

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

October 19, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB15-0001684	Date of Injury:	12/15/2011
Claim Number:	[REDACTED]	Application Received:	09/21/2015
Assignment Date:	10/13/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	06/26/2015 – 02/26/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99214 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: 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 \$195.00 for the review cost and \$132.93 in additional reimbursement for a total of \$327.93. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$327.93** 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,

Paul Manchester, M.D., M.P.H.  
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
- 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 additional remuneration for 99214 Established Patient and WC002 Primary Treating Physician Progress Report for date of service 06/26/2015.**
- Letter to Provider from The Claims Administrator dated 7/31/2015 & 08/15/2015 denied services with the following rationale: “The provider was not certified/eligible to be paid for this procedure/service on this date of service.”
  - No indication that diagnosis or body parts is reason for denial.
  - Service Codes not referenced in denial letter.
- CMS 1500 form reflects amount and date of services denied by Claims Administrator
- July 31, 2012 communication from Claims Administrator identifies the Provider as the “Primary Treating Physician” for Injured Worker.
- Primary Treating Physician Office Visits for ongoing medical care do not require Prior Authorization.
- 06/26/2015 Visit documentation indicates 06/2014 QME report reviewed by Provider noting that the Injured Worker has not yet reached Permanent and Stationary Status regarding “left shoulder/elbow.”
- 06/25/2015 indicates Injured Worker seen form “left upper extremity pain.”
- CMS 1500 Primary and Secondary Diagnoses consistent with QME reference.
- Unless otherwise indicated in a Contractual Agreement, WC002 reports are reimbursable when an Injured Worker is seen for ongoing medical treatment and the report meets reporting guidelines.

