

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 6, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001592	Date of Injury:	04/21/2010
Claim Number:	[REDACTED]	Application Received:	09/14/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	01/13/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99215 and WC002		

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,

Paul Manchester, MD, MPH
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: N/A
- National Correct Coding Initiatives

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 codes 99215 and WC002.
- Claims Administrator's denial rationale "The charge(s) has been denied as it exceeds pre-authorization obtained"
- Provider states he is the primary treating physician.
- Letter dated 10/16/14 from Claims Administrator to Provider states "Please allow this letter to confirm authorization to treat patient for her work injury of 4/21/14" and "This case has settled by Stipulated Award on 9/9/14, for the right knee and right ankle. Authorization is given only to treat those body parts"
- Provider's PR-2 documents "The patient returns today for follow-up persistent pain in the bilateral knees" and discusses the bilateral cortisone injection which helps with the pain. Further in the Provider's report it is documented "Examination of the bilateral knees..." along with a Diagnosis of Chronic compensatory strain of left knee and aggravation and acceleration of underlying degenerative joint disease ICD-9 844.9.
- Treatment Plan shows "1. Request authorization for a Supartz injection to the bilateral knees x 5" and "3. Request authorization for bilateral custom orthotics"
- As directed in Claims Administrator's authorization letter dated 10/16/14, the worker's injuries are limited to the right knee and right ankle.
- Based on information reviewed, reimbursement of 9215 and WC002 is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 99215 and WC002

Date of Service: 01/13/2015						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99215	\$217.29	\$0.00	\$	1	\$0.00	DISPUTED SERVICE: Reimbursement is not warranted.
WC002	\$15.48	\$0.00	\$	1	\$0.00	DISPUTED SERVICE: Reimbursement is not warranted.

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