



**PHYSICAL MEDICINE  
REQUEST FOR REVIEW FORM**



**Please fax form and supporting documentation to 877-665-0383**  
**PLEASE COMPLETE ALL FIELDS.**

**Physical Medicine** (select one)     Physical Therapy (PT)     Occupational Therapy (OT)  
*For PT/OT requests, please submit this form along with a completed PT/OT Questionnaire.*

**Work Conditioning**     PT Only     OT Only     PT & OT  
*For Work Conditioning requests, please submit this form along with documentation of patient's readiness to participate in a work conditioning program.*

**Note: Work Hardening does not require utilization review. Please contact claim manager for authorization.**

**Submitted by:**

Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Ext/Option #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Worker Information:**

Name: \_\_\_\_\_ L+I Claim #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

**Treating Provider Information:**

Facility/Clinic Name: \_\_\_\_\_

Facility/Clinic Phone #: \_\_\_\_\_ L&I Provider ID#: \_\_\_\_\_

New authorization period requested (dates): From: \_\_\_\_\_ To: \_\_\_\_\_

Frequency (# of visits/week) \_\_\_\_\_ Duration (# of weeks): \_\_\_\_\_

ICD9-CM Diagnosis Code: \_\_\_\_\_

Body Part(s) affected (*include side of body and/or level of spine*): \_\_\_\_\_

Has patient undergone surgical procedure(s)?     Yes     No

If yes, indicate procedure(s) and date(s): \_\_\_\_\_

**Prescribing Provider Information:**

Provider Name: \_\_\_\_\_

Provider Fax #: \_\_\_\_\_ L&I Provider ID #: \_\_\_\_\_

**Qualis Health Use Only - Reference #:**

Qualis Health provides only recommendations on medical necessity. L&I makes the final determination regarding authorization.

For program information, call Qualis Health Workers' Compensation at (800) 541-2894 or visit our website:  
<http://www.qualishealth.org/healthcare-professionals/washington-labor-industries>

**Internet** (*preferred*)

This form is **not** necessary for iEXCHANGE®.

**Login at:**

<http://www.onehealthport.com/services/Qualis.php>