


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.

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Resubmission – Change in Material Facts				
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
Employee Information				
Name (Last, First, Middle): Montoya Enrique				
Date of Injury (MM/DD/YYYY): 11/04/2022			Date of Birth (MM/DD/YYYY): 07/10/1975	
Claim Number: 221069824			Employer: Design Equity	
Requesting Physician Information				
Name: Omar Kholaki				
Practice Name: Los Angeles Center for Oral & Maxillofacial Surge			Contact Name: Glam Verzosa	
Address: 2080 Century Park East, Suite 610			City: Los Angeles	State: CA
Zip Code: 90067	Phone: (310) 220-4528		Fax Number: (626) 471-5885	
Specialty: Oral Surgeon			NPI Number: 1750738555	
E-mail Address: glam@la-coms.com				
Claims Administrator Information				
Company Name: TriStar Risk Management			Contact Name: Brandon Wheeler	
Address: PO Box 2805			City: Clinton	State: IA
Zip Code: 52733	Phone: -		Fax Number: -	
E-mail Address: brandon.wheeler@tristargroup.net				
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.)
Fracture of alveolus of maxilla	S02.42	Removal of hardware	D6100	x1
		Post Operative	D0171	x1
Requesting Physician Signature: 				Date: 11/07/2023
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay)				
<input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

Tuesday, November 7, 2023

History and Exam

Enrique Montoya Male DOB: 7/10/1975 Age: 48 years, 3 months Last Visit: Referred By:

History

Chief Complaint:

Metal braces

HPI: 48yom s/p work related accident on 11/4/202. He underwent surgery to repair his traumatic injuries which he describes as loose anterior teeth and avulsed tooth #9. He has been in his erich arch bars for about 1 year in duration.

PMH: See history

PSH: The patient denies any general anesthetic complications.

SFH: No Illicit Drug Hx
Does not smoke

Medications: None

Allergies: None

Health Alerts: None

Exam

General:

Alert and Oriented x 3

Oral: ASA 2

Airway Class 2

No obvious soft tissue lesions
Oropharynx is clear
Normal mouth range of motion

Occlusion stable
Erich arch bars in anterior maxilla
Missing #9
Intruded #8

Heart:

No jugular venous distension, no obvious peripheral edema

Lungs:

Normal work of breathing on room air

Radiologic: CBCT (today)

Adequate study, no bony pathology, sinuses clear bilaterally, TMJ with normal appearing condyles.

Avulsed tooth #9. Intruded/subluxated teeth #s 7 and 8. Erich arch bars in anterior maxilla.

Diagnosis:

Previous alveolar fracture s/p placement of erich arch bars ~1 year ago

Counseling Note:

Diagnosis and treatment plan were fully reviewed with the patient. The risks, benefits and alternatives have been discussed with the patient/legal guardian.

Plan:

Pt requires removal of hardware (erich arch bar, D6100 code) under local anesthesia.

Dr. Omar Kholaki (electronic signature) Tuesday, November 7, 2023 3:13:29 PM

Name: Enrique Montoya (150859)

Image Name: Pano 110723

