

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**Independent Bill Review Final Determination Reversed**

10/3/2014

██████████  
██████████  
██████████

IBR Case Number:	CB14-0000463	Date of Injury:	08/20/2012
Claim Number:	██████████	Application Received:	3/24/2014
Claims Administrator:	██████████		
Date(s) of service:	12/9/2013 - 12/13/2013		
Provider Name:	██████████		
Employee Name:	██████████		
Disputed Codes:	97799 86		

Dear ██████████

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 5/29/2014, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$3,957.03 for a total of \$4,292.03.**

**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
- Official Medical Fee Schedule or negotiated contract: PPO Contract
- Other: OMFS Physician Services Guidelines and Ground Rules

**Analysis and Findings:**

- **ISSUE IN DISPUTE: Provider dissatisfied with reimbursement of code 97799 86.**
- Based on review of case documentation the use of code 97799 86 is substantiated as the Provider documented services performed and Provider's Usual and Customary charge.
- The documentation submitted included an authorization for Functional Restoration Program for 20 days/160 hours Functional Restoration program starting 11/11/2013 – 12/20/2013.
- The report submitted documented the progress of the injured worker which included: functional observations and measurements; cardiovascular; lifting; range of motion; strength; posture and psychological assessment. The request for treatment authorization from the Provider requested 97799 x 160 hours of NCFRP at \$225.00 per hour.
- The allowance is to be calculated based on the PPO Contract and therefore the 5% discount is applicable for procedure codes for which there is no assigned value.
- The Provider documented the usual & customary fees on the request for treatment authorization.
- **DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement of \$3,957.03 to be made.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<b><i>Date of Service – 12/9/2013 – 12/13/2013</i></b>						
<b><i>Functional Restoration Therapy</i></b>						
97799 86	\$6,525.00	\$2,241.72	\$3,957.03	29 hours	\$6,198.75	<b>DISPUTED SERVICE – Additional reimbursement to the provider to be made for \$3,957.03.</b>

**Determination: Reverse**

