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## INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 25, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

<b>IBR Case Number:</b>	CB14-0001542	<b>Date of Injury:</b>	07/21/2011
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	10/14/2014
<b>Claims Administrator:</b>	[REDACTED]	<b>Assignment Date:</b>	01/21/2015
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	0101T-R		

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 **0101T-R** Extracorporeal shock wave involving musculoskeletal system, not otherwise specified high energy, performed on 05/20/2014.
- Claims Administrator denied services with the following rational: “Shock wave of the shoulder is not approved by FDA. This product/procedure is only covered when used according to FDA recommendations.”
- Available for review are Procedure notes for the following dates of service: 05/20/2014, 05/21/2014 & 05/22/2014.
- CMS 1500 CPT 0101T date of service 05/20/2014.
- Documentation for 05/20/2014 does not clearly indicate ESW performed. Documentation terminology appears similar to non ESW procedure days 05/21/2014 & 05/22/2014.
- Unable to recommend reimbursement due to insufficient documentation.

**DETERMINATION OF ISSUE IN DISPUTE: 0101T-R**

<b>Date of Service:</b> 05/20/2014							
<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>
0101T-R	\$1,450.00	\$0.00	\$1,450.00	N/A	1	\$0.00	<b>Refer to Analysis</b>

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