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UM Appeal Process for California

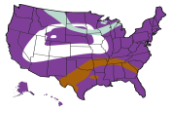
Standard Appeal Process- Non-Urgent Cases

1. If a non-certification has been issued and further review is desired by the ordering or rendering health care provider and/or consumer, or person acting on their behalf shall:
 - a. Submit request for appeal in writing to ALARIS Utilization Review Department, 5001 American Blvd W Ste 405, Bloomington MN 55437 **OR** via fax to 855-683-5079.
 - b. File within 30 days from the date of the non-certification notification.
 - c. Indicate the grounds for appeal and any supporting documentation.
2. Upon receipt of an appeal by UM Staff:
 - a. The appeals letter and attached supporting documentation, with the original information is reviewed, then forwarded to a Clinical Peer Reviewer.
 - b. Further medical information and/or supporting documentation may be requested or required from the ordering health care provider by the Clinical Peer Reviewer.
 - c. Within ten (10) days of receipt, the Clinical Peer Reviewer will make determination.
 - d. All parties will be informed of the decision by letter to include the principal reason for the determination. A statement of the clinical rationale used in making the appeal decision will be provided in writing upon request. If there are further jurisdictional requirements or options for the appeal process, they will be included in this letter.

The appeal process will be completed as soon as practicable based on the medical or clinical immediacy of the condition, procedure or treatment but no longer than thirty (30) days from the date of receiving the request.

Expedited Appeals Process – Urgent Cases

1. If a non-certification has been issued and the ordering health care provider believes the decision warrants immediate determination, they shall:
 - a. Submit request for expedited appeal via fax to 855-683-5079 or in writing to ALARIS Utilization Review Department, 5001 American Blvd W Ste 405, Bloomington MN 55437.
 - b. Indicate the grounds for appeal and any supporting documentation.
2. Upon receipt of an expedited appeal by UM Staff:
 - a. Every effort is made to immediately forward all collected information, and the appeals request to the Clinical Peer Reviewer/Specialty Consultant (MD) of the same discipline as the ordering provider but other than the reviewer who made the initial determination and attain MD determination within 48 hours.
 - b. All parties will be informed of the decision within in 72 hours in written form with principle reasons for the decision, and an indication that clinical rationale will be provided upon request. Information on resources to pursue additional appeal mechanisms, if any will be provided.
 - c. The expedited appeal process will be completed within three (3) days from the time of receiving the request.



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NOTE: 2013 RULE CHANGES - CALIFORNIA

In the state of **California**, effective 1/1/13, Independent Medical Review (IMR) is available to resolve medical necessity treatment disputes for industrial injuries occurring on or after Jan. 1, 2013. On July 1, 2013, IMR is available to resolve medical necessity treatment disputes for all dates of industrial injury.

Only the injured employee or his or her designee can request IMR. If the injured employee is represented, the employee's representative or attorney can request IMR. If the injured employee is unrepresented, he or she can designate a parent, guardian, conservator, relative or other person as an agent to act on his or her behalf to request IMR.

The physician whose request for authorization of medical treatment was delayed, denied or modified may join with or assist the injured employee in seeking IMR.

If the injured employee required emergent medical treatment because of an imminent and serious threat to his or her health, the provider of emergency medical treatment can submit an application for IMR. The injured employee can request IMR by signing a DWC form IMR-1 and mailing the form to the administrative director within 30 days of service of the UR decision.

ALARIS will enclose the DWC form IMR-1 with the UR decision it sends to the injured employee that delays, denies or modifies the treatment request.

To request an expedited IMR, the DWC form IMR-1 must include the treating physician's certification indicating that the employee faces an imminent and serious threat to his or her health.

The IMR must be requested within 30 days of the date of service of the UR decision.

If the request for IMR is made by a provider of emergency medical treatment, the deadline for filing the application for IMR is within 30 days of receipt of the UR decision concerning the provider's retrospective request for authorization of the emergency medical treatment.

If at the time of the UR decision the claims administrator is also disputing liability for the treatment for any reason besides medical necessity, the request for IMR is extended to 30 days after service of a notice to the employee showing that the other dispute of liability has been resolved.