

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 2, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0002007	Date of Injury:	12/05/2012
Claim Number:	[REDACTED]	Application Received:	10/29/2015
Assignment Date:	11/18/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	05/22/2015 – 05/22/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	73080-LT		

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
- 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 remuneration for 73080 Radiologic examination, elbow; complete, minimum of 3 views performed on the Left Upper Extremity.**
- The Claims Administrator denied services as unauthorized.
- CMS 1500 and EOR's reflect RT & LT 73080 line item services.
- EOR dated 10/06/2015 indicates 73080-RT reimbursement.
- RFA dated 04/02/2015, signed by the Claims Administrator on 04/06/2015 reflects the following:
 - "Approval **only** for referral to Orthopedic Surgeon (Provider)."
 - Written diagnosis of "Elbow Pain, Ulnar Neuropathy."
 - Denial for Bilateral EMG/NCS upper extremity testing.
 - No indication of bilateral Elbow or Ulnar Neuropathy.
 - No indication of authorized radiological services.
- **Referring Provider** dictation reviewed. Under the heading, "discussion," the Referring indicates the Injured Worker "received **carpal tunnel injection on the right**, administered in May 2014," and "underwent **ulnar transposition surgery on the right** on January 16, 2014, **she states** she has the **same symptoms on the left**."
- Documentation provided does not reflect the Claims Administrator's acknowledgement of the Left Upper Extremity as an accepted body part.
- **CCR § 9792.5.7.** Requesting Independent Bill Review (b) Unless as permitted by section 9792.5.12, independent bill review shall only be conducted if the only dispute between the provider and the claims administrator is the **amount of payment** owed to the provider. Any other issue, including issues of contested **liability** or the applicability of a contract for reimbursement rates under Labor Code section 5307.11 shall be resolved before seeking independent bill review.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 73080-LT

Date of Service: 05/22/2015						
Provider						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
73080 LT	\$176.00	\$0.00	\$45.69	1	\$0.00	\$0.00

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
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[REDACTED]
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