

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 4, 2014

██████████  
██████████  
██████████

<b>IBR Case Number:</b>	CB14-0000862	<b>Date of Injury:</b>	01/19/2013
<b>Claim Number:</b>	██████████	<b>Application Received:</b>	03/05/2014
<b>Claims Administrator:</b>	██████████	<b>Assignment Date:</b>	07/13/2014
<b>Provider Name:</b>	██████████		
<b>Employee Name:</b>	██████████		
<b>Disputed Codes:</b>	95903 x 6 units, 95904 x 10 units & 95861		

Dear ██████████

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 \$1,228.33 in additional reimbursement for a total of \$1,478.33. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$1,478.33 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,

██

Medical Director

cc: ██████████  
██

## 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 for Med Legal services date on CMS 1500 form 11/20/2013. Provider billed 95903 x 6 units, 95904 x 10 units & 95861.
- Claims Administrator reimbursed the Provider \$0.00 of \$2,625.00 billed charges for the following reason: "Duplicate Charge" stated on EOR 12/31/2013 and 02/18/2014.
- **Med Legal OMFS Modifier 95 Definition:** Panel QME
- **Letter of Authorization** from (Claims Administrator Legal Parties) dated 11/5/2013 confirming Med Legal Evaluation request for Injured Worker, and Appointment Date 11/19/2013. Only the first and last pages of the letter are present for IBR; exhaustive search for complete letter resulted in identical two pages present for this IBR.
- **Date of Actual Patient Exam:** 11/19/2014 as stated by Provider on the first line of the report as follows, "I examined (Injured Worker) on 11/19/2013, for evaluation of his shoulder..."
- **Submitted Service Date 11/20/2013** is the transcribed and signature date.
- **Date of Service is 11/19/2013.**
- **Authorization reflects 11/19/2013 Med Legal Service Request**
- **§9795 (h) Reasonable Level of Fees for Medical-Legal Expenses:** "Medical-legal expense" means any costs or expenses incurred by or on behalf of any party or parties, the administrative director, or the appeals board for X-rays, laboratory fees, other diagnostic tests, medical reports, medical records, medical testimony, and as needed, interpreter's fees, for the purpose of proving or disproving a contested claim."

- QME Documentation confirms **95861**, performed as part of Medical Legal Exam for purposes of “proving and disproving” a current Workmans’ Compensation Claim and was not performed to treat the Injured Worker.
- **95861 - Electromyography, Needle electromyography - 2 extremities with or without related paraspinal areas**; Separate Report from QME, dated 11/19/2013 is noted with IBR documentation and includes the report of findings.
- **95903 x 6 Units - Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with f-wave study**; Separate Report from QME, dated 11/19/2013 is noted with IBR documentation and includes the report of findings.
- 95903 x 6 Bilateral; Ulnar, Median, Radial = 6 units confirmed on report
- **95904 x 10 Units - Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with sensory**; Separate Report from QME, dated 11/19/2013 is noted with IBR documentation and includes the report of findings
- 95904 x 10 Bilateral; Ulnar, Median, Radial = **6 units** confirmed on report

The table below describes the pertinent claim line information

**DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned guidelines and documentation, reimbursement is warranted and recommended for ML104-95 services.**

Date of Service: 11/20/2013 for 11/19/2013							
Med. Legal Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers’ Comp Allowed Amt.	Notes
95903	\$789.00	\$0.00	\$789.00	N/A	6	\$757.20	<b>OMFS \$126.20 x 6 Units</b>
95904	\$850.00	\$0.00	\$850.00	N/A	10	\$387.00	<b>OMFS \$64.60 x <u>6</u> Units</b>
95861	\$225.00	\$0.00	\$225.00	N/A	1	\$84.13	<b>OMFS \$84.13</b>

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