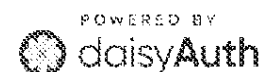


TIME RECEIVED
November 7, 2023 at 12:27:56 PM PSTREMOTE CSID
+13473943137DURATION
160PAGES
5STATUS
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2023-11-07 14:25 CST -

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Request for Authorization Fax Cover Sheet



From Requesting Physician

Name Priscilla Pitchardo
Practice Name Grossmont Orthopaedic Medical
Group
Telephone (619) 462-3131 x232
Fax Number (619) 462-1731
Email priscilla@grossmontortho.com

To Claims Administrator

Name Cynthia Perez
Fax Number (858) 715-8801
Fax Date & Time 11/07/23 12:25 PM PST
Total Pg Count 5

Employee Information

Name JAMIE ESTRADA
DOB 05/31/1962
Date of Injury 05/22/2003
Claim Number 231093102

Fax Message -- none --

Utilization Review Decision

Prospective

UR Decision Due Date

11/15/2023

Requesting Physician Fax

(619) 462-1731

Please return this RFA Fax Cover Sheet when faxing a UR Decision to the Requesting Physician.

daisyBill RFA# 785333



What is this? Upon receipt of the faxed UR decision, daisyAuth will use this barcode to automatically alert the Requesting Physician to make the necessary arrangements for the injured worker's authorized care. **daisyAuth** makes treating injured workers easier and quicker for everybody. Find out more at **daisyBill.com**

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): Estrada, Jamie				
Date of Injury (MM/DD/YYYY): 05/22/2003			Date of Birth (MM/DD/YYYY): 05/31/1962	
Claim Number: 231093102			Employer: Imerial Irrigation District	
Requesting Physician Information				
Name: Scott Hacker MD				
Practice Name: Grossmont Orthopaedic Medical Group			Contact Name: Priscilla Burkhardt	
Address: 5565 Grossmont Center Drive #256			City: La Mesa	State: CA
Zip Code: 919423026	Phone: (619) 462-3131 x232	Fax Number: (619) 462-1731		
Specialty: Specialist			NPI Number: 1750450805	
E-mail Address: priscilla@grossmontortho.com				
Claims Administrator Information				
Company Name: Tristar Risk Management			Contact Name: Cynthia Perez	
Address: P.O. Box 2805			City: Clinton	State: IA
Zip Code: 52733	Phone: (626) 407-0400	Fax Number: (858) 715-8801		
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.)
Unilateral primary osteoarthritis, left knee	M1712	Left Knee Cortisone Injection	20611	
Unilateral primary osteoarthritis, left knee	M1712	Follow Up	99214	

daisyBill RFA#785333

Page 1 of 2



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: _____		

History and Physical

Patient Name:	Jaime Estrada	Visit Date:	October 27, 2023
Patient ID:	32298	Provider:	Scott A. Hacker, MD
Sex:	Male	Location:	GOMG a Medical Partnership
Birthdate:	May 31, 1962	Location Address:	5565 Grossmont Center Dr, #3-256 La Mesa, CA 919423098
		Location Phone:	(619) 462-3131

History Of Present Illness

Reason for Report

Comprehensive orthopedic consultation

Patient Information

Regarding Jaime Estrada
Employer: Imperial Irrigation District
DOI: 05/22/2023
DOE: 10/27/2023
Claim No.: 231093102
Carrier: Tristar Risk Management-SD
Adjuster: Cynthia Perez
Phone: 949-867-4111 Fax: 760-337-2163

Subjective:

A 61-year-old male patient presents with a work-related injury to his left knee. He reports a popping sound and pain, particularly when climbing stairs. The injury occurred when he fell from a truck and twisted his knee. He has been treated with ice and tylenol, and has undergone physical therapy, which provided some relief. The patient is concerned about his ability to continue his active lifestyle, which includes playing baseball. He is hesitant about the possibility of a knee replacement and is interested in exploring less invasive options. He reports no pain or discomfort that disrupts his sleep.

Objective:

Left knee ttp along the medial joint line. small effusion. ligaments stable. NVI. calves soft. good ROM.

Xrays obtained: 4V: Severe bone on bone DJD of the left knee

Assessment:

Left knee advanced osteoarthritis

Plan:

We will start with conservative treaments including requesting auth for a hyaluronic acid

injection series or corticosteroid injection. I

If the injection therapy does not provide sufficient relief, we may need to consider a partial knee replacement. The patient will be advised to avoid high-impact activities such as running to prevent further damage to the knee.

Risks/benefits/alternatives discussed. All questions answered.

Vitals

Date	Time	BP	Position	Site	Cuff		RR	TEMP		WT	HT	BMI	BSA	O2	PR
					L/R	Size		(F)	kg/m²			m²	Sat	L/min	FC2
10/27/2023	10:15 AM									252lbs 16 oz	5' 10"	36.3	2.38		

Assessment

- (1) Osteoarthritis, knee 715.36/M17.9

Plan

Instructions

- o WORK AND DISABILITY

Electronically Signed by: Scott A. Hacker, MD -Author on October 27, 2023 12:47:07 PM