

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 30, 2015

[REDACTED]
[REDACTED]
[REDACTED]

| | | | |
|-----------------------|-------------------------|-----------------------|------------|
| IBR Case Number: | CB15-0000594 | Date of Injury: | 11/20/2013 |
| Claim Number: | [REDACTED] | Application Received: | 04/20/2015 |
| Assignment Date | 05/14/2015 | | |
| Claims Administrator: | [REDACTED] | | |
| Date(s) of service: | 12/10/2014 & 12/17/2014 | | |
| Provider Name: | [REDACTED] | | |
| Employee Name: | [REDACTED] | | |
| Disputed Codes: | 99070 | | |

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. 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
- Official Medical Fee Schedule
- Red Book

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 full remuneration for: 99070 x 3 units representing Kenalog Inj. N40003029320 & Xylocain HCL & N40409317801 for date of service 12/10/2014.**
- Claims Administrator denied reimbursement based on non-covered service rational.
- Authorization dated 10/16/2014 reflects Kenalog Inj. For “R. thumb cmc joint.”
- Note with document number “83237 indicates “R shoulder #1” injected. Procedure report not available for IBR. Units, medication and strength not indicated on visit documentation.
- IBR unable to validate medication and procedure without correlating documentation.

DETERMINATION OF ISSUE IN DISPUTE: 99070

| Date of Service: 12/10/2014 | | | | | | |
|-----------------------------|-----------------|--------------|----------------|-------|----------------------------|-------------------|
| Physician Services | | | | | | |
| Service Code | Provider Billed | Plan Allowed | Dispute Amount | Units | Workers' Comp Allowed Amt. | Notes |
| 99070 | \$20.50 | \$0.00 | \$20.50 | 3 | \$ 0.00 | Refer to Analysis |

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]