

**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 16, 2015

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB15-0002150	Date of Injury:	05/28/2015
Claim Number:	[Redacted]	Application Received:	11/23/2015
Assignment Date:	12/11/2015		
Claims Administrator:	[Redacted]		
Date(s) of service:	06/26/2015 – 06/26/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	97110-GP, 97140-GP, and 97010-GP		

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 \$37.85 in additional reimbursement for a total of \$232.85. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$232.85** 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 remuneration for 97110 Therapeutic procedure, 1 or more areas; therapeutic exercises to develop strength and endurance, range of motion and flexibility, 97140 Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, and 97010 Application of a modality to 1 or more areas; hot or cold packs for date of service 06/26/2015.**
- The Claims Administrator's reimbursement rationale indicates: G10 Reason Code, "Claim/service lacks information which is needed for adjudication."
- Opportunity to Dispute communicated to Claims Administrator on 11/25/2015, response not yet received.
- Authorization signed by the Claims Administrator dated **06/11/2015** indicates "Physical Therapy 3x Wk x 3Wks Thoracic Spine," as "medically necessary." **Quantity "9."**
  - UB-04, Documentation, and EOR's reflect DOS 06/24/2015 are services 5,6 & 7 of 9
- Progress report and UB-04 reviewed; Manual Therapy and Therapeutic Exercise documented.
- Full Contractual Agreement not received for IBR. Amendment, effective date "May 1, 2011, received states the following: "Notwithstanding Contract rates contained herein, the amount payable under the terms of this Contract shall not exceed total billed charges and, for services rendered to occupationally ill/injured employees, shall not exceed the amount payable under guidelines established under any State law or regulation pertaining to health care services for occupationally ill/ injured employees.
- No indication of In-Patient Rate other than Laparoscopic Rate.
- **CPT 97010 Title 8 CCR § 9789.11(a)(I) General Instructions:** The application of hot or cold packs is not reimbursable (i.e., code 97010 has a relative value of 0.0 and is not reimbursable).
- **CCR § 5307.11:** A health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier may contract for reimbursement rates different from those in the fee schedule adopted and revised pursuant to Section 5307.1. When a health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier contract for reimbursement rates different from those in the fee schedule, the medical fee schedule for that health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code shall not apply to the contracted reimbursement rates.
- The aforementioned **06/11/2015** documentation is contractual in nature. As such, the contractual obligations apply pursuant to **LC § 5307.11.**
- **Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for 97110 and 97140. Additional reimbursement is not indicated for CPT 97010.**

The table below describes the pertinent claim line information.

