

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 12, 2014

[Redacted]
[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0000827	Date of Injury:	8/1/13(IW1); 2/10/14(IW2); 10/5/13(IW3); 11/16/13(IW4); 12/10/13(IW5); 1/18/14(IW6 & IW7)
Claim Number:	[Redacted] [Redacted] [Redacted]	Application Received:	6/6/2014
Claims Administrator:	[Redacted]	Assignment Date:	7/14/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted] [Redacted]		
Disputed Codes:	WC002 x multiple injured workers		

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: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

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]
Medical Director

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
- Official Medical Fee Schedule
- Negotiated contracted rates: PPO Contract Discount 5%
- National Correct Coding Initiatives
- Other: OMFS Physician Services

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 is dissatisfied with denial of code WC002 for multiple injured workers on different dates of service.
- Pursuant 2014 Physician Fee Schedule Regulations, Title 8, California Code of Regulations, Section 9789.14(b)(1), Treating Physician's Progress Report (PR-2 or narrative equivalent) shall be billed as WC002 in the amount \$11.91 if documentation qualifies for reimbursement.
- PR-2 is a Separately Reimbursable Report where an office visit is included if it meets the qualifications. Per §9785 Reporting Duties of the Primary Treating Physician: (f) A primary treating physician shall, unless good cause is shown, within 20 days report to the claims administrator when any one or more of the following occurs: (1) The employee's condition undergoes a previously **unexpected significant change**; (2) There is **any significant change in the treatment plan reported**, including, but not limited to, (A) an extension of duration or frequency of treatment, (B) a new need for hospitalization or surgery, (C) a new need for referral to or consultation by another physician, (D) a change in methods of treatment or in required physical medicine services, or (E) a need for rental or purchase of durable medical equipment or orthotic devices; (3) The employee's condition permits return to modified or regular work; (4) The employee's condition requires him or her to leave work, or requires changes in work restrictions or modifications; (5) The employee is released from care; (6) The primary treating physician

concludes that the employee's permanent disability precludes, or is likely to preclude, the employee from engaging in the employee's usual occupation or the occupation in which the employee was engaged at the time of the injury; (7) The claims administrator reasonably requests appropriate additional information that is necessary to administer the claim. "Necessary" information is that which directly affects the provision of compensation benefits as defined in Labor Code Section 3207 (8) When continuing medical treatment is provided, a progress report shall be made no later than **forty-five days from the last report** of any type under this section even if no event described in paragraphs (1) to (7) has occurred.

- PPO Contract discount of 5% is to be applied to reimbursement if the review qualifies.
- Injured worker #1 date of service 1/24/2014, PR-2 states the reason for this report: "Change in patient's condition", "Need for referral or consultation" and "Request for authorization". Provider documents Patient Status "Not improved significantly...Patient is feeling a little bit better". There is no unexpected significant change in the patient's condition according to this report. No referral or consultation request or authorization request could be found in report and last report was paid on 1/17/14 according to the Claims Administrator. Report does not meet any of the reimbursement qualifications and therefore, reimbursement on this PR-2 is not warranted.
- Injured worker #2 date of service 2/28/2014, reason for submitting report: Need for referral or consultation, request for authorization and no change in treatment plan. Under Referral/Evaluation: "The MRI has been completed persistent right knee pain. The orthopedist evaluation is pending right medical meniscus tear." PR-2 qualifications for reimbursement are not met in this report and last report was paid on 2/14/2014. Therefore, reimbursement on this PR-2 is not warranted.
- Injured worker #3 date of service 1/17/14, reason for submitting report: Need for referral or consultation, change in work status and change in treatment plan. Report states injure worker is on modified duty and no change to restrictions is shown, no request for referral or consultation is found, and under treatment plan is states 'Continue' Acupuncture. Last report was paid on 1/10/14 and therefore, report does not meet any reimbursement qualifications. Reimbursement for this PR-2 is not warranted.
- Injured worker #4 date of service 2/20/14, reason for submitting report: change in work status. Report states "Patient is currently on modified duty." Provider states "Return to work with restrictions as of 02-20-2014." Patient is already working on modified duty however, no previous restrictions were documented to tell if work restrictions are the same or new. Report does not satisfy any of the report requirements to be reimbursed. Therefore, no reimbursement is warranted on this PR-2.
- Injured worker #5 date of service 2/20/14, reason for submitting report: Change in patient's condition. Provider states "improved, but slower than expected" and "Patient's injury is the same." Report does not state an unexpected significant change and no other qualifications were met as the last report was paid 2/6/14. Reimbursement on this PR-2 is not warranted.
- Injured worker #6 has two dates of service where a report was filed, 2/5/14 and 2/25/14. Both reports state reason for submission: Change in patient's condition. Provider shows patient status as "improved, but slower than expected" on both dates of service report. Report does meet any of the reimbursement qualifications as date of service 2/5/14 last

