

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 1, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0000849	Date of Injury:	06/10/2009
Claim Number:	[Redacted]	Application Received:	06/09/2014
Claims Administrator:	[Redacted]	Assignment Date:	07/23/2014
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 \$0.00 in additional reimbursement for a total of \$250.00. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$250.00 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]
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
- 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, ML104 services initially submitted as ML101 on 02/11/2014 in error; resubmitted 04/08/2014 as ML104.
- The Claims Administrator denied ML104 for the following reasons: “The charge exceeds the Official Medical Fee Schedule Allowance.”
- Authorization from Legal Parties dated January 6, 2014 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 to address specific issues including Causation.
- Abstracted data from PQME report indicates 4 Complexity Factors Met.
- Attestation signed by Provider indicates “10.5” hours (hand written).
 - Face-to-Face time: 1.5 hours
 - Review of Records: 3 hours
 - Preparation of Report: 6 hours
 - 10.5 hours = 42 units @ 62.50 = \$2,625.00
- Fax to IBR dated 07/16/2014 received from Claims Administrator. Correspondence revealed outstanding amount of \$2000.00 has been issued to the Provider.

