

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 22, 2014

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

| | | | |
|------------------------------|-----------------|------------------------------|------------|
| IBR Case Number: | CB13-0000634 | Date of Injury: | 08/30/2012 |
| Claim Number: | [REDACTED] | Application Received: | 10/24/2013 |
| Claims Administrator: | [REDACTED] | | |
| Provider Name: | [REDACTED] | | |
| Employee Name: | [REDACTED] | | |
| Disputed Codes: | 99070/E0105 -NU | | |

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.

Case Assigned: 05/29/2014

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,

[REDACTED]

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

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 99070/E0105 NU Quad Cane dispensed to Injured Worker for Home Use on 06/21/2013.
- NU = New Unit
- Copy of original EOR not received for IBR.
- Copy of “Explanation of Payment” received without disputed codes listed on EOR.
- 2nd EOR Claims Administrator denied the service indicating the following: 1) “Copy of Invoice” 2) “reasons set forth in the attached letter.” Copy of letter to above not received for IBR.
- Exhaustive search of documents received for IBR did not reveal Proof of Paid Cost.
- CMS 1500 form, date of service 06/21/2013 diagnosis pointer reflects E0105 dispensed for “pain in limb.”
- E0105 = Quad or Three point cane.
- July 11, 2013 response to IBR filing from Claims Administrator included a copy of a letter to the Provider stating, “Left foot, Left ankle and **Low back** are not accepted body parts on this claim.”
- Patient Visit 6/21/2013 documents “single-point cane will be provided to patient so that her **back pain** does not flair up.”
- Reimbursement not recommended based on disputed body part, “low back,” as Claims Administrator states “not an accepted body part under Workmans’ Compensation Claim for Injured Worker.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: DRG289

| Date of Service: 06/21/2013 | | | | | | | |
|------------------------------------|------------------------|---------------------|-----------------------|-----------------------|--------------|-----------------------------------|--------------------------|
| [REDACTED] | | | | | | | |
| Service Code | Provider Billed | Plan Allowed | Dispute Amount | Assist Surgeon | Units | Workers' Comp Allowed Amt. | Notes |
| 99070/ E0105 | \$60.89 | \$0.00 | \$60.89 | N/A | 1 | \$0.00 | Refer to Analysis |

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]