:**

The dispute regards the denial of Medical-Legal services (ML102) billed for date of service 1/23/2013. The Claims Administrator denied the billed code ML102 indicating "The charge was denied as the report/documentation does not indicate that the service was performed."

ML 102 - Basic Comprehensive Medical-Legal Evaluation. Includes all comprehensive medical-legal evaluations other than those included under ML103 or ML104.

The Provider submitted a "Utilization Review Appeal" letter as documentation of the Medical-Legal service provided. The letter was in response to a Letter of Denial for physical therapy twice a week for six weeks. A copy of the denial letter was not submitted as part of the documentation. Without the denial letter from the Claims Administrator, MAXIMUS is unable to verify if all medical issues in dispute were addressed. It does not appear that the services billed by the Provider included a Medical-Legal evaluation of the injured worker. The Utilization Review Appeal letter did not indicate a date, location or name of physician performing an evaluation. Based upon the documentation submitted, reimbursement of the billed Medical-Legal code ML102 was not warranted.

There is no additional reimbursement warranted for the Medical-Legal code ML102 per the Medical-Legal Fee Schedule.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

Validated Code	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
ML102		1	\$625.00	\$0.00	\$0.00	\$0.00	OMFS

**Chief Coding Specialist Decision Rationale:**

This decision was based on Medical Legal Fee Schedule, Provider's documentation and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of \$0.00 is upheld.

This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f)

Sincerely,

 RHIT

Copy to:

[Redacted]

Copy to:

[Redacted]