



P.O. Box 269120 • Sacramento, CA 95826-9120 • 916.563.1911 • Fax 916.362.3041

Proof of Service

Date 6/5/2018

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 95826-9120**

On 6/5/2018 I served:

- Peer Review Determination
- IMR Form
- Self-Addressed envelope

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

Regarding : Tiffany Anderson - Claimant

Copy of the above letter sent To:

Tiffany Anderson - Claimant - P.O.Box 477 , LODI,  
CA 95241

Stockwell Harris - Defense Attorney

Gary Murata - Requesting Provider

Guy Medford - Applicant Attorney

Dana Simondi - Claims Examiner

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



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6/5/2018

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 RFA 1st Received: 5/30/2018  
Employer: Vector JPA  
Carrier: AIMS  
Claims Examiner: Dana Simondi  
AMC Event #: 215938

### **Notice of Utilization Review Determination**

Dear Dr. Murata:

- 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.

An expedited appeal (as defined by 9792.6) response will be made within seventy-two (72) hours. A standard appeal will be decided within fifteen (15) calendar days from the date of this utilization review determination.

This voluntary internal appeals process neither triggers nor bars use of the dispute resolution procedures of Labor Code section 4610.5 and 4610.6 (the Independent Medical Review process), but may be pursued on an optional basis.

**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 an agreed time may be arranged for the call. 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.

In the event that the reviewer is unavailable, the requesting physician may discuss the written decision with another reviewer who is competent to evaluate the specific clinical issues involved in the medical treatment services.

A utilization review decision to modify, or deny a request for authorization of medical treatment shall remain effective for 12 months from the date of the decision without further action by the claims administrator with regard to any further recommendation by the same physician for the same treatment unless the further recommendation is supported by a documented change in the facts material to the basis of the utilization review decision.



215938

06/05/18

Gary Murata, MD  
2488 North California Street  
Stockton, CA 95204

**RE: Tiffany Anderson**  
Claim Number: VE0700184  
DOI: 06/19/08  
DOB: 08/22/70  
DOK: 05/30/18  
Employer: Vector JPA  
Claims Examiner: Dana Simondi  
Carrier: AIMS  
AMC Case #: 215938

**Utilization Review / Peer Review Report**

Dear Dr. Murata,

After reviewing the available information, my recommendation to the carrier is as follows:

<u>Requested Service/Procedure(s):</u>	<u>Determination(s):</u>
<b>One year gym membership, right knee strengthening</b>	<b>Non-certify</b>

**Teleconference(s):** On 06/4/18 at 09:32PT a call was placed to Dr. Murata at 209-946-7161 to discuss the case. The office voicemail was reached and a detailed message was left with a call back number for the provider.

Contact Not Achieved. Absent the opportunity to speak with the requesting physician, the submitted medical records were reviewed and the following is determined:

**Clinical History:**

This is a 47-year-old female patient with a date of injury on 06/19/08. Dr. Murata evaluates the patient and recommends a one-year gym membership for knee strengthening exercises. The patient is permanent and stationary. Work status is standing and walking occasionally with no kneeling or squatting. The patient continues to have pain and weakness as well as catching about the knee. The patient is interested in another course of physical therapy. Physical examination reveals right knee range of motion 0-120° with quadriceps strength 4+/5. There was mild diffuse joint tenderness and the patient's gait pattern is normal. If the patient fails conservative treatment,



215938

treatments, see Physical therapy (PT) & Exercise. See also the Low Back Chapter.

*Dictated. Subject to transcription variance.*

**CONFLICT OF INTEREST ATTESTATION:**

*I have reviewed the above case and attest that I **do not** have a material professional, familial, or financial conflict of interest regarding any of the following: the referring entity; the insurance issuer or group health plan that is the subject of the review; the covered person whose treatment is the subject of the review and the covered person's authorized representative, if applicable; any officer, director or management employee of the insurance issuer that is the subject of the review; any group health plan administrator; plan fiduciary, or plan employee; the health care provider, the health provider's medical group or independent practice association recommending the health care service or treatment that is the subject of the review; the facility at which the recommended health care service or treatment would be provided; or the developer or manufacturer of any principal drug, device, procedure, or other therapy being recommended for the covered person whose treatment is the subject of this review. I **do not** accept compensation for review activities that is dependent in any way on the specific outcome of the case. To the best of my knowledge, I **was not** involved with the specific episode of care prior to referral of the case for review.*

*I attest that I have the scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue under review as well as current, relevant experience and/or knowledge to render a determination for the case under review. I am currently providing direct patient care in this field of expertise and have done so for a minimum of five years.*

Respectfully,  
Allied Managed Care

A handwritten signature in cursive script, appearing to read "Avrom Simon".

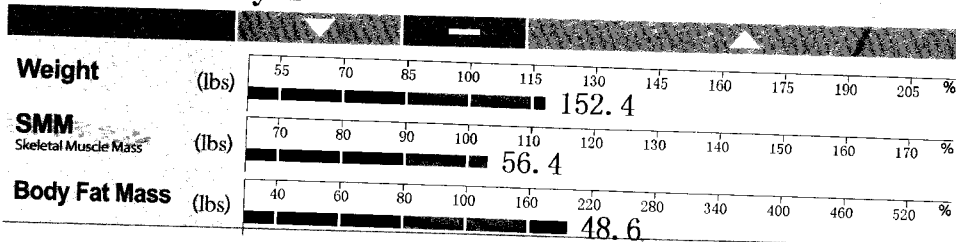
Avrom Simon, M.D.  
American Board of Preventive Medicine  
Subcertification in Occupational Medicine  
CA License G87171  
Physician Reviewer – Allied Managed Care  
Utilization Review Services

ID: 2093310208 | Height: 5ft. 05.0in | Age: 47 | Gender: Female | Test Date / Time: 2018.05.23. 11:04

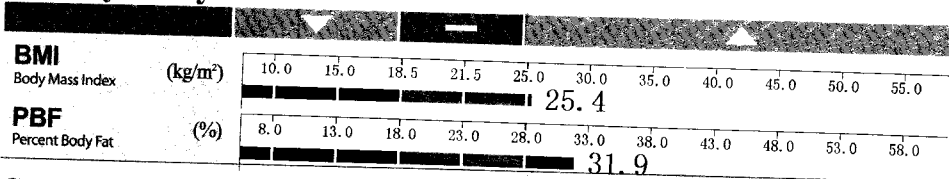
## Body Composition Analysis

	Values	Total Body Water	Lean Body Mass	Weight
Intracellular Water (lbs)	46.7	76.3	103.8	152.4
Extracellular Water (lbs)	29.5			
Dry Lean Mass (lbs)	27.6			
Body Fat Mass (lbs)	48.6			

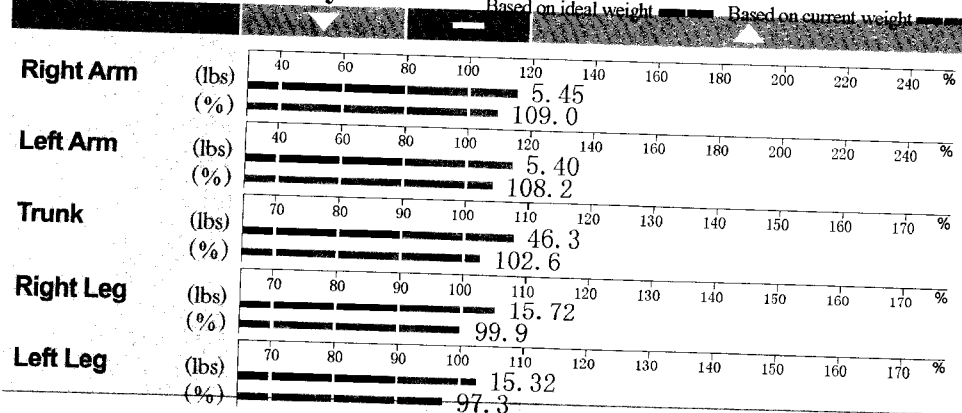
## Muscle-Fat Analysis



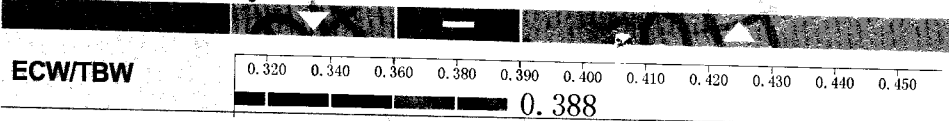
## Obesity Analysis



## Segmental Lean Analysis



## ECW/TBW Analysis



## Body Composition History

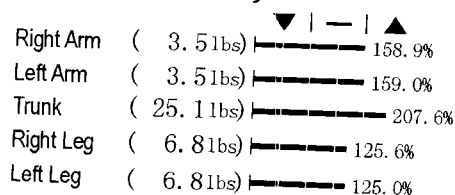
	18.05.23 11:04				
<b>Weight</b> (lbs)	152.4				
<b>SMM</b> (Skeletal Muscle Mass) (lbs)	56.4				
<b>PBF</b> (Percent Body Fat) (%)	31.9				
<b>ECW/TBW</b>	0.388				

Recent  Total

## Body Fat - Lean Body Mass Control

Body Fat Mass: -17.6 lbs  
 Lean Body Mass: 0.0 lbs  
 (+) means to gain fat/lean (-) means to lose fat/lean

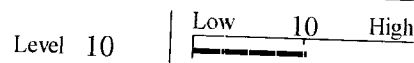
## Segmental Fat Analysis



## Basal Metabolic Rate

1387 kcal

## Visceral Fat Level



## Results Interpretation

### Body Composition Analysis

Body weight is the sum of Body Fat Mass and Lean Body Mass, which is composed of Dry Lean Mass and Total Body Water.

### Muscle-Fat Analysis

Compare the bar lengths of Skeletal Muscle Mass and Body Fat Mass. The longer the Skeletal Muscle Mass bar is compared to the Body Fat Mass bar, the stronger the body is.

### Obesity Analysis

BMI is an index used to determine obesity by using height and weight. PBF is the percentage of body fat compared to body weight.

### Segmental Lean Analysis

Evaluates whether the muscles are adequately developed in the body.

The top bar shows the comparison of muscle mass to ideal weight while the bottom bar shows that to the current weight.

### ECW/TBW Analysis

ECW/TBW, the ratio of Extracellular Water to Total Body Water, is an important indicator of body water balance.

## Results Interpretation QR Code

Scan the QR Code to see results interpretation in more detail.



## Impedance

	RA	LA	TR	RL	LL
<b>Z<sub>(Ω)</sub></b> 5 kHz	348.4	354.0	24.8	260.0	274.6
50 kHz	320.1	323.8	21.7	236.4	249.2
500 kHz	278.9	283.4	16.8	208.9	219.3

**AMBULATORY SURGERY CENTER OF STOCKTON**

2388 N. California Street

Stockton, CA 95204

Tel: (209) 944-9100 Fax: (209) 944-9307

**OPERATIVE REPORT**

PATIENT NAME: ANDERSON, TIFFANY

MR #: 15267

SURGEON: GARY MURATA, M.D.

DATE: 09/22/2008

**PREOPERATIVE DIAGNOSIS:**

Lateral meniscus tear, right knee.

**POSTOPERATIVE DIAGNOSES:**

- 1. Complex tear lateral meniscus.
- 2. Grade II chondromalacia of medial femoral condyle.

**PROCEDURES PERFORMED:**

- 1. Arthroscopy of the right knee with partial lateral meniscectomy, CPT code 29881.
- 2. Chondroplasty of the medial femoral condyle, CPT code 29877.

**FINDINGS:**

- 1. Complex tear lateral meniscus.
- 2. Grade II chondromalacia of medial femoral condyle.

**INDICATIONS FOR THE PROCEDURE:** Severe pain and locking about the right knee.

**DESCRIPTION OF THE PROCEDURE:** The patient was brought to the operating room. The patient was placed under general anesthesia. The patient was given 1 g of Ancef, as she has a history of heart murmur. The right lower extremity was then sterilely prepped and draped. Evaluation of the right knee under anesthesia revealed full range of motion. No effusion. No laxity. The left lower extremity was then sterilely prepped and draped. Standard arthroscopic portals were used.

Patellofemoral joint appeared to be normal. No subluxation of the patella was seen. No chondromalacia noted. The medial gutter was normal. The medial compartment was probed. Medial meniscus was normal. However, there was area of grade II chondromalacia about the central weightbearing area of the medial femoral condyle with the small unstable articular flaps, which were debrided. The size of this lesion was approximately 1.5 cm in diameter. No exposed bone was seen. No chondromalacia was noted about the medial tibial plateau.

The intercondylar notch was seen. Anterior cruciate ligament was normal. The knee was placed in a figure-of-four position and a complex tear of the lateral meniscus was seen including a horizontal cleavage tear and radial tear through the junction between the anterior horn and the mid-horn of the meniscus. Approximately 30% of the meniscus was excised leaving a stable rim. Careful contouring of the meniscus was performed in the junction between the medial horn of the meniscus and the anterior horn. No chondromalacia was seen about the lateral compartment. The remaining lateral meniscus after partial meniscectomy was noted to have no instability.

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Stockton, CA 95204

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**OPERATIVE REPORT**

PATIENT NAME: ANDERSON, TIFFANY

MR #: 15267

SURGEON: GARY MURATA, M.D.

DATE: 03/08/2010

**PREOPERATIVE DIAGNOSIS:**

Recurrent lateral meniscus tear of the right knee.

**POSTOPERATIVE DIAGNOSES:**

1. Grade IV chondromalacia of medial femoral condyle. A 1.5 cm circular lesion.
2. Recurrent lateral meniscus tear.

**PROCEDURES PERFORMED:**

1. Arthroscopy of the right knee with microfracture of the medial femoral condyle and partial lateral meniscectomy, CPT code 29879.
2. Partial lateral meniscectomy, CPT code 29881.

**FINDINGS:**

1. Grade IV chondromalacia of medial femoral condyle. A 1.5 cm circular lesion.
2. Recurrent lateral meniscus tear.

**INDICATIONS FOR THE PROCEDURE:** Recurrent pain and swelling about the right knee.

**DESCRIPTION OF THE PROCEDURE:** The patient was brought to the operating room. The patient was placed under general anesthesia. Examination of the right knee under anesthesia revealed full range of motion. Mild effusion. No laxity. The right lower extremity was then sterilely prepped and draped.

Standard anterior arthroscopic portals were used. The portal sites were established with visualization of the old portal sites were established through the old incisions. The portal entry points were made through the old incisions. Patellofemoral joint was explored. No chondromalacia was seen. Good patellar tracking noted. The medial gutter was also normal.

The medial compartment was probed. The medial meniscus was normal. Articular surfaces over the medial tibial plateau were normal. However, there was small area of grade IV chondromalacia with unstable articular cartilage medially. I debrided back to stable articular cartilage, but there was a small area of exposed bone. I felt a microfracture was indicated.

Using an awl at a 45-degree angle, a microfracture technique was performed. Three puncture holes were made in subchondral bone with good bleeding from the bone. The edge of the area was debrided of chondromalacia and revealed stable articular cartilage. This involved the medial femoral condyle articulating with the tibia at 5 degrees of flexion. This was noted to be the central medial portion of the medial femoral condyle.



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2388 N. California Street  
Stockton, CA 95204

Tel: (209) 944-9100 Fax: (209) 944-9307

**OPERATIVE REPORT**

PATIENT NAME: ANDERSON, TIFFANY

MR #: 15267

SURGEON: GARY MURATA, M.D.

DATE: 11/28/2011

**PREOPERATIVE DIAGNOSIS:**

Internal derangement with lateral meniscus tear.

**POSTOPERATIVE DIAGNOSES:** Complex recurrent tear of lateral meniscus involving the mid and anterior horns.

A small area of unstable chondromalacia of medial femoral condyle.

**PROCEDURES PERFORMED:** Arthroscopy of the right knee with partial lateral meniscectomy, CPT code 29881.

Chondroplasty of the medial condyle, separate compartment, CPT code 29877.

**FINDINGS:** Complex recurrent tear of lateral meniscus involving the mid and anterior horns.

A small area of unstable chondromalacia of medial femoral condyle.

**INDICATIONS FOR THE PROCEDURE:** Severe pain and locking about the right knee.

**DESCRIPTION OF THE PROCEDURE:** The patient was brought to the Operating Room. The patient was placed under general anesthesia. The right lower extremity was examined under anesthesia. There was noted to be 5 degrees of hyperextension, which matched the opposite knee. Stable ligament. Skin intact over the right knee. Good flexion to 130 degrees. There was no effusion present. The right lower extremity was then sterilely prepped and draped.

A surgical timeout was performed. Anterior portals were used through the old incisions. The patellofemoral joint was seen. Patella and trochlea were normal. Articular cartilage was completely intact. Medial femoral condyle was probed. There was a small area of unstable chondromalacia grade I to II along the central medial portion of medial femoral condyle, which was debrided with a shaver. This articulated with the tibia at 40 degrees of flexion. There was also a 2 cm diameter area of fibrocartilage in the area of prior microfracture technique with stable articular cartilage. The medial meniscus was probed and felt to be normal. No chondromalacia was seen about the medial tibial plateau. The intercondylar notch was seen. Anterior cruciate ligament was normal. The lateral meniscus was probed. There was a radial tear as well as horizontal cleavage tear of the mid and anterior horns of the lateral meniscus. I resected 10% of the meniscus leaving a stable rim. No chondromalacia was noted about the lateral femoral condyle over the lateral plateau.

Posterior medial recess and popliteal recesses were normal. The knee was irrigated and drained. A 5 cc of 0.5% Marcaine with epinephrine was injected intraarticularly. Portal sites were also infiltrated with Marcaine and epinephrine. Sterile dressing and Ace bandage was applied to the right lower extremity. Portal sites were closed with 4-0 nylon sutures. Sterile dressing and Ace bandage was applied to the right lower

San Joaquin County Mosquito Abatement Vector Control District  
Salaries 2009 - 2013

Last Name	First Name	2009 Salaries	2010 Salaries	2011 Salaries	2012 Salaries	2013 Salaries	2009 - 2013 Grand Total
Andres	Ronald S	61,848.06	67,407.50	68,904.16	68,904.16	67,216.20	334,280.08
Bearden	Stacy L	33,519.17					33,519.17
Leipelt	Steve E	58,642.27	31,853.93				90,496.20
Pfeifer	Roy D	53,619.46	54,956.08	55,722.16	55,722.16	54,411.70	274,431.56
Nienhuis	Keith A	68,547.02	69,983.81	70,855.46	70,855.46	71,777.57	352,019.32
Nolin	Larry G	58,194.10	61,478.44	62,175.36	62,175.36	60,659.40	304,682.66
Fraser	Larry	66,307.28	68,916.02	18,757.55			153,980.85
Sheffield	William J	32,058.63					32,058.63
Vana	David J	59,534.62	64,455.53	69,700.80	69,700.80	68,025.00	331,416.75
Hopkins	Deanna L	51,093.82	53,894.83	57,072.16	59,687.76	58,931.55	280,680.12
Devencenzi	Aaron P	72,812.19	76,261.11	77,260.56	77,260.56	75,406.70	379,001.12
Durham	Robert E	67,962.28	69,399.07	70,811.28	73,784.36	72,271.80	354,228.79
Nicholas	Tzu W	59,007.26	60,267.94	61,128.34	65,376.49	65,190.20	310,970.23
Capuccini	Richard A	59,840.50	61,335.70	62,032.62	62,032.62	60,520.85	305,762.29
Iverson	Mary R	53,493.36	54,888.18	55,722.16	55,722.16	54,411.70	274,237.56
Aksland	Carol L	12,031.39	1,449.96	923.09	472.08	12,361.89	27,238.41
		70,244.35	73,534.11	74,405.76	74,405.76		
Keith	Dennis R	57,302.10	60,697.94	62,175.36	62,175.36	60,659.40	303,010.16
Meidinger	Donald R	66,885.44	70,999.72	69,425.06	72,404.80	70,613.80	350,328.82
Lucchesi	Eddie F	100,973.40	103,096.08	109,417.88	116,910.06	110,654.02	550,451.44
Mancuso	Ernest B	33,095.18	20,633.48				53,728.66
Mortenson	Fred K	59,747.14	61,024.48	61,721.40	61,721.40	62,976.80	307,191.22
Vignolo	John D	58,726.56	62,281.15	63,642.80	63,642.80	62,102.30	310,395.61
Stroh	John R	127,459.46	131,345.67	134,629.25	76,136.96		469,571.34
Azevedo	Steven A	53,244.28	54,754.06	55,722.16	55,722.16	54,411.70	273,854.36
Anderson	Tiffany K	22,554.80	16,328.80	45,075.41	0.00	137.01	84,096.02
Hopkins	Norman R	51,093.82	52,371.40	53,068.60	53,068.60	51,820.50	261,422.92
Barnham	Janine M	47,185.98	52,371.40	53,068.60	46,537.08	47,534.19	246,697.17
Bennett	Morgan L	51,093.82	52,371.40	53,068.60	50,785.89	51,820.50	259,140.21
Snyder	Jack C	600.00	1,100.00	1,200.00	1,200.00	1,200.00	5,300.00
Edwards	Gregory S	51,093.82	52,371.40	53,068.60	53,068.60	51,820.50	261,422.92
Smith	David J	61,223.38	62,531.01	63,423.36	63,423.36	61,931.70	312,532.81
Duke	Steve E	49,983.70	52,371.40	53,068.60	53,068.60	51,820.50	260,312.80
Hiers	Christopher J	48,660.84	52,181.76	53,068.60	53,068.60	51,820.50	258,800.30
Sarale	Joseph C	47,867.76	51,518.02	53,068.60	53,068.60	51,820.50	257,343.48
Corrales Jr.	Michael Z	47,156.34	51,043.92	52,571.33	53,068.60	51,820.50	255,660.69
Harrison	Joshua M	23,629.04					23,629.04
Morgan	Michelle D	41,272.80	44,263.34	46,774.78	46,774.78	21,140.85	200,226.55
Moniz	John B	27,291.24	52,846.62	56,107.87	57,476.38	56,124.65	249,846.76
Paulat	Robert E	9,374.40	11,844.15	17,062.32	10,006.41	15,233.01	63,520.29
Huang	Shaoming	28,314.30	72,235.00	89,010.20	92,185.60	90,018.00	371,763.10
De Benedetti	Frank	600.00	1,100.00	1,200.00	1,200.00	100.00	4,200.00
Fetters	Allan R	600.00	1,100.00	1,200.00	100.00		3,000.00
Fiori	Jack V	560.00	990.00	1,080.00	1,080.00	1,120.00	4,830.00

State of California, Division of Workers' Compensation  
**APPLICATION FOR INDEPENDENT MEDICAL REVIEW**  
 DWC Form IMR

**TO REQUEST INDEPENDENT MEDICAL REVIEW:**

1. Sign and date this application and consent to obtain medical records.
2. Mail or fax the application and a copy of the written decision you received that denied or modified the medical treatment requested by your physician to:  
 DWC-IMR, c/o Maximus Federal Services, Inc., P.O. Box 138009, Sacramento, CA 95813-8009  
 FAX Number: (916) 605-4270
3. Mail or fax a copy of the signed application to your Claims Administrator.

Type of Utilization Review: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Expedited		Modification after Appeal <input type="checkbox"/>
<b>Employee Name (First, MI, Last):</b> Tiffany Anderson		
Address: P.O.Box 477, LODI, CA, 95241		
Phone Number: (209) 263-7132	Employer Name: Vector JPA	
Claim Number: VE0700184	Date of Injury (MM/DD/YYYY): 06/19/2008	
WCIS Jurisdictional Claim Number (if assigned): 2008063013030534077925	EAMS Case Number (if applicable): N/A	
Employee Attorney (if known): Guy Medford		
Address: 306 E. Main St., Ste 304, , CA, 95202		
Phone Number: (209) 992-0702	Fax Number: (209) 227-8062	
<b>Requesting Physician Name (First, MI, Last):</b> Gary Murata		
Practice Name: Gary Murata	Specialty: Orthopedics	
Address: 2488 North California Street, Stockton, 95204, CA		
Phone Number: (209) 946-7161	Fax Number: (209) 948-3331	
<b>Claims Administrator Name:</b> AIMS		
Adjuster/Contact Name: Dana Simondi		
Address: P.O. Box 269120, Sacramento, CA, 95826-9120		
Phone Number: 800-559-9891	Fax Number: 916-563-1919	
<b>Disputed Medical Treatment (complete below section)</b>		
Primary Diagnosis (Use ICD C ode where practical): Status post arthroscopy		
Date of Utilization Review Determination Letter: 06/05/2018		
Is the Claims Administrator disputing liability for the requested medical treatment besides the question of medical necessity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Reason:		
List each specific requested medical services, goods, or items that were denied or modified in the space below. Use additional pages if the space below is insufficient.		
1.		
2. See attached Addendum 1		
3.		
4.		
<b>Request for Review and Consent to Obtain Medical Records</b>		
I request an independent medical review of the above-described requested medical treatment. I certify that I have sent a copy of this application to the claims administrator named above. I allow my health care providers and claims administrator to furnish medical records and information relevant for review of the disputed treatment identified on this form to the independent medical review organization designated by the Administrative Director of the Division of Workers' Compensation. These records may include medical, diagnostic imaging reports, and other records related to my case. These records may also include non-medical records and any other information related to my case, excepting records regarding HIV status, unless infection with or exposure to HIV is claimed as my work injury. My permission will end one year from the date below, except as allowed by law. I can end my permission sooner if I wish.		
Employee Signature:		Date:

**Authorized Representative Designation for Independent Medical Review  
(To accompany the Application for Independent Medical Review, DWC Form IMR)**

**Section I. To be completed by the Employee:**

Employee Name (Print):	
------------------------	--

I wish to designate

Name of Individual (Print):	
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to act on my behalf regarding my Application for Independent Medical Review. I authorize this individual to receive any notice or request in connection with my appeal, and to provide medical records or other information on my behalf. I further authorize the Division of Workers' Compensation, and the Independent Medical Review Organization designated by the Division of Workers' Compensation to review my application, to speak to this individual on my behalf regarding my Application for Independent Medical Review. I understand that I have the right to designate anyone that I wish to be my authorized representative and that I may revoke this designation at any time by notifying the Division of Workers' Compensation or the Independent Medical Review Organization designated by the Division of Workers' Compensation to review my application.

In addition to designating the above-named individual as my authorized representative, I allow my health care providers and claims administrator to furnish medical records and information relevant for review of the disputed treatment to the independent review organization designated by the Administrative Director of the Division of Workers' Compensation. These records may include medical, diagnostic imaging reports, and other records related to my case. These records may also include non-medical records and any other information related to my case. I allow the independent review organization designated by the Administrative Director to review these records and information sent by my claims administrators and treating physicians. My permission will end one year from the date below, except as allowed by law. I can end my permission sooner if I wish.

Employee Signature:		Date:	
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**Section II. To be completed by the Authorized Representative designated above. Law firms, organizations, and groups may represent the Employee, but an individual must be designated to act on the Employee's behalf.**

I accept the above designation to act as the above-named Employee's authorized representative regarding their Application for Independent Medical Review. I understand that the Employee may revoke this authorization at any time and appoint another individual to be their authorized representative.

Name:			
I am a/an:			
(Professional status or relationship to the Employee, e.g., attorney, relative, etc.)			
Address:			
City:	State:	Zip Code:	
Phone Number:	Fax Number:		
State Bar Number (if applicable):			
Representative Signature:			Date: