

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
Sacramento, CA 95813-8006  
Fax: (916) 605-4280



**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

November 18, 2015

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB15-0001965	Date of Injury:	08/08/2001
Claim Number:	[Redacted]	Application Received:	10/22/2015
Claims Administrator:	[Redacted]		
Date(s) of service:	12/05/2014		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	99214-25, 20605, J3301, 99070, 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 seeking remuneration of codes 99214-25, 20605, J3301, 99070, and WC002 for date of service 12/5/2014.
- After review of Provider's Reconsideration for Second Review, CPTs 99214 and WC002 are not under dispute.
- EOR, submitted with IBR application, dated 10/2/2015 reflects payment for 99070, NDC 53746019405 in the amount of \$204.20.
- No further reimbursement is due for 99070, NDC 53746019405.
- Claims Administrator denied 20605 and J3301 indicating on the Explanation of Review "not supported by the information in the medical record"
- Page 2 of the Provider's report submitted under header '**Plan**' documents "**I will treat** the patient's acute flare-up with injection of 1 cc of Kenalog 40 and 1 cc of lidocaine the right lateral epicondylar area."
- Not identified in the report are any details of the procedure having been performed. Provider does not document step by step procedure of an injection to the epicondylar area for this injured worker on date of service 12/5/2014.
- Based on lack of documentation, procedure code 20605 and J3301 are not supported as having been performed on date of service 12/5/2014

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes NDC 53746019405, 20605 and J3301

<b>Date of Service:</b> 12/5/2014						
<b>Physician Services</b>						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
20605 and J3301	\$965.82	\$0.00	\$82.62	1	\$0.00	<b>Refer to Analysis</b>

Copy to:

[REDACTED]  
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[REDACTED]

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