



Review #70363

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Physician Reviewer – Allied Managed Care
Utilization Review Services

Utilization Review Services

Address: P.O. Box 269120, Sacramento, CA 95826-9120
Telephone: 916-563-1911
Hours of Availability: Monday – Friday 8:00 AM – 5:00 PM PST

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

Optional Internal UR Appeals Process

In the event that a requesting physician has additional medical information that may impact an initial denial of treatment authorization, he/she may submit a written request within twenty (20) days of the receipt of this letter to have the additional information reviewed by a clinical peer who did not make the original determination to modify the request for authorization. For concurrent reviews involving urgent care, there shall be the availability of an expedited review, and in the case of an adverse determination to the expedited appeals consideration, the further availability of a single standard appeals consideration allowed.

Any expedited appeal (as defined by 9792.6) response will be made on the same business day. A Standard appeal will be decided within (30) calendar days from the date the appeal is received. The appeals process is provided by Allied Managed Care on a voluntary basis consistent with the Labor Code Section 4062 (a).

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
Phone (916) 563-1911 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. PST per regulations 9792.9(k).

Notice to the Injured Worker