

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

January 6, 2015

[Redacted]  
[Redacted]  
[Redacted]

<b>IBR Case Number:</b>	CB14-0001428	<b>Date of Injury:</b>	03/17/2013
<b>Claim Number:</b>	[Redacted]	<b>Application Received:</b>	09/26/2014
<b>Claims Administrator:</b>	[Redacted]	<b>Assignment Date:</b>	11/10/2014
<b>Provider Name:</b>	[Redacted]		
<b>Employee Name:</b>	[Redacted]		
<b>Disputed Codes:</b>	WC004		

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]  
[Redacted]

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

## 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 seeking remuneration for WC004 Reports services charged on 05/06/2014.
- The Claims Administrator denied the service with the following rational: “This report does not fall under the guidelines of separately reimbursable reports.”
- WC004: Primary Treating Physician’s Permanent and Stationary Report (Form PR-4).
- Exhaustive search for Authorization from Claims Administrator regarding WC004 Services could not be located for the IBR process.
- Evaluation documentation May 6, 2014 indicates Injured Worker was referred to Provider for a “Permanent and Stationary” evaluation.
- Evaluation documentation page 8 of 9 indicates, “Prior to evaluation, it was explained to the examinee that this appointment was for the purposes of **evaluation only- not for care, treatment or consultation-** and therefore, no doctor-patient relationship would result.”
- **§ 9785. Reporting Duties of the Primary Treating Physician.**
  - 1) The "primary treating physician" is the physician who is primarily responsible for managing the care of an employee, and who has examined the employee at **least once for the purpose of rendering or prescribing treatment and has monitored the effect of the treatment thereafter.** The primary treating physician is the physician selected by the employer or the employee pursuant to Article 2 (commencing with section 4600) of Chapter 2 of Part 2 of Division 4 of the Labor Code, or under the contract or procedures

applicable to a Health Care Organization certified under section 4600.5 of the Labor Code.

(2) A "secondary physician" is any physician other than the primary treating physician who examines or provides treatment to the employee, **but is not primarily responsible for continuing management of the care of the employee.**

- Based on the aforementioned documentation and guidelines, the Provider is a 'secondary physician.'
- Reimbursement for WC004 is not warranted for secondary physician status.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement for WC007 is not warranted.**

Date of Service: 05/06/2014							
In Patient Hospital							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
WC004	\$181.48	\$0.00	\$181.48	N/A	7	\$0.00	Refer to Analysis

Copy to:

[REDACTED]  
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