

# CORVEL

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1100 W. Town & Country Road, Suite 400  
Orange, CA 92868

## Non-Certification Recommendation

**CLAIM #:** 30001200371      **INSURED:** 600/614/615 Parks and Recreation  
**DOI:** 08/16/2001      **CARRIER/TPA:** County of Los Angeles (Intercare TPA) /  
Intercare Insurance  
**CLAIMANT:**      **ADJUSTER:** Raymond Fonseca  
**CORVEL #:**

**Determination Date:** 03.18.2014  
**RFA Date:** 03/04/2014  
**Provider:**  
**ICD9:** 720.2, V45.4  
**Validity:** 03.18.2014 to 03.18.2015

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, our Physician Advisor, Daryl Caringi, D.O., 20A8121, who is board certified in Daryl Caringi, D.O., was unable to recommend the requested treatment. The modification decision was made on 03/18/2014.

| Determination | Type of therapy   |
|---------------|---|
| Requested     | Physical therapy 2 x 6 with emphasis on core strengthening, trunk stabilization as well as pelvic rebalancing exercises |
| Non-Certified | Physical therapy 2 x 6 with emphasis on core strengthening, trunk stabilization as well as pelvic rebalancing exercises |

Guidelines used in the determination process: Chronic Pain Medical Treatment Guidelines, ODG.

The clinical reasons regarding medical necessity, or lack of medical necessity, for non-certification are attached.

Please note the utilization review process is mandatory and has been done in accordance with California Labor Code §4610. The Medical Treatment Utilization Schedule has been utilized in the determination process, as required in Title 8, California Code of Regulation 9792.6.

Any dispute shall be resolved in accordance with the independent medical review provisions of Labor Code section 4610.5 and 4610.6. An objection to the utilization review decision must be communicated by the injured worker, the injured worker's representative, or the injured worker's attorney on behalf of the injured worker on the enclosed Application for Independent Medical Review, DWC Form IMR-1, within 30 calendar days of receipt of this decision.

**CorVel Corporation**  
www.corvel.com

714 385 8500 phone  
866 910 4423 fax

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You have the right to disagree with the decision affecting your claim. If you have questions about the information in this notice, please call your adjuster, Raymond Fonseca, at (714) 480-4431. However, if you are represented by an attorney, please contact your attorney instead of your adjuster.

For information about the workers' compensation claims process and your rights and obligations, go to [www.dwc.ca.gov](http://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 toll-free 1-800-736-7401.

You may also consult an attorney of your choice. Should you decide to be represented by an attorney, you may or may not receive a larger award, but, unless you are determined to be ineligible for an award, the attorney's fee will be deducted from any award you might receive for disability benefits. The decision to be represented by an attorney is yours to make, but it is voluntary and may not be necessary for you to receive your benefits.

The appeals process is on a voluntary basis. Should the requesting medical provider wish to appeal the non-certification or modification decision, and/or have additional pertinent clinical information, which has not previously been submitted for review, you may submit a request for appeal to CorVel Corporation or the claims administrator. You may include any additional clinical information if you have any. This will be reviewed by a different reviewing physician. **Requests for appeal need to be sent to CorVel Corporation or the claims administrator within ten (10) days after the receipt of the utilization review decision.** A response to your appeal will be rendered within thirty (30) days after receipt of the request. Requests for appeal do not replace the objection process noted above and are voluntary.

In accordance with regulation section 9792.9.1(e)(5)(K), if the requesting physician wishes to speak to the reviewing physician regarding this determination, you can call (714)385-850 to arrange an agreed upon scheduled time between the hours of 8:30 a.m. and 5:30 p.m. Monday through Friday (PST). Should the reviewing physician be unable to speak with you, another reviewer who is competent to evaluate the specific clinical issues involved in the medical treatment services will be made available.

Sincerely,

Jan Yip  
Utilization Management Department

cc: Office Copy

Raymond Fonseca

Angelique Baltazar

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Gordon Edelstein Krepack

Fuller Jenkins