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## INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 20, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB15-0001968	Date of Injury:	12/14/2010
Claim Number:	[REDACTED]	Application Received:	10/23/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	07/03/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	ML104-95		

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 \$4500.00 in additional reimbursement for a total of \$4695.00. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$4695.00 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, 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

## 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 ML 104-95 for date of service 7/3/2015.

- Provider was requested as a QME by legal parties.
- Claims Administrator reimbursed 27 units for a total of \$1687.50 of the 99 units billed.
- Pursuant Section 9795: The fee for each evaluation is calculated by multiplying the relative value by \$12.50, and adding any amount applicable because of the modifiers permitted under subdivision (d). **The fee for each medical-legal evaluation procedure includes reimbursement for the history and physical examination, review of records, preparation of a medical-legal report, including typing and transcription services, and overhead expenses.** The complexity of the evaluation is the dominant factor determining the appropriate level of service under this section; the times to perform procedures is expected to vary due to clinical circumstances, and is therefore not the controlling factor in determining the appropriate level of service.
- Report submitted documents:
  - Face-to-face with patient 6 hours 45 minutes
  - Reviewing records 9 hours
  - Report preparation 9 hours
  - Total time: 24 hours 45 minutes or **99 units**
- **Based on documentation reviewed and guidelines, additional reimbursement of ML 104 is warranted.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code ML 104

<b>Date of Service:</b> 07/03/2015						
<b>Medical Legal 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>
ML 104	\$6187.50	\$1687.50	\$4500.00	99	\$6187.50	<b>\$4500.00 Due to Provider</b>

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]

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[REDACTED]  
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