

**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**

November 9, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB15-0001876	Date of Injury:	10/28/2009
Claim Number:	[REDACTED]	Application Received:	10/13/2015
Assignment Date:	10/30/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	07/15/2015 – 07/15/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	97750		

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, 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

## **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 97750 Physical Performance test performed on 07/15/2015.**
- EOR’s indicate reimbursement based on “Physical Medicine Rule,” and “Contract indicated.”
- CPT 97750 Code Description: Physical performance test or measurement (eg, musculoskeletal, **functional capacity**), with written report, **each 15 minutes**
- OMFS General Instructions indicate Modalities are limited to 60 min per session.
- Submitted report does not indicate start and end time or total time spent.
- Authorization from Claims Administrator, dated July 02, 2015, indicates “Functional Capacity Evaluation” as “medically necessary.” Total time and the Provider’s Usual and Customary Charge is not indicated on Authorization.
- RFA relating to 07/02/2015 Authorization not submitted for IBR. Without the initial RFA, the total time and expected payment cannot be verified.
- Contractual Agreement not received for IBR. Without the Contractual Agreement, reimbursement for services, as indicated by the Claims Administrator, cannot be determined.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is not indicated.**

The table below describes the pertinent claim line information.

### DETERMINATION OF ISSUE IN DISPUTE: 97750

Date of Service: 07/15/2015 Provider/Physical Medicine						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers’ Comp Allowed Amt.	Notes
97750	\$1,969.44	\$75.00	\$1,894.44	32.00	\$75.00	<b>Refer to Analysis</b>

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