

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

April 22, 2016

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

IBR Case Number:	CB16-0000502	Date of Injury:	07/17/2015
Claim Number:	[REDACTED]	Application Received:	03/25/2016
Assignment Date	April 19, 2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	02/09/2015 – 02/26/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	97545		

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
- Official Medical Fee Schedule

## 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 Work Hardening services, billed as 97545, for dates of service 02/09/2015 – 02/26/2015.**
- The Claims Administrator's reimbursement rationale indicates reimbursed utilizing a "comparable code."
- A pre-negotiated rate between the two parties could not be found.
- Authorization signed by Claims Administrator on 12/15/2015 "Approved" for CPT 97545. Authorization does not indicate the Provider's Usual and Customary charge.
- Work Hardening code 97545 has a status code 'R' - Restricted Coverage. Special coverage instructions apply. If covered, the service is carrier priced.
- **Opportunity to Dispute Eligibility communicated with the Claims Administrator on 04/01/2016; response received 04/18/2016.** The Claims Administrator indicates reimbursement is "comparable," compared to Provider's within the area for By Report code 97545, and has deemed the reimbursement "satisfied."
- **Administrative Rules Article 5.5.0. § 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. Issues that are not eligible for independent bill review shall include:

- **(1) The determination of a reasonable fee** for services where that category of services is not covered by a fee schedule adopted by the Administrative Director or a contract for reimbursement rates under Labor Code section 5307.11.
- **Based on the aforementioned reviewed, Provider’s documentation does not support agreed Usual and Customary fees. Therefore, additional reimbursement is not warranted.**

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 97545**

<b>Date of Service</b> 02/09/2015 – 02/26/2015							
<b>Physician Services</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Assist Surgeon</b>	<b>Units</b>	<b>Workers’ Comp Allowed Amt.</b>	<b>Notes</b>
97545	\$1,665.00	\$1,573.20	\$91.80	N/A	1	\$1330.40	Refer to Analysis

Copy to:

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