



P.O. Box 269120 • Sacramento, CA 95826-9120 • 916.563.1911 • Fax 916.362.3043

2/7/2012

Gary Murata MD
2488 North California Street

Stockton, CA 95204

Fax: (209) 948-3331

Re: Tiffany Anderson
Claim Number: VE0700184
DOI: 6/19/2008
DOB: 8/22/1970
Date of Receipt (DOK): 1/31/2012
Employer: Vector Control
Carrier: AIMS
Claims Examiner: Mackenzie Dawson
AMC Event #: 41167

Notice of Utilization Review Determination

Dear Dr. Murata:

Allied Managed Care has performed a utilization review for the carrier to determine whether the following treatment is reasonably necessary and consistent with the schedule for medical treatment utilization adopted pursuant to Labor Code Section 5307.27 and Labor Code Section 4604.5 (c). After a thorough review of the available records, the following determination has been recommended regarding services requested for the claim referenced above.

Certification has been recommended by our physician reviewer for the following services requested:
None

Modification has been recommended by our physician reviewer for the following services



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Proof of Service

Date 2/7/2012

I am a citizen of the United States and work in the County of Sacramento, CA. I am over the age of eighteen years and not a party to the within matter.

My business address is:

Allied Managed care
PO Box 269120
Sacramento, CA 95826

On 2/7/2012 I served:
Peer review determination letter

On the parties listed below by sending a true copy thereof by postal mail, fax or email.

Regarding Tiffany Anderson - Claimant
:

Copy of the UR Determination Sent To:

Lodi Physical Therapy - Facility
Tiffany Anderson - Claimant - 2 N Avena Avenue ,
LODI, CA95240
Gary Murata - Requesting Provider
Mackenzie Dawson - Claims Examiner

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on at 1:48 PM Pacific on 2/7/2012 in Sacramento, CA.

Signature:

Allied Managed Care, Inc.

requested:

- *Service Modified To: Certify six (6) physical therapy sessions (2x3) right knee.*

Date Of Modification: 2/7/2012

Requested Service: Physical therapy right knee; two times a week for four weeks (2x4)

Non-Certification has been recommended by our physician reviewer for the following services requested:

None

Request for Additional Information has been recommended by our physician reviewer for the following services requested:

PR Additional Information Requested For Services: None

Delay has been recommended by our physician reviewer for the following services requested:

None

Withdrawal of the following services was confirmed with the requesting physician:

None

The following physician reviewed this request and made the decision/recommendation:

Dr.

Elizabeth Lowe

P.O. Box 269120, Sacramento, CA 95826-9120

Telephone: (916) 563-1911

Toll Free: (888) 290-1911

Hours of Availability: Monday – Friday 9:00 AM – 5:30 PM Pacific Time

A copy of the physician peer review report is enclosed for your review and consideration (unless you are a non-physician provider, in which you are only entitled to this notice of determination).

Optional Internal UR Appeals Process for the Requesting Physician

AMC provides a voluntary appeal process. The requesting physician may submit an appeal within thirty (30) days of the receipt of this letter to have the additional information reviewed by a physician reviewer who did not make the original determination.

An expedited appeal shall be provided when requested and when there is documentation of:

- 1) a worker's condition that presents an imminent and serious threat to his or her health (including but not limited to the potential loss of life, limb, or other major bodily function), or
- 2) when the normal time frame for the appeal process would be detrimental to the injured worker's life or health or could jeopardize the injured worker's permanent ability to regain maximum function.

In the case of an adverse determination, there shall be availability of the expedited appeals consideration and the further availability of a single standard appeals consideration.

Any expedited appeal (as defined by 9792.6) response will be made within seventy-two (72) hours. A standard appeal will be decided within ten (10) business days from the date the appeal is received.

Appeals and reconsiderations of this determination may be submitted in writing, along with any additional information, to:

**Allied Managed Care
Attn: Utilization Review Department
P.O. Box 269120
Sacramento, CA 95826-9120
Toll Free Telephone: (888) 290-1911 Fax: (916) 362-3043**

In the event that you would like to discuss this decision with the reviewer, you may contact Allied Managed Care at the number provided above so that a convenient time may be arranged for this discussion. All reviewers are available for at least four hours per week during normal business days from 9:00 a.m. to 5:30 p.m. Pacific Time, per regulations 9792.9(k).

Notice to the Injured Worker

Additionally, the injured worker has the right to use the dispute resolution process as per Title 8 of the CCR 9792.10 as described below:

(1) For all utilization review decisions except spinal surgeries (see #2 below regarding spinal surgeries):

If you disagree with the utilization review decision and wish to dispute it, you or your attorney must send written notice of your objection to the claims administrator within 20 days of receipt of the utilization review decision in accordance with Labor Code section 4062. This 20-day time limit may be extended for good cause or by mutual agreement of the parties. You must meet this deadline even if you are participating in the claims administrator's internal utilization review appeals process.

(2) For spinal surgery utilization review decisions:

The claims administrator may object under Labor Code section 4062(b) within 10 calendar days of first receipt of the report recommending spinal surgery, by filing the objection to treating physician's recommendation for spinal surgery with the administrative director. The administrative director shall appoint an orthopedic surgeon or neurosurgeon to issue a second opinion report on the recommended surgery, as provided under Labor Code section 4062(b) and §§9788.01 to 9788.91 title 8 of the California Code of Regulations. If the second opinion surgeon recommends the requested surgery, the claims administrator must authorize the surgery. If the second opinion surgeon does not recommend the spinal surgery, the claims administrator must file a declaration of readiness in order that a hearing on the disputed spinal surgery will be scheduled.

The injured worker may file an Application for Adjudication of Claim and Request for Expedited Hearing, DWC Form 4, showing a bona fide dispute as to entitlement to medical treatment in accordance with sections 10136(b)(1), 10400, and 10408.

If you want further information, you may contact the local state Information and Assistance office closest to you. Please see attached listing or you may receive recorded information by calling 1-800-736-7401.