
INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 27, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001066	Date of Injury:	07/12/2013
Claim Number:	[REDACTED]	Application Received:	06/30/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	04/03/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	0232T-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, 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:
- 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 is dissatisfied with denial of code 0232T
- Provider billed code 0232T along with code 27447 which was reimbursed.
- Provider's Request for Authorization shows MRI: Left Knee, Surgery: left knee total arthroplasty, pre-operative medical clearance, post-operative physical therapy: 2x6 (left Knee), DME: CPM machine: unspecified rental time period, DME: polar ice care unit: unspecified rental time period, DME: walker, MRI: lumbar spine, retrospective review: urine toxicology screen, retrospective review: medications: kera-tek topical cream.
- Utilization Review decision letter shows all requests either certified or modified except the Kear-Tek topical cream which was denied.
- Opportunity to Dispute letter sent to Claims Administrator on 7/2/2015
- Claims Administrator's response to Dispute letter shows RFA items listed along with statement: "As noted above, Provider did not make a formal request of authorization for the Platelet Rich Plasma procedure. Since the request was never made, UR was unable to determine if the Platelet Rich Plasma procedure was medically necessary and should not be entitled to an additional allowance."
- Pursuant §9785. Reporting Duties of the Primary Treating Physician: (g) As applicable in section 9792.9.1, a written request for authorization of medical treatment for a specific course of proposed medical treatment, or a written confirmation of an oral request for a specific course of proposed medical treatment, must be set forth on the "Request for

