

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 24, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0000607	Date of Injury:	09/02/2011
Claim Number:	[Redacted]	Application Received:	04/18/2014
Claims Administrator:	[Redacted]	Assignment Date:	06/20/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	ML104		

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 \$937.50 in additional reimbursement for a total of \$1,187.50. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$1,187.50 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 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 reimbursement of Med Legal 104 services charged on 11/22/2013.
- The Claims Administrator denied ML104 for the following reasons: “Unauthorized.”
- Authorization from Legal Parties dated 10/23/2013 to Provider indicates the Provider was “selected to examine the Applicant in the capacity of panel QME...”
- Authorization requests the Provider to perform an Exam and to address nine (9) specific issues including Causation and Apportionment.
- Provider addressed the issues as requested and the findings are well document in the provided QME Report.
- Complexity Factors Noted: 1) Face-to-Face Time 2) Record Review 3) Causation = ML103
- Apportionment not addressed. Provider states, “... discussion of apportionment would not be appropriate at this time.” Med Legal OMFS Apportionment Definition: Addressing the issue of apportionment, when **determination** of this issue requires the physician to evaluate the claimant's employment by three or more employers, three or more injuries to the same body system or body region as delineated in the Table of Contents of Guides to the Evaluation of Permanent Impairment (Fifth Edition), or two or more or more injuries involving two or more body systems or body regions as delineated in that Table of Contents. The Table of Contents of Guides to the Evaluation of Permanent Impairment (Fifth Edition), published by the American Medical Association, 2000, is incorporated by reference.

- ML104 Complexity Factors have not been met, services indicate ML 103.
- Reimbursement Recommended for ML103-94.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: ML104-95 Med Legal Service

Date of Service: 11/22/2013							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
ML104-95	\$10,625.00	\$0.00	\$10,625.00	N/A	170	\$0.00	Criteria Not Met for ML104
ML103-95	N/A	N/A	N/A	N/A	1	\$937.50	Criteria Met for ML103 Recommended Reimbursement

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