

**MAXIMUS FEDERAL SERVICES, INC.**

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

**Independent Bill Review Final Determination Reversed**

10/3/2014

██████████  
██████████  
██████████

IBR Case Number:	CB14-0000729	Date of Injury:	12/31/2006
Claim Number:	██████████	Application Received:	05/12/2014
Claims Administrator:	██████████		
Date(s) of service:	10/14/2013 – 10/18/2013		
Provider Name:	██████████		
Employee Name:	██████████		
Disputed Codes:	97799 86		

Dear ██████████:

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/2/2014, 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 \$250.00 and the amount found owing of \$5,086.50 for a total of \$5,336.50.**

**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 the request for treatment authorization from the Provider. Provider was requesting 97799 x 30 days of NCFRP at \$6,000.00 a week.
- Utilization Review dated 04/30/2013 included the request for 30 days of Functional Restoration Program but was certified for 10 days of Functional Restoration. Claims Administrator did not indicate the authorization procedure code 97799 would be down coded, re-assigned or based on CPT code 97670, Functional Capacity.
- The report submitted documented the progress of the injured worker which included: range of motion; strength; functional improvements; independent self-management; psychological and behavioral progress notes.
- The allowance is to be calculated based on the PPO Contract and therefore the 6% 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 \$5,086.50 to be made.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 10/14/2013-10/18/2013</i>						
<i>Functional Restoration Therapy</i>						
97799 86	\$6,000.00	\$553.50	\$5,086.50	5 Days	\$5,640.00	<b>DISPUTED SERVICE – Additional reimbursement to the provider to be made for \$5,086.50</b>

**Determination: Reversed**

