



# CALIFORNIA ORTHOPAEDIC ASSOCIATION

## Utilization Review Checklist

The COA Workers' Compensation Committee created these Utilization Review Checklist of commonly denied orthopaedic services by UR or by the Maximus IMR. We believe that these checklists will help you anticipate information that will be needed by UR reviewers.

- ◆ [ACL Tears](#)
- ◆ [ASD with Diagnosis of Partial RCT](#)
- ◆ [Impingement Syndrome](#)
- ◆ [Biceps Tenodesis for Partial Tears](#)
- ◆ [Carpal Tunnel Release](#)
- ◆ [Dupuytren's](#)
- ◆ [Flexor Tenolysis](#)
- ◆ [Triangular Fibrocartilage Complex \(TFCC\) Repair](#)
- ◆ [Foot and Ankle](#)
- ◆ [Morton's Neuroma](#)
- ◆ [Hammer Toe Syndrome](#)
- ◆ [Plantar Fasciitis](#)
- ◆ [Tarsal Tunnel Syndrome](#)
- ◆ [Lateral Ligament Ankle Reconstruction](#)
- ◆ [Lumbar Disc Herniation](#)
- ◆ [Meniscectomy](#)
- ◆ [Mumford](#)
- ◆ [Distal Clavicle Reconstruction](#)
- ◆ [OATS](#)
- ◆ [Rotator Cuff Repair](#)
- ◆ [Total Knee Replacement](#)
- ◆ [Viscosupplementation](#)

COA cannot guarantee, that by following these guidelines, your services will be approved. UR companies may also request additional information. We encourage our members to refer to these Guidelines to help make your Requests for Authorization (RFA) more complete. We would be interested to hear any feedback from you regarding these Reference Guidelines.