

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

10/22/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001390	Date of Injury:	11/26/2011
Claim Number:	[REDACTED]	Application Received:	09/22/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	01/21/2014 – 01/23/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	97799-86		

Dear [REDACTED]:

Determination

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 10/13/2014, 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
- Other: OMFS Physician Services Guidelines and Ground Rules

ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE: Provider dissatisfied with reimbursement of code 97799-86.**
- The documentation submitted included the request for treatment authorization from the Provider. Provider was requesting 97799 x 160 Hours of NCRFP at \$225.00 an hour.
- Utilization Review (UR) approval of 160 hours of Functional Restoration Program was approved on December 13, 2013. No pre-negotiated rate or fee viewed on UR.
- Claims Administrator reimbursed a partial payment indicating on the Explanation of Review: “Reimbursement for physical medicine procedures, modalities, including chiropractic manipulation and acupuncture codes are limited to 60 minutes per visit without prior authorization pursuant to physical medicine rule 1 (c)”
- Provider’s appeal declares: “Our program, the Northern California Functional Restoration Program, utilizes and incorporates the components suggested by the MTUS and ODG guidelines for interdisciplinary care evident by the services we provide within our program specifically: a) Physical Treatment through strength and conditioning with exercise progression, biofeedback, meditation, relaxation techniques and movement therapy b) Medical Care and Supervision through medication management with disability management c) Psychological and Behavioral Care through Cognitive Behavioral Therapy interventions d) Psychosocial care focused on community reintegration and return to work e) vocational care, rehabilitation and training and f) education in nutrition, medication management, ergonomics and stress management are only some of the modalities we offer. NCFRP is staffed by licensed Physical Therapists, Psychologists, and as well as Board-Certified Pain Management Specialists.”
- The only documentation to review was the Psychological and Behavioral Progress Note. This report describes the injured worker’s reduction of initial symptoms of anxiety and depression, decrease in his isolation, progress in his community and family involvement, improvement in his Activities of Daily Living (ADLs) and attempt to reduce his use of tramadol. Conclusion of this report states: “Overall, the patient ended with a sitting tolerance of up to 40 minutes and overall three weeks was the amount of time that we needed to maximally improve the patient and therefore he was discharged.”
- Provider failed to submit any notes documenting progress of the injured worker’s Physical improvements including range of motion, lifting, strength, functional improvements, functional independence/maintenance or Medical Care and Supervision.
- **DETERMINATION OF ISSUE IN DISPUTE: Based on documentation submitted, the necessity for additional reimbursement is not warranted.**

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

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Worker s' Comp Allowed Amount	Notes
<i>Date of Service – 01/21/2014 – 01/23/2014</i> <i>Functional Restoration Therapy</i>						
97799–86	\$247.00	\$900.00	\$1451.25	11 Hours	\$900.00	DISPUTED SERVICE – No further reimbursement is recommended.

Determination: UPHOLD

Chief Coding Specialist Decision Rationale:

This decision was based on medical record submitted and comparison with OMFS Physician Services Fee Schedule. This was determined correctly by the Claims Administrator and the original payment 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,


Chief Coding Reviewer

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