


**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 <span style="float:right;"><input type="checkbox"/> Resubmission – Change in Material Facts</span>				
<input type="checkbox"/> Expedited Review: Check box if the employee faces an imminent and serious threat to his or her health.				
<input type="checkbox"/> Check box if request is written confirmation of a prior oral request.				
<b>Employee Information</b>				
Name: (Last, First, Middle): Patino, Zoila				
Date of Injury: MM/DD/YYYY: 04/11/2021			Date of Birth: 07/13/1977	
Claim Number: 189519197-001			Employer: Jones Management	
<b>Requesting Physician Information</b>				
Name: David M. Auerbach				
Practice Name: SCOI in Alliance With UCLA Health			Contact Name: Almira	
Address: 6815 Noble Ave			City: Van Nuys State: Ca	
Zip Code: 91405		Phone: 818-901-6600		Fax Number: 818-901-4581
Specialty: Orthopedic Surgeon			NPI Number: 1851320352	
E-mail Address:				
<b>Claims Administrator Information</b>				
Company Name: Broadspire			Contact Name: Karson Kammerer	
Address: PO Box 14645			City: Lexington State: KY	
Zip Code: 40512		Phone: 628-212-0178		Fax Number: 859-550-2170
E-mail Address:				
<b>Requested Treatment (see instructions for guidance; attached additional pages if necessary)</b>				
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.)
Left Shoulder Decompression	M25.612	Cold Compression Unit	E1399	14 day rental through Exovie
		Thermal Compression Pad	E0668	Purchase through Exovie
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div>             Requesting Physician Signature:               David M. Auerbach, MD           </div> <div>             Date: 08/15/2023           </div> </div>				
<b>Claim Administrator/Utilization Review Organization (URO) Response</b>				
<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				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:		Fax Number:		E-mail Address:
Comments:				

**UCLA Health System  
Los Angeles, CA**
**ENCOUNTER INFORMATION**

Department: SCOL ORTHO WLW

Visit Type: WC FOLLOW UP

**PATIENT INFORMATION**
Name: **PATINO, ZOILA**Address: 750 Highland Dr  
OJAI, CA 93023

Race: OTHER RACE

Ethnicity: HISPANIC OR LATINO

Religion:

Employer: JAMES MANAGEMENT OJAI

Employer Address: 11444 N. VENTURA BLVD  
OJAI CA 93023
**EMERGENCY CONTACTS**

Name: No Contact

Address: 750 Highland Dr  
OJAI, CA 93023

Home 800-500-5609

Work

Mobile

Relation: Unknown

**GUARANTOR INFORMATION**

Name:

Address:

Employer:

Employer

Addr:

**INSURANCE INFORMATION HMO/PPO:**
Insurance N/A

Subscriber Id: Medicare ID Restricted

Relationship to

Subscriber Employer:

Secondary N/A

Subscriber Id

Relationship to N/A

Subscriber

Employer: James Management Ojai

**ACCIDENT INFORMATION**
IEACCIDENT DATE OF INJURY:

Patient Name: Patino, Zoila

Preferred Pronoun:

MRN: 6093106

CSN: 90181101526

Appt Date/Time: 8/4/2023 9:00 AM

Provider: AUERBACH, DAVID M.

Referring Provider: No ref. provider found

Referring Prov N/A

Phone: Pcp, No, MD

PCP: None

PCP Phone:

DOB: 7/13/1977 Age 46

Marital Status: MARRIED Sex F

Primary Language: SPANISH

Home Phone: 805-500-5609

Mobile Phone: 805-298-2198

Interpreter Needed: Yes

Employment Status: Full Time

SSN: xxx-xx-4573

Adv Directive: Not Received

Adv Dir Temp: Not Received

Name:

Address:

Home Phone:

Work Phone:

Mobile Phone:

Relation:

DOB:

Relation:

Home Phone:

Other Phone:

Employment Status:

FC: Worker's Comp

Plan:

Group:

Subscriber Name:

Subscriber DOB:

FC: Worker's Comp

Plan: N/A

Group: N/A

Subscriber Name: N/A

Subscriber DOB:

CLAIM  
ID:

AC90181101526

Date:08/15/2023

RE: Patino, Zoila  
 DOB:07/13/1977  
 WC Carrier: Broadspire  
 DOI:04/11/2021  
 CL #:189519197-001  
 ACCT #: 6093106

### TREATING PHYSICIAN'S LETTER OF MEDICAL NECESSITY

This patient requires the use of a cold compression therapy unit with accompanying sterile pad and/or wrap to be applied post operatively in surgery. This is an extremely painful procedure and cold compression therapy reduces the need for post-operative narcotic/opioid pain medications and reduces swelling to facilitate healing.

Prescribing narcotic/opioid medication is now federally regulated by the Controlled Substances Act (CSA). Advanced Medical Technology Association (AdvaMed) 2018 shows that Cold Compression Therapy is a necessary and valuable technology to treat acute postoperative pain, enabling patients to return to routine activities in a shorter period of time while experiencing less pain and discomfort after surgery. American Academy of Orthopaedic Surgeons (AAOS) 2017 recognizes the life-threatening danger of these opioids and call for patients and doctors alike to minimize their use.

Please take this into consideration while reviewing this request for authorization.

If you have any questions regarding this report, please do not hesitate to contact me.

Disclosure: I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and the contents of this report and bill are true and correct to the best of my knowledge.

Sincerely,



David M. Auerbach, M.D.

#### Orthopedic Surgery

David M. Auerbach, MD  
 Michael S. Bahk, MD  
 Babak Barcohana, MD  
 Saul M. Bernstein, MD  
 Andrew A. Brooks, MD, FACS  
 Joseph P. Burns, MD  
 Wilson Del Pizzo, MD  
 Richard D. Ferkel, MD  
 Marc J. Friedman, MD  
 Mark H. Getelman, MD  
 Brian S. Grossman, MD  
 Carlos A. Guanche, MD  
 Christopher D. Hamilton, MD  
 Gregory J. Hanker, MD  
 Jonathan S. Javlin, MD, FACS  
 Ronald P. Karzel, MD  
 Trevor P. Lynch, MD, FACS  
 Patricia C. McKeever, MD  
 Todd D. Moldawor, MD  
 William H. Mouradian, MD  
 Mark L. Schambelin, MD  
 Steven A. Schopler, MD  
 Todd A. Shapiro, MD  
 Paul M. Simic, MD  
 Stephen J. Snyder, MD

#### Plastic Surgery and Reconstructive Surgery

David Bowen, MD

#### Physical Medicine & Rehabilitation

A. Elizabeth Bloze, MD  
 Robert Gazmarian, MD  
 Todd J. Molnar, MD

#### Medical Legal Evaluation

H. Leon Brooks, MD  
 Richard L. Masserman, MD

#### Primary Care Sports Medicine

Andrew M. Blecher, MD  
 Richard J. Spelts, DO

#### Van Nuys (main office)

6815 Noble Avenue  
 Van Nuys, CA 91405  
 Phone: (818) 901-6600  
 Fax: (818) 901-6680

#### Bakersfield

2400 Bahamas Drive, Ste. 200  
 Bakersfield, CA 93309  
 Phone: (661) 328-5565  
 Fax: (661) 631-2067

#### Pasadena

39 Congress St. #201  
 Pasadena, CA 91105  
 Phone: (626) 585-2948  
 Fax: (626) 577-1847

#### Ridgecrest

913 Alene Avenue  
 Ridgecrest, CA 93555  
 Phone: (760) 499-7099  
 Fax: (760) 446-6189

#### Simi Valley

3605 Alamo Street, Ste. 200  
 Simi Valley, CA 93063  
 Phone: (805) 578-8550  
 Fax: (805) 578-8555

#### Thousand Oaks

375 Rolling Oaks Drive, Ste. 210  
 Thousand Oaks, CA 91361  
 Phone: (805) 497-7015  
 Fax: (805) 497-7315

#### Valencia

24051 Newhall Ranch Road  
 Valencia, CA 91354  
 Phone: (661) 254-6364  
 Fax: (661) 254-6787

AUG/16/2023/WED 03:26 PM

FAX No.

P. 003

Patino, Zoila (MRN: 6093106) DOB: 7/13/1977



Southern California Orthopedic Institute - Westlake  
Village  
30870 RUSSELL RANCH RD STE 150,300,330  
WESTLAKE VILLAGE CA 91362-7347

Patino, Zoila

MRN: 6093106, DOB: 7/13/1977, Sex: F

Visit date: 7/31/2023

**Patino, Zoila**

MRN: 6093106

**Mantini Reinoso, Danielle Y.**

Physician Assistant

Specialty: Orthopaedic Surgery

Progress Notes  

Addendum

Creation Time: 07/31/23 0745

7/31/2023

BROADSPIRE

PO BOX 14645

Lexington, KY 40512

RE: Zoila Patino

DOB: 7/13/1977

EMP: James Management Ojai

D/I: 4/11/2021

CL#: 189519197-001

ACCT#: 6093106

**PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT**

The patient was seen in the Westlake office today accompanied by an interpreter

**INTERIM HISTORY:** The patient is being followed for

1. Left wrist tendinitis
2. Status post left shoulder operative arthroscopy, subacromial decompression, Mumford, completion of the started biceps sheath release and arthroscopic tenodesis
3. Cervical spine pain
4. Left shoulder adhesive capsulitis

**SUBJECTIVE COMPLAINTS:** The patient returns and notes she is the same. She is ready to proceed with surgery. She notes the left wrist is stable

**OBJECTIVE FINDINGS**

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FAX No.

P. 004

Patino, Zoila (MRN: 6093106) DOB: 7/13/1977

**PHYSICAL EXAMINATION:** The patient is well developed, well nourished, and in no acute distress. Body habitus is normal. Patient is oriented x 3, to place, time and person. Judgment, mood and affect are appropriate.

Left shoulder exam. The incision sites are well healed. There is tenderness palpation over the biceps. Active forward flexion 80, AB duction 45, external rotation 15. The patient is able to make a full fist. Sensation is intact to light touch in all digits. The fingers are well perfused.

Left wrist exam. No tenderness to palpation. Full range of motion. The patient is able to make a full fist. Sensation is intact to light touch in all digits. The fingers well perfused.

**IMAGING/TESTING:** None taken today

**DIAGNOSIS:**

1. Left wrist tendinitis
2. Status post left shoulder operative arthroscopy, subacromial decompression, Mumford, completion of the started biceps sheath release and arthroscopic tenodesis 7-19-2022
3. Cervical spine pain
4. Left shoulder adhesive capsulitis

**DISCUSSION/PLAN:** The diagnosis, treatment options and plan were discussed in detail with the patient. The following treatment plan has been agreed upon.

The patient is scheduled for a **left shoulder operative arthroscopy, manipulation under anesthesia, extensive debridement** on an outpatient basis under regional block anesthesia

The patient understands the potential risks and complications of surgery including the risk of anesthesia, which includes heart attack, stroke and death, the risk of infection, risk of injury to arteries, nerves, or tendons, the risk of breakage to the bone, risk of breakage of hardware within the bone, risk of loosening of hardware, risk of mal-positioning of the bone, risk of non-healing of the bone, all of which may require additional surgery. The patient also understands possibility for the need of hardware removal in the future and also the possibility that the hardware may not be removable. In addition, the patient understands the possibility of persistent pain, stiffness, weakness, or recurrence of the problem despite adequate surgery, and the possibility of reflex sympathetic dystrophy. The patient also understands that they have a responsibility in their post-operative care and it is important

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FAX No.

P. 005

Patino, Zoila (MRN: 6093106) DOB: 7/13/1977

that post-operative instructions are followed regarding bandage care, wound care, range of motion exercises and specific precautions.

The patient would like to proceed. Informed consent has been obtained

The patient was given a prescription for Tramadol 50mg, 1 po q 6h prn moderate pain, #30, Vistaril 50mg 1 po q 6h prn nausea and itching, #15 and Colace 100mg 1 po bid prn constipation #60

Reviewed medication/narcotic, precautions, benefits, uses side effects and alternatives. The patient will take the medication as directed. The patient will discontinue the medication for any negative side effects and call the office or go to the ED if the office is closed. The patient states understanding.

Cures check

External rotation UltraSling dispensed for postoperative use

Sling use reviewed

Physical therapy 2 times a week for 8 weeks

Home exercise program

Reviewed uses, limitations and activity modifications

Addendum:

The patient's pharmacy did not have her postoperative medication. This was sent to a new pharmacy, as above

**WORK STATUS:** The patient has not reached maximal medical improvement.

**WORK CAPACITY AND RESTRICTIONS:** The patient is temporarily partially disabled with the restriction of right handed work only

**NEXT APPOINTMENT:** The patient will return to the office 2 days postoperatively. We will initiate a therapy program at that time

**DISCLOSURE:** I declare under penalty of perjury that I have not violated Labor Code Section 139.3.

The contents of this report and bill are true and correct to the best of my knowledge.

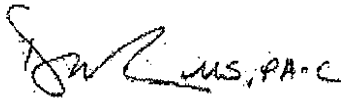
AUG/16/2023/WED 03:27 PM

FAX No.

P. 006

Patino, Zoila (MRN: 6093106) DOB: 7/13/1977

The patient was examined and evaluated by Danielle Mantini Reinoso, PA-C for David M. Auerbach, MD. The evaluation and plan was reviewed and approved by David M. Auerbach, MD.



Danielle Mantini Reinoso MS, PA-C/David M. Auerbach, MD  
ORTHOPEDIC SURGERY OF THE HAND, WRIST, ELBOW AND SHOULDER  
7-20-2023

Signed by Mantini Reinoso, Danielle Y. on 07/31/23 1026

Signed by Mantini Reinoso, Danielle Y. on 08/14/23 1134

Office Visit on 7/31/2023    *Note shared with patient*

AUG/16/2023/WED 03:26 PM

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P. 003

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Village  
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WESTLAKE VILLAGE CA 91362-7347

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MRN: 6093106, DOB: 7/13/1977, Sex: F

Visit date: 7/31/2023

**Patino, Zoila**

MRN: 6093106

**Mantini Reinoso, Danielle Y.**

Physician Assistant

Specialty: Orthopaedic Surgery

Progress Notes



Creation Time: 07/31/23 0745

Addendum

7/31/2023

BROADSPIRE  
PO BOX 14645  
Lexington, KY 40512

RE: Zoila Patino  
DOB: 7/13/1977  
EMP: James Management Ojai  
D/I: 4/11/2021  
CL#: 189519197-001  
ACCT#: 6093106

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FAX No,

P. 006

Patino, Zoila (MRN: 6093106) DOB: 7/13/1977

The patient was examined and evaluated by Danielle Mantini Reinoso, PA-C for David M. Auerbach, MD. The evaluation and plan was reviewed and approved by David M. Auerbach, MD.



Danielle Mantini Reinoso MS, PA-C/David M. Auerbach, MD  
ORTHOPEDIC SURGERY OF THE HAND, WRIST, ELBOW AND SHOULDER  
7-20-2023

Signed by Mantini Reinoso, Danielle Y. on 07/31/23 1026

Signed by Mantini Reinoso, Danielle Y. on 08/14/23 1134

Office Visit on 7/31/2023    *Note shared with patient*