



January 3, 2024

Adel Hanna
5688 Cousins Pl
Rancho Cucamonga CA 91737-2156

Claim Number: 06919232
Employee: Adel Hanna
Date of Injury: 12/03/2022
Employer: Ca Institution For Men
Attn: Return To Work Office

NOTICE OF DENIAL OF CLAIM FOR WORKERS' COMPENSATION BENEFITS

State Compensation Insurance Fund, the claims administrator for Ca Institution For Men Attn: Return To Work Office, is handling your workers' compensation claim. This notice is to advise you of the status of your workers' compensation claim for your injury of December 3, 2022.

After careful consideration of all available information, we have concluded that we cannot pay you workers' compensation benefits. We are denying all liability for your claim of injury because this claim appears to be a duplicate filing to claim number 06853258. There is a lack of substantial medical evidence to support you sustained a new injury. Please reference claim number 06853258 for all future correspondence.

If you have any questions or need clarification regarding the content of this notice, please contact your attorney.

Effective April 19, 2004, the law requires your employer to authorize medical treatment for your claimed injury within one working day after your filing of a Workers' Compensation Claim Form (DWC-1), and to continue to provide treatment until your claim is accepted or rejected, up to a limit of \$10,000 in total. All treatment provided is subject to utilization review and application of evidence-based, peer-reviewed, and nationally recognized guidelines. All treatment provided must be within the State Fund MPN, if applicable. If you have filed a Workers' Compensation Claim Form with your employer, please send for consideration of payment, all bills for medical services provided between the date the completed claim form was given to your employer and the date your claim was denied unless you have already done so.

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Additional information may be obtained from an Information and Assistance officer with the Division of Workers' Compensation, or on the Division's website: www.dwc.ca.gov.

For more information, please refer to the publication "Workers' Compensation in California: A Guidebook for Injured Workers"

After You Get Hurt on the Job

<http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter2.pdf>

Resolving Problems with Medical Care & Medical Reports

<http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter4.pdf>

For More Information and Help

<http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter10.pdf>

and

http://www.dir.ca.gov/InjuredWorkerGuidebook/FAQs_IandA.pdf

and

<http://www.dir.ca.gov/InjuredWorkerGuidebook/FAQsAttorney.pdf>

A complete copy of the Guidebook may be obtained on the Division of Workers' Compensation's website at

<http://www.dir.ca.gov/InjuredWorkerGuidebook/InjuredWorkerGuidebook.html> or by contacting an Information and Assistance officer of the Division of Workers' Compensation.

The State of California, Division of Workers' Compensation, requires that you be given the following information:

You have a right to disagree with decisions affecting your claim. If you have any questions about the information provided to you in this notice, please call me, Mandi Vargas at (951) 697-7349. You also have the right to be represented by an attorney of your choice. However, if you are represented by an attorney, you should call your attorney, not me, Mandi Vargas.

For information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an information and assistance (I & A) officer of the state Division of Workers' Compensation. For recorded information and a list of offices, call (800) 736-7401.

The law limits the time period within which you may collect benefits. Should you disagree with any action taken by State Fund, in order to protect your rights, you must commence proceedings before the Workers' Compensation Appeals Board by filing an Application for Adjudication of Claim within one year of the date of your injury, or one year from the last furnishing of indemnity or medical treatment benefits by your employer or State Fund. If you do not do so, your right to benefits may be lost.

Keep this notice. It contains important information about your workers' compensation benefits.

Sincerely

Mandi Vargas

Mandi Vargas
Claims Adjuster
(951) 697-7349
Website: statefundca.com

Enc:

cc: Natalia Foley, 751 S Weir Canyon Rd, Ste 157-455, Anaheim, CA 92808-9280

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