

[Request for Authorization for CRESPO ANGELA (372925)][11/30/2023 06:09 AM]



State of California
Division of Workers' Compensation
Request for Authorization

DWC Form RFA - California Code of Regulations, title 8, section 9785.

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

- ☐ New Request ☐ Resubmission - Change in Material Facts
- ☐ Expedited Review: Check box if the patient faces an imminent and serious threat to his or her health
- ☐ Check box if request is the written confirmation of a prior oral request

Employee Information

Employee Name (Last, First, Middle): CRESPO ANGELA

Date of Injury (MM/DD/YYYY): 05/06/2022

Date of Birth (MM/DD/YYYY): 09/22/1965

Claim Number: 216001633

Employer: CHINO VALLEY MEDICAL-PRIME HEALTHCAR

Provider Information

Provider Name: TIANA ADAMS, P.A.

Practice Name: ProActive Work Health Medical Center

Contact Name:

Address: 1801 Excise Ave. #108

City: Ontario

State: CA

Zip Code: 91761

Phone: 818-528-6766

Fax Number: 213-223-5161

Provider Specialty: Physician Asst.

NPI Number: 1164643250

E-mail Address: referrals@proactivework.com

Claims Administrator Information

Claims Administrator: AMERICAN CLAIMS MGMT

Contact Name: WHITEDAVID

Address: P.O. BOX 85251

City: SAN DIEGO

State: CA

Zip Code: 92186

Phone: (619) 881-5540

Fax Number: (866) 671-5042

E-mail Address: dwhite@acmclaims.com

Requested Treatment: (See the Instructions for guidance: attach additional pages if necessary.)

Either state the requested treatment in the below space or indicate the specific page number(s) of the accompanying medical report on which the requested treatment can be found. Up to five(5) procedures may be entered; attach additional requests on a separate sheet.

Diagnosis	ICD-Code	Procedure Requested	CPT/HCPCS	Other Information: (Frequency, Duration, Quantity, Facility, etc)
Stiffness of left hand, not elsewhere classified	M25642	ERGONOMIC EVALUATION		
Pain in left forearm	M79632			
Stiffness of right hand, not elsewhere classified	M25641			
Strain of other specified muscles, fascia and tendons at wrist and hand level, left hand, subsequent encounter	S66812D			
Pain in left shoulder	M25512			
Strain of other specified muscles, fascia and tendons at wrist and hand level, right hand, subsequent encounter	S66811D			

Special Instructions / Treatments:

Ordered 8/16/2022 but was never completed. I am requesting again

Treating Physician Signature:Handwritten signatures of Robert G. Splawn and Tiana Adams, P.A. The signature of Robert G. Splawn is on the left, and the signature of Tiana Adams, P.A. is on the right.

ROBERT G. SPLAWN, M.D.

TIANA ADAMS, P.A.

Date: 10/11/23**Claims Administrator 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 disputedAuthorization Number (if assigned):Date:Authorized Agent Name:Signature:Phone:Fax Number:E-mail Address:Comments: