

IMR – MAXIMUS Information Update

The DWC and MAXIMUS FEDERAL SERVICES have received an increasing number of requests for independent medical review since it began January 1, 2013.

Initially the letters generated by the DWC and MAXIMUS contained appropriate information to identify the injured worker, claim number, date of UR decision, date of injury, IMR application received date, and the MAXIMUS case number. However, in the past few weeks letters have been missing some of this information, including a claim number.

After reviewing our concerns with MAXIMUS they will be adding the information below to all correspondence.

IMR Case Number:	CM13-0000000	Date of Injury:	MM/DD/YYYY
Claims Number:	000000000000000000	UR Denial Date:	MM/DD/YYYY
Priority:	Expedited / Standard	Application Received:	MM/DD/YYYY
Employee Name:	Participant First Name Middle Initial Last Name Suffix		
Provider Name:	Participant First Name Middle Initial Last Name Suffix		
Treatment(s) in Dispute Listed on IMR Application:	"TRANSCRIBED TEXT FROM APPLICATION"		

FYI ---- this is the second [TIP](#) from InterMed. If you have questions concerning nurse case management, utilization review, bill review, durable medical, transportation, or translation services let us know – it may be the next topic of [TIP!!](#)