

Utilization Review Organization Investigation Performance Rating

Calendar year: **2024**

Investigation Number: **URA-S11-24-R1**

Claims Administrator: **Alliant Specialty Insurance Services**

Location: **San Diego**

Utilization Review Organization: **Rehab West**

| RFAs reviewed: | | Decisions by Type: | |
|----------------|---|---------------------|---|
| Prospective | 8 | Approvals | 0 |
| Concurrent | 0 | Modifications | 3 |
| Retrospective | 0 | Denials | 5 |
| | | Conditional Denials | 0 |

| 1. Factor for Untimely Responses | | | |
|---|----------|---------------------------------|----------|
| Late prospective responses | 0 | Total of prospective requests | 8 |
| Late concurrent responses | 0 | Total of concurrent requests | 0 |
| Late retrospective responses | 0 | Total of retrospective requests | 0 |
| Total | 0 | Total | 8 |
| Faulty Notices divided by Total Requests = | | | 0.00000 |

| 2. Factor for Faulty Notice Content | | | |
|---|----------|---------------------------------|----------|
| Faulty prospective responses | 0 | Total of prospective requests | 8 |
| Faulty concurrent responses | 0 | Total of concurrent requests | 0 |
| Faulty retrospective responses | 0 | Total of retrospective requests | 0 |
| Total | 0 | Total | 8 |
| Faulty Notices divided by Total Requests = | | | 0.00000 |

| 3. Factor for Improper Distribution | | | |
|---|----------|---------------------------------|----------|
| For prospective decisions | 0 | Total of prospective requests | 8 |
| For concurrent decisions | 0 | Total of concurrent requests | 0 |
| For retrospective decisions | 0 | Total of retrospective requests | 0 |
| Total | 0 | Total | 8 |
| Faulty Notices divided by Total Requests = | | | 0.00000 |

| | |
|---------------------------------------|---------------|
| Utilization Review Performance Rating | 100.0% |
|---------------------------------------|---------------|

* A Utilization Review Performance Rating of **85%** or greater is a passing score.

Analysis of penalties and/or violations cited for this investigation

Claims Administrator: **Alliant Specialty Insurance Services**

Utilization Review Organization: **Rehab West**

Location: **San Diego**

Number of Utilization Review Requests for Authorization (requests) for Quarter: 9

Requests reviewed: 8

Complaints reviewed: 0

| Type of Violations | Violation of Title 8, CCR §9792.12 | Footnotes | Number of violations | Total \$ Violations Identified | \$ Not Subject to Assessment | Total \$ Subjected to Assessment |
|---|------------------------------------|-----------|----------------------|--------------------------------|------------------------------|----------------------------------|
| Failure to establish a utilization review plan. | §9792.12(a)(1) | | 0 | \$0 | \$0 | \$0 |
| Failure to maintain a UR plan conforming to all of the requirements of 8CCR§9792.7(a). | §9792.12(a)(2) | | 0 | \$0 | \$0 | \$0 |
| Failure to file a UR plan or letter in lieu of UR plan with the Administrative Director. | §9792.12(a)(3) | | 0 | \$0 | \$0 | \$0 |
| Failure to timely file any material modification of a UR plan with the Administrative Director. | §9792.12(a)(4) | | 0 | \$0 | \$0 | \$0 |
| Failure to employ or designate a physician as medical director of the UR process. | §9792.12(a)(5) | | 0 | \$0 | \$0 | \$0 |
| Issuance of a decision to modify or delay a request which is not within the reviewer's scope of practice. | §9792.12(a)(6) | | 0 | \$0 | \$0 | \$0 |

| Type of Violations | Violation of Title 8, CCR §9792.12 | Footnotes | Number of violations | Total \$ Violations Identified | \$ Not Subject to Assessment | Total \$ Subjected to Assessment |
|--|------------------------------------|-----------|----------------------|--------------------------------|------------------------------|----------------------------------|
| Modification, delay or denial of a request by a non-physician. | §9792.12(a)(7) | | 0 | \$0 | \$0 | \$0 |
| Approval of amended request by non-physician without written evidence for submission of amended request. | §9792.12(a)(8) | | 0 | \$0 | \$0 | \$0 |
| Failure to timely respond to an expedited request. | §9792.12(a)(9) | | 0 | \$0 | \$0 | \$0 |
| Denial of request solely because it is not addressed by MTUS/ACOEM. | §9792.12(a)(10) | | 0 | \$0 | \$0 | \$0 |
| Failure to document discussion for care plan for denial of concurrent request. | §9792.12(a)(11) | | 0 | \$0 | \$0 | \$0 |
| No response to non-expedited concurrent request. | §9792.12(a)(12) | | 0 | \$0 | \$0 | \$0 |
| No response to non-expedited prospective request. | §9792.12(a)(13) | | 0 | \$0 | \$0 | \$0 |
| No response to a retrospective request. | §9792.12(a)(14) | | 0 | \$0 | \$0 | \$0 |
| Failure to disclose UR guidelines to the public. | §9792.12(a)(15) | | 0 | \$0 | \$0 | \$0 |

| Type of Violations | Violation of Title 8, CCR §9792.12 | Footnotes | Number of violations | Total \$ Violations Identified | \$ Not Subject to Assessment | Total \$ Subjected to Assessment |
|--|------------------------------------|-----------|----------------------|--------------------------------|------------------------------|----------------------------------|
| Failure of URO or claims administrator to provide documentation of compliance pursuant to 8CCR§9792.11(v)(5). | §9792.12(a)(16) | | 0 | \$0 | \$0 | \$0 |
| Failure to timely comply with any compliance requirement for the Final Report of UR Investigation. | §9792.12(a)(17) | | 0 | \$0 | \$0 | \$0 |
| Failure to provide timely notice to all parties of need to extend decision date for request. | §9792.12(b)(4)(A) | | 0 | \$0 | \$0 | \$0 |
| Failure to document efforts to obtain information from requesting party prior to denying request. | §9792.12(b)(4)(B) | | 0 | \$0 | \$0 | \$0 |
| Failure to make and communicate a decision to approve, modify or deny a prospective/ concurrent request within 5 days of receiving needed information. | §9792.12(b)(4)(C) | | 0 | \$0 | \$0 | \$0 |
| Failure to issue timely retrospective decision within 30 days of receipt of requested information. | §9792.12(b)(4)(D) | | 0 | \$0 | \$0 | \$0 |

| Type of Violations | Violation of Title 8, CCR §9792.12 | Footnotes | Number of violations | Total \$ Violations Identified | \$ Not Subject to Assessment | Total \$ Subjected to Assessment |
|--|------------------------------------|-----------|----------------------|--------------------------------|------------------------------|----------------------------------|
| Incomplete notice of modification, delay or denial. | §9792.12(b)(4)(E) | | 0 | \$0 | \$0 | \$0 |
| Failure to provide UR criteria/guidelines when requested by patient. | §9792.12(b)(4)(F) | | 0 | \$0 | \$0 | \$0 |
| Failure to make a timely request for additional information needed for decision for prospective/ concurrent request. | §9792.12(b)(5)(A) | | 0 | \$0 | \$0 | \$0 |
| Failure to provide timely initial communication of approval for a prospective/concurrent request. | §9792.12(b)(5)(B) | | 0 | \$0 | \$0 | \$0 |
| Failure to provide timely notice to all parties of decision to modify, delay, or deny a prospective/ concurrent request. | §9792.12(b)(5)(C) | | 0 | \$0 | \$0 | \$0 |
| Failure to provide timely notice to all parties in a decision for a retrospective request. | §9792.12(b)(5)(D) | | 0 | \$0 | \$0 | \$0 |
| Failure to immediately notify the requesting party that decision cannot be made within timeframes. | §9792.12(b)(5)(E) | | 0 | \$0 | \$0 | \$0 |

| Type of Violations | Violation of Title 8, CCR §9792.12 | Footnotes | Number of violations | Total \$ Violations Identified | \$ Not Subject to Assessment | Total \$ Subjected to Assessment |
|---|------------------------------------|-----------|----------------------|--------------------------------|------------------------------|----------------------------------|
| Failure to document need/basis to delay decision. | §9792.12(b)(5)(F) | | 0 | \$0 | \$0 | \$0 |
| Failure to provide in written notice the reason for delay in making a decision. | §9792.12(b)(5)(G) | | 0 | \$0 | \$0 | \$0 |
| Failure to provide the Application for Independent Medical Review, DWC Form IMR. | §9792.12(c)(1) | | 0 | \$0 | \$0 | \$0 |
| Failure to provide the Employee Name, Address, Phone Number, and Date of Injury. | §9792.12(c)(2)(A) | | 0 | \$0 | \$0 | \$0 |
| Failure to provide the Requesting Physician Name, Address, Specialty, and Phone Number. | §9792.12(c)(2)(B) | | 0 | \$0 | \$0 | \$0 |
| Failure to provide the Claims Administrator Name, Adjustor / Contact Name, Address, and Phone Number. | §9792.12(c)(2)(C) | | 0 | \$0 | \$0 | \$0 |
| Failure to complete any field under the section heading "Disputed Medical Treatment;" | §9792.12(c)(2)(D) | | 0 | \$0 | \$0 | \$0 |

| Type of Violations | Violation of Title 8, CCR §9792.12 | Footnotes | Number of violations | Total \$ Violations Identified | \$ Not Subject to Assessment | Total \$ Subjected to Assessment |
|---|------------------------------------|-----------|----------------------|--------------------------------|------------------------------|----------------------------------|
| For the failure to provide any field not identified in §9792.12 (c)(2)(A) through §9792.12 (c)(2)(D). | §9792.12(c)(2)(E) | | 0 | \$0 | \$0 | \$0 |
| Failure to include a clear statement in the written decisions for modifying or denying, advising the injured employee that any dispute shall be resolved in accordance with the IMR provisions. | §9792.12(c)(3) | | 0 | \$0 | \$0 | \$0 |
| If there is an internal appeals process, a notice of modify/deny did not include statement on its internal appeals process. | §9792.12(c)(4) | | 0 | \$0 | \$0 | \$0 |
| Total | | | 0 | \$0 | \$0 | \$0 |

*Penalties for violations in 8 CCR §9792.12(a) are mandatory and cannot be waived but may be mitigated depending on factors in §9792.13. Penalties under §9792.12(b)(4) and (b)(5) may be waived per §9792.12(b)(2) and mitigated per §9792.13.