

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 20, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0000580	Date of Injury:	12/21/2009
Claim Number:	[Redacted]	Application Received:	04/14/2014
Claims Administrator:	[Redacted]	Assignment Date:	06/17/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	ML104-95		

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: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$250.00 for the review cost and \$13,292.50 in additional reimbursement for a total of \$13,542.50. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$13,542.50 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. 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]

Chief Coding Reviewer

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
- Med. Legal. OMFS 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 disputing reduction of payment to ML104 Med. Legal Service.
- Claims Administrator reimbursement rational is as follows: “Exceeds Maximum Allowable Payment Determined by (Claims Administrator)”
- 11/27/2013 Letter from Claims Administrator contest elements of time pertaining to ML104 but is not contesting the reporting of ML104.
- Billed ML104 for dates of service 07/05/2013 – 10/01/2013
- Abstracted information from the QME Report indicates Complexity Factors for ML104 service have been met.
- A detailed account of time is included in a 12/01/2013 response to the Claims Administrator. Documented time breakdown coincides with the QME time documentation. A breakdown of the time elements listed in the QME Report is as follows:
 - Face-to-Face time, 8 hours 55 min = 36 Units
 - Review, summarizing and typing of records, 29.25 hours = 117 Units
 - Review of medical and non-medical literature, 1 hour = 0 Abstracted from Documentation.
 - Med Legal OMFS Research: “includes investigating and reading medical and scientific journals and texts. "Medical research" does not include reading or reading about the *Guides for the Evaluation of Permanent Impairment* (any edition),

treatment guidelines (including guidelines of the American College of Occupational and Environmental Medicine), the Labor Code, regulations or publications of the Division of Workers' Compensation (including the *Physicians' Guide*), or other legal materials.”

- Drafting typing and editing and preparation of report 33 hours = 132 Units
- Total Units = 289

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned guidelines and documentation provided, additional reimbursement is warranted for ML104-95

Date of Service: 07/05/2013 – 10/01/2013							
Med Legal Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
ML104	\$18,042.50	\$4,750.00	\$13,292.40	N/A	289	\$18,042.50	Provider Reimbursed \$4,750.00 – Charged Service \$18,042.50 = \$13,292.50 Due Provider

Copy to:

[REDACTED]

Copy to:

[REDACTED]