

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

August 31, 2015

██████████
██████████
██████████

IBR Case Number:	CB15-0001257	Date of Injury:	05/01/2013
Claim Number:	██████████	Application Received:	08/03/2015
Assignment Date:	08/20/2015		
Claims Administrator:	██████████		
Date(s) of service:	01/05/2105 – 01/05/2015		
Provider Name:	██████████		
Employee Name:	██████████		
Disputed Codes:	97001 and 97110		

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: 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,

Paul Manchester, M.D., M.P.H.
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
- OMFS

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 97001 Physical Medicine Evaluation and 97110 Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility services performed on 01/05/2015.**
- The Claims Administrator denial of services based on requirement of authorization for services.
- Documentation submitted reflects Initial 40 min Physical Medicine Evaluation and 20 min Modality.
- Submitted Authorization, dated 10/28/2014, “Referral Issue: 20141024215741” indicates request for the following: Left Knee Cortisone injections 2x4 = 8 sessions including Gratson for a total of approx 38 tx – not including the 19 no shows.” The Physical Therapy Unit is a Part of the Orthopedic Clinic – the Authorization mentions PT and Ortho (injections).
 - Authorization Generated by “ECIC Nurse.”
 - Authorization indicates “14 pages faxed.” The 14 pages not available for IBR.
 - End Date Not Indicated on Referral.
 - Authorization note indicates, “IE (injured employee) asked to be discharged in (last) Aug. (2014) from PT.”
- The submitted authorization does not clearly define the authorized dates of service or if the Injured Worker has continued Physical Therapy.
- **Based on the aforementioned documentation, reimbursement for 97001 and 97110 is not supported.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 97001 & 97110.

Date of Service: 001/05/2015 Physical Medicine						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
97001	\$125.34	\$0.00	\$125.34	1	\$0.00	Refer to Analysis
97110	\$101.70	\$0.00	\$238.16	2	\$0.00	Refer to Analysis

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