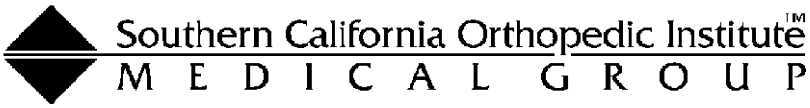

Fax Cover Page

Date: 2/8/2021 **Time:** 09:02:33 **Pages:** 11

From: RCENICEROS
Fax Number:
Voice Phone:
Email:
Address:

To: UR
Company:
Fax Number: 1-859-264-4379
Address:

Subject: MRN#6389733

Message:

State of California Division of Workers' Compensation

REQUEST FOR AUTHORIZATION

DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

☑ New Request ☐ Resubmission – Change in Material Facts

☐ Expedited Review: Check box if the employee faces an imminent and serious threat to his or her health.

☐ Check box if request is written confirmation of a prior oral request.

Employee Information

Name: (Last, First, Middle): Darlene Walls

Date of Injury: MM/DD/YYYY): 01/24/2019 | Date of Birth: 03/23/1967

Claim Number: 30191913252-0001 | Employer: Kaiser

Requesting Physician Information

Name: PAUL M SIMIC M.D.

Practice Name: Southern California Orthopedic Institute n alliance with UCLA Health | Contact Name: Rosalina C

Address: **6815 Noble Ave. Van Nuys Ca. 91405**

Phone: 818-901-6600 | Fax Number: 818-901-4567

Specialty: Orthopaedic Surgery/ Hand Surgery | NPI: Number: 1205867488

Comments: Please note that Southern California Orhopedic Institute is a part of the UCLA Integrated Provider Network as of 06/20/2019. SCOI Providers and Office Locations have not changed. TIN: 90-0939967

Claims Administrator Information

Company Name: SEDGWICK | Contact Name: Carrie Lake Rojas

Address: PO BOX 14188 | City: Lexington | State: KY

Zip Code: 40512 | Phone: 925-91927X51927 | Fax Number: 859-264-4379

E-mail Address:

Requested Treatment (see instructions for guidance; attached additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered;
list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Pain Impingement syndrome of right shoulder Nontraumatic incomplete tear of right rotator cuff Primary localized osteoarthrosis of right shoulder	R52 M75.41 M75.111 M19.11	Right Shoulder Arthroscopic Rotator Cuff Repair, Subacromial Decompression with Partial Acromioplasty, Extensive Debridement	29827, 29826, 29823	**(FACILITY NAME MUST BE ON AUTH)** **Center for Orthopedic Surgery Inc.*** 6815 Noble Ave #400, Van Nuys, CA 91405 Tax ID: 203140907
		Consultation & Pre-op medical clearance		Vanowen Medical Associates Dba: Internal Medicine Associates 15211 Vanowen St #100 Van Nuys,CA 91405 T: 818-778-1920

				F: 818-787-8804
		Post op Physical/Occupational Therapy		2 times a week for 6 weeks
		Per ASC Guidelines, NASAL COVID-19 Testing is required for all surgical patients undergoing anesthesia		
		Post-op Medications Norco 5/325 mg Percocet 5/325mg		40 Tablets

*Pursuant to the Labor Code, section 139.31, please note that the requesting physician has an indirect financial interest in this surgery center.

Requesting Physician Signature:_ Date: 02/08/2021

Claim Administrator/Utilization Review Organization (URO) Response

☐ Approved ☐ Denied or Modified (see separate decision letter) ☐ Delay (see separate notification of delay)

☐ Requested treatment has been previously denied ☐ Liability for treatment is disputed

Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

Instructions for Request for Authorization Form

Warning: Private healthcare information is contained in the Request for Authorization for Medical Treatment, DWC Form RFA. The form can only go to other treating providers and to the claims administrator

Overview: The Request for Authorization for Medical Treatment (DWC Form RFA) is required for the employee's treating physician to initiate the utilization review process required by Labor Code section 4610. A Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment must be attached. The DWC Form RFA is not a separately reimbursable report under the Official Medical Fee Schedule, found at California Code of Regulations, title 8, section 9789.10 et seq.

Checkboxes: Check the appropriate box at the top of the form. Indicate whether:

- This is a new treatment request for the employee or the resubmission of a previously denied request based on a change in material facts regarding the employee's condition. A resubmission is appropriate if the facts that provided the basis for the initial utilization review decision have subsequently changed such that the decision is no longer applicable to the employee's current condition. Include documentation supporting your claim.
- Review should be expedited based on an imminent and serious threat to the employee's health. A request for expedited review must be supported by documentation substantiating the employee's condition.
- The request is a written confirmation of an earlier oral request.

Routing Information: This form can be mailed, faxed, or e-mailed to the address, fax number, or e-mail address designated by the claims administrator for this purpose. The requesting physician must complete all identifying information regarding the employee, the claims administrator, and the physician.

Requested Treatment: The DWC Form RFA must contain all the information needed to substantiate the request for authorization. If the request is to continue a treatment plan or therapy, please attach documentation indicating progress, if applicable.

- List the diagnosis (required), the ICD Code (required), the specific service/good requested (required), and applicable CPT/HCPCS code (if known).
- Include, as necessary, the frequency, duration, quantity, etc. Reference to specific guidelines used to support treatment should also be included.
- For requested treatment that is: (a) inconsistent with the Medical Treatment Utilization Schedule (MTUS) found at California Code of Regulations, title 8, section 9792.20, et seq.; or (b) for a condition or injury not addressed by the MTUS, you may include scientifically based evidence published in peer-reviewed, nationally recognized journals that recommend the specific medical treatment or diagnostic services to justify your request.

Requesting Physician Signature: Signature/Date line is located under the requested treatment box. A signature by the treating physician is mandatory.

Claims Administrator/URO Response: Upon receipt of the DWC Form RFA, a claims administrator must respond within the timeframes and in the manner set forth in Labor Code section 4610 and California Code of Regulations, title 8, section 9792.9.1. To communicate its approval on requested treatment, the claims administrator may complete the lower portion of the DWC Form RFA and fax it back to the requesting provider. (Use of the DWC Form RFA is optional when communicating approvals of treatment; a claims administrator may utilize other means of written notification.) If multiple treatments are requested, indicate in comments section if any individual request is being denied or referred to utilization review.

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5152 Sepulveda Blvd, Suite 117
Sherman Oaks, CA 91403
Phone: (818) 989-3645 Fax: (818) 989-3649

Electromyogram (EMG)
Nerve Conduction Studies (NCV) and Somatosensory Evoked Potentials (SSEP) Report
Upper Extremities

Patient:	**Walls, Darlene**
Sex:	**Female**
Date of Birth:	**03/23/1967**
Date of Testing:	**02/27/2020**
Referred by:	**Harold Iseke, D.C.**

CLINICAL SUMMARY:

- **Clinically Significant radicular upper back pain with radicular upper extremities symptoms (pain, tingling, numbness) and signs. Patient's right hand is dominant. The temperature of the patient's arms was > 32C.**

Patient was referred for the studies to assist in diagnosis and management of probable Carpal Tunnel Syndrome CTS, Cervical Radiculopathy / Brachial Plexopathy, entrapment neuropathy peripheral neuropathy or other nerve injury.

PROCEDURE

- Nerve Conduction Studies of the Median and Ulnar motor nerves with corresponding F-Waves; Ulnar, Median, and Superficial Radial sensory and motor nerves were performed utilizing standard technique.
  Median CMAP was recorded from abductor pollicis brevis muscle with stimulation 8 cm proximally. Ulnar CMAP was recorded from abductor digit minima muscle with a stimulation point 8 cm proximally, below and above elbow, with an across-elbow ulnar nerve segment distance of 10 cm and elbow flexed at 90 degree angle. F-waves were elicited on repetitive stimulation of each motor nerve tested. Radial CMAP was recorded from EDC, stimulation occurs at the elbow, at the joint between the brachioradialis muscle and the biceps tendon, and at the spiral groove (high) in the upper arm. Median sensory peak latency was recorded from the 2nd digit

by ring electrodes with stimulation at 7 cm proximally at mid-palm and 14 cm at the wrist. Ulnar sensory peak latency was recorded from the fifth digit with stimulation 14 cm proximally at the wrist.

Utilizing a Cadwell Somatosensory evoked potential averager and computer, the patient's C6, C7 nerve roots were stimulated at the rate of 2.82 per second for a duration of 100 milliseconds. Double trial stimulation of 500 stimuli as tolerated by the patient were done. The low frequency filter was set at 10 Hz and the high frequency filter was set at 2000 Hz. Median / and Ulnar nerves were stimulated at the rate of 2.82 per second for a duration of 100 milliseconds. Double trial stimulation of 500 stimuli as tolerated by the patient were done. The low frequency filter was set at 10 Hz and the high frequency filter was set at 200 Hz. Recordings were taken from cervical C7 area as referenced against FpZ and subsequently over contralateral parietal scalp 2cm behind the C3 or C4 electrode positions of the International 10-20 system of EEG electrode placement.

FINDINGS

EMG

Monopolar needle EMG was performed in selected bilateral upper extremities muscles innervated by C5-T1 nerve roots inclusive. No spontaneous activity was seen in any muscles tested in the form of fibrillations, positive sharp waves, or fasciculations. Voluntary motor unit morphologies are otherwise normal.

All examined muscles (as indicated in the following table) showed no evidence of electrical instability.

Side	Muscle	Nerve	Root	Ins Act	Fibs	Psw	Amp	Dur	Poly	Recrt	Int Pat	Comment
Left	Biceps	Musculocut	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	Deltoid	Axillary	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	Brachialis	Musculocut	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	FlexCarpiUln	Ulnar	C8,T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	PronatorTeres	Median	C6-7	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	ExtIndicis	Radial (Post Int)	C7-8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Triceps	Radial	C6-7-8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Biceps	Musculocut	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	1stDorInt	Ulnar	C8-T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	FlexCarpiUln	Ulnar	C8,T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	PronatorTeres	Median	C6-7	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	ExtIndicis	Radial (Post Int)	C7-8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	

Patient: **Walls, Darlene**
Date of Exam: **02/27/2020**

Dermatomal C6, C7 Somatosensory Evoked Potentials

C6 nerve root was stimulated using the Superficial Radial sensory nerve.
C7 nerve root was stimulated using the 3rd digit.

Cortical responses were normal bilaterally with recording from C6 and C7 nerve roots.

Nerve Conduction Studies (NCV)

Motor Nerve Study:

1. Study of left median motor nerve showed normal distal latency, normal conduction velocity and normal AMPs.
2. Study of right median motor nerve showed normal distal latency, normal conduction velocity and normalAMPs.
3. Study of left ulnar motor nerve showed normal distal latency, *slowing of conduction velocity* and normal AMPs.
4. Study of right ulnar motor nerve showed normal distal latency, *slowing of conduction velocity* and normal AMPs.
5. Study of left radial motor nerve showed normal distal latency, normal conduction velocity and normal AMPs.
6. Study of right radial motor nerve showed normal distal latency, normal conduction velocity and normal AMPs.

Sensory Nerve Study:

1. Study of left median sensory nerve showed normal distal latency on the wrist (compare to mid palm) with *reduced* AMP.
   Median sensory peak latency was prolonged by 0.6ms compared to the radial response, when recorded from the thumb on the left *(NL<0.4ms) at 10cm.*
2. Study of right median sensory nerve showed normal distal latency on the wrist (compare to mid palm) with normal AMP.
   Median sensory peak latency was prolonged by 0.2 ms compared to the Radial response, when recorded from the thumb on the right (NL<0.4ms) at 10cm.
3. Left Ulnar sensory nerve showed normal distal latency with normal AMP.
4. Right Ulnar sensory nerve showed normal distal latency with normal AMP.
5. Left radial sensory nerve showed normal distal latency with normal AMP.
6. Right radial sensory nerve showed normal distal latency with normal AMP.

Patient: **Walls, Darlene**
Date of Exam: **02/27/2020**
Page 4 of 5

IMPRESSION

- **Abnormal Neurodiagnostic Study of Bilateral Upper Extremities** is consistent with:

  1. ***Mild Left Carpal Tunnel Syndrome involving the sensory fibers only.***
  2. ***Bilateral demyelinating Ulnar motor neuropathy across the elbows.***

Based on the date of injury and as defined by ACOEM Guidelines (p 108) this case is now chronic. Thus, ACOEM guidelines do not apply. Compensation is requested pursuant to Section 4600(a), 4603.(b), and 5402(c) of the Labor Code.

If applicant's condition is in acute or sub acute stage, pursuant to ACOEM Guidelines (p 178, 182) NCV/ SEP's and/or NCV/EMG/H reflex is recommended. Certification is mandatory pursuant to section 4610 (g)(1) of the Labor Code. If the statutory time (14 days) to approve has expired, your right to delay, deny or modify is deemed waived and payment within (45) days from receipt of bill and report is required pursuant to section 4603.2 (b) of the Labor Code.

If applicant's condition is in acute or sub acute stage, pursuant to ACOEM Guidelines (pp 293B, 366B, 330, 334B) NCV/SEP's and/or NCV/EMG W/H reflex is recommended. Certification is mandatory pursuant to section 4610 (g)(l) of the Labor Code. If the statutory time (14 days) to approve has expired, your right to delay, deny or modify is deemed waived and payment within (45) days from receipt of bill and report is required pursuant to section 4603.2 (b) of the Labor Code.

If applicant's condition is in acute or sub acute stage, pursuant to ACOEM Guidelines (p 211, 212) NCV/SEP's and/or NCV/EMG/H reflex to the shoulder(s) is recommended. Certification is mandatory pursuant to section 4610 (g)(1) of the Labor Code. If the statutory time (14 days) to approve has expired, your right to delay, deny or modify is deemed waived and payment within (45) days from receipt of bill and report is required pursuant to section 4603.2 (b) of the Labor Code.

If applicant's condition is in acute or sub acute stage, pursuant to ACOEM Guidelines (p 232, 233, 238, 242) NCV/SEP's and/or NCV/EMG/H reflex to the elbow(s) is recommended. Certification is mandatory pursuant to section 4610 (g)(1) of the Labor Code. If the statutory time (14 days) to approve has expired, your right to delay, deny or modify is deemed waived and payment within (45) days from receipt of bill and report is required pursuant to section 4603.2 (b) of the Labor Code.

If applicant's condition is in acute or sub acute stage, pursuant to ACOEM Guidelines (p 261, 262, 269, 272) NCV/SEP's and/or NCV/EMG/H reflex to the forearm, wrist and hand(s) is recommended. Certification is mandatory pursuant to section 4610 (g)(l) of the Labor Code. If the statutory time (14 days) to approve has expired, your right to delay, deny or modify is deemed waived and payment within (45) days from receipt of bill and report is required pursuant to section 4603.2 (b) of the Labor Code.

If applicant's condition is in acute or sub acute stage, pursuant to ACOEM Guidelines (p 108) this case is now chronic. Thus, ACOEM guidelines do not apply. Certification is requested pursuant to Section 4600(a) of the Labor Code. Certification is mandatory pursuant to section 4610 (g)(1) of the Labor Code. If the statutory time (14 days) to approve has expired, your right to delay, deny or modify is deemed waived and

payment within (45) days from receipt of bill and report is required pursuant to section 4603.2 (b) of the Labor Code.

Certification is mandatory pursuant to section 4610 (g)(1) of the Labor Code. If the statutory time (14 days) to approve has expired, your right to delay, deny or modify is deemed waived and payment within (45) days from receipt of bill and report is required pursuant to section 4603.2 (b) of the Labor Code.

DISCLOSURE

I declare under penalty of perjury that all opinions stated in this report are mine. The evaluation was performed and the time spent performing the evaluation was in compliance with the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to paragraph (5) of subdivision (j) of section 139.2 or 5307.6 of the Labor Code.

The nerve conduction studies ordered were performed by Ms. Inna Plotkin, CNCT, R.NCS.T, R.EP.T, Board Certified NCV Technician under the referring doctor's general supervision.

I declare under penalty of perjury that the information contained in this report and its attachment, if any, is true and correct to the best of my knowledge and belief except as to information and I have indicated that I received from others.

As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe to be true.

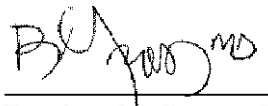
Comments: Quality of data obtain, accuracy, different techniques, technical experience, patient history, and physical exam, all play is very critical factor for an optimal interpretation. For a more comprehensive evaluation an EMG, MRI, CAT Scan, and any other diagnostic modality capable of establishing a differential diagnosis is recommended at the discretion of the referring physician, this is only interpretation of data and patient was not examined.

I have complied with the Labor Code 139.3 and I have not offered or received any commissions or inducements for this evaluation. This declaration is executed today in the county of Los Angeles.

As with all electrodiagnostic assessments, clinical correlation is suggested.

Thank you for referring the patient to us.

Sincerely,



Benjamin Gross, M.D.
Diplomate, American Board of Psychiatry and Neurology

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Sherman Oaks, CA 91403
Phone: (818) 989-3645 Fax: (818) 989-3649

Electromyogram (EMG)
Nerve Conduction Studies (NCV) and Somatosensory Evoked Potentials (SSEP) Report
Lower Extremities

Patient:	**Walls, Darlene**
Sex:	**Female**
Date of Birth:	**03/23/1967**
Date of Testing:	**02/27/2020**
Referred by:	**Harold Iseke, D.C.**

CLINICAL SUMMARY:

- **Clinically Significant lower back injury with moderate radicular lower back pain with radicular lower extremity symptoms (pain, tingling, numbness) and signs. The temperature of the patient's legs was > 31C.**

Reason For testing: Assist in diagnosis and management of probable Lumbosacral radiculopathy / Lumbosacral Plexopathy, peripheral neuropathy / or other nerve injury.

PROCEDURE

- Nerve Conduction Studies of the Peroneal and Tibial motor nerves with corresponding F-Waves; Sural, Superficial Peroneal and Saphenous sensory nerves and H-reflexes were obtained utilizing standard techniques.
  Peroneal CMAP was recorded from extensor digitorum brevis muscles with stimulation 8 cm proximally and at the fibular head. Tibial CMAP was recorded from abductor hallucis with stimulation at the posterior aspect of the medial malleolus and at the popliteal fossa. Sural sensory peak latency was recorded from the lateral aspect of the heel with the stimulation 14 cm proximally. Superficial Peroneal sensory peak latency was recorded from the dorsum of the foot 2 cm medial to the lateral malleolus with stimulation 14 cm proximally over the anterior edge of the fibula. Saphenous sensory peak latency was recorded from anterior aspect of medial malleolus with stimulation 14 cm proximally. F-waves were elicited on repetitive stimulation of each motor nerve tested. H-reflex was