

VLAD GENDELMAN, M.D., Q.M.E., F.A.A.O.S.
Orthopaedic Surgeon

6200 Wilshire Boulevard, Suite 910
Los Angeles, CA 90048

Tel: (323) 933-3434
Fax: (323) 954-8666

CONFIDENTIAL

Patient's Name:	SANTILLAN, Maria Del Rosario
Social Security No:	XXX-XX-3894
Date of Birth:	03/26/1967
Date of Injury:	CT 01/01/2012 to 04/08/2014; 02/22/2013
Employer:	Premier Staffing
Claims Administrator:	York Claims Services
Claim No:	TWCS-3293; TWCS-1588
WCAB No:	ADJ9569723; ADJ9569722
Date of Examination:	02/04/2016
Date of Report:	02/04/2016

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR2)
WITH REQUEST FOR AUTHORIZATION

Periodic Report (required 45 days after last report)
Request for authorization

TO WHOM IT MAY CONCERN:

The above-referenced patient was seen for follow-up evaluation today. This patient indicated that she did not proficiently speak or understand the English language to assure accurate and meaningful communication with health care professionals regarding her medical condition and requested the assistance of an interpreter. Therefore, to secure precise reciprocal communication, I utilized an interpreter from "Accurate Interpreting LLC" to conduct this follow-up evaluation.

SUBJECTIVE COMPLAINTS:

The patient complains of headaches as well as pain in the neck, mid/upper back, lower back and left knee. On a scale of 0 to 10, with 10

Date of Report: 02/04/2016

representing the worst, her headaches are rated as 7/10 per the VAS scale, which have decreased from 8/10 on the last visit. Her pain in the neck and left knee is rated as 7/10 per the VAS scale, which has remained the same since the last visit, 3-4/10 in the mid/upper back, which has decreased from 5/10 on the last visit and 7/10 in the lower back, which has decreased from 8/10 on the last visit.

OBJECTIVE FINDINGS:

Cervical Spine: There is grade 2 to 3 tenderness to palpation over the paraspinal muscles, which has remained the same since her last visit. There is restricted range of motion.

Thoracic Spine: There is grade 2 tenderness to palpation over the paraspinal muscles, which has remained the same since her last visit. There is restricted range of motion.

Lumbar Spine: There is grade 2 to 3 tenderness to palpation over the paraspinal muscles, which has remained the same since her last visit. There is restricted range of motion.

Left Knee: There is grade 2 to 3 tenderness to palpation, which has remained the same since her last visit. There is restricted range of motion with 0 degrees on extension and 120 degrees on flexion. There is pain on flexion.

Motor: Motor strength of the quads and hamstring is 4-/5.

COMMENTS:

- The patient states that acupuncture therapy helps to decrease her tenderness.
- She also states that her activities of daily living have improved by 10%, with acupuncture therapy.
- She is pending follow up with Dr. Friedman for lumbar epidural steroid injection on 02/12/16.

DIAGNOSTIC IMPRESSION:

1. Headaches (R51).
2. Cervical spine strain/sprain (S16.1XXA, S13.4XXA).

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3. Thoracic spine strain/sprain (S23.3XXA)
4. Lumbosacral spine strain/sprain with radiculitis (S39.012A, S33.9XXA, M54.17).
5. Lumbosacral disc protrusions, per MRI dated 04/15/15 (M51.27).
6. Left knee strain/sprain, degenerative joint disease, per MRI dated 12/15/14 (S86.912A, S83.92XA, M25.862).
7. Status post left knee arthroscopy and partial synovectomy 09/25/15.

TREATMENT PLAN:

The patient is to continue acupuncture therapy of the cervical spine, thoracic spine, lumbar spine, and left knee, twice a week for 4 weeks.

"Based on the patient's degree of progress with current treatment, I respectfully request timely authorization for the treatment plan outlined above. This request is per the Medical Treatment Utilization Schedule (**MTUS/ACOEM**) which was adopted by the Administrative Director pursuant to Labor Code Section 4610 and 5307.27 and set forth in California Code of Regulations, Title 8, Section 9792.20 et seq. The treatment plan is necessary in order to cure or relieve this patient's injury, and is consistent with **MTUS/ACOEM**. For all injuries not covered by the **MTUS/ACOEM**, treatment plans are in accordance with other evidence based medical treatment guidelines recognized by the national medical community and are scientifically based, such as the Official Disability Guidelines."

DISABILITY STATUS:

The patient remains temporarily totally disabled from 02/04/16 until 03/10/16. She needs current and future medical care.

"In order to adequately address the patient's return-to-work status, please provide a current job description, RU-90 or job analysis to our office for review. Upon receipt of same, the patient's current disability status and ability to return to modified duties will be addressed".

SANTILLAN, MARIA DEL ROSARIO

Page 4

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RETURN APPOINTMENT:

The patient is scheduled for a follow-up examination on 03/10/16.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge, and that I have not violated Labor Code Section 139.3.

A handwritten signature in black ink, appearing to read "Gendelman" with a stylized flourish above it.

Vlad Gendelman, M.D., Q.M.E., F.A.A.O.S.

Board Certified Orthopaedic Surgeon

Executed at Los Angeles, CA

Signed in the County of Los Angeles

VAG:rl

#7343

Division of Workers' Compensation

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR - 2)

TTD

Periodic Report (required 45 days after last report) Change in treatment plan Release from care
 Change in work status. Need for referral or consultation. Response to request for information
 Change in patient's condition. Need for surgery or hospitalization. Request for authorization Other:

cc:
 Patient: SANTILLAN, MARIA SEX: FEMALE DOI: CT 01/01/2012-04/08/2014 DOB: 03/26/1967
 Occupation: SS#: 620-20-3894
 Claims Administrator: YORK CLAIMS SERVICES Claim# TWCS-3293 Employer: PREMIER STAFFING

SUBJECTIVE COMPLAINTS:	PAIN		Last visit		PAIN today		Radiation																	
	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10		
<input checked="" type="checkbox"/> Headache	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10		
<input checked="" type="checkbox"/> Neck Pain	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/> no	<input type="checkbox"/> yes
<input checked="" type="checkbox"/> Mid/Upper back pain	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/> no	<input type="checkbox"/> yes
<input checked="" type="checkbox"/> Lower back pain	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/> no	<input type="checkbox"/> yes
<input type="checkbox"/> R Shoulder/ Arm pain	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/> no	
<input type="checkbox"/> L Shoulder/ Arm pain	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/> no	
<input type="checkbox"/> R Elbow/Forearm pain	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/> no	<input type="checkbox"/> yes
<input type="checkbox"/> L Elbow/Forearm pain	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/> no	<input type="checkbox"/> yes
<input type="checkbox"/> R Wrist/Hand pain/numb	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/> no	<input type="checkbox"/> yes
<input type="checkbox"/> L Wrist/Hand pain/numb	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/> no	<input type="checkbox"/> yes
<input type="checkbox"/> R Hip/Thigh pain	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/> no	
<input type="checkbox"/> L Hip/Thigh pain	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/> no	Dermatomes
<input type="checkbox"/> R Knee pain	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/> no	
<input checked="" type="checkbox"/> L Knee pain	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/> no	<input type="checkbox"/> R. <input type="checkbox"/> L. <input type="checkbox"/> B.
<input type="checkbox"/> R Lower Leg pain	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/> no	C3 C4 C5 C6 C7 C8
<input type="checkbox"/> L Lower Leg pain	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/> no	
<input type="checkbox"/> R Ankle/Foot pain	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/> no	<input type="checkbox"/> R. <input type="checkbox"/> L. <input type="checkbox"/> B.
<input type="checkbox"/> L Ankle/Foot pain	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/> no	L1 L2 L3 L4 L5 S1
<input type="checkbox"/> Other	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/> no	

Objective findings: (Include significant physical examination, laboratory, imaging or other diagnostic findings)

	TENDER		SPASM		ROM			
	Last visit	today	Last visit	Today				
<input checked="" type="checkbox"/> Neck	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	<input type="checkbox"/> full <input checked="" type="checkbox"/> restr.	+ Cervical Compr.	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Mid/Upper	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	<input type="checkbox"/> full <input checked="" type="checkbox"/> restr.	+ Cervical distr.	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Lower back	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	<input type="checkbox"/> full <input checked="" type="checkbox"/> restr.	+SLR	<input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> B
<input type="checkbox"/> R Shoulder/ Arm	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	<input type="checkbox"/> full <input type="checkbox"/> restr.	+ Heel Walking (L5)	<input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> B
<input type="checkbox"/> L Shoulder/ Arm	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	<input type="checkbox"/> full <input type="checkbox"/> restr.	+ Toe Walking (S1)	<input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> B
<input type="checkbox"/> R Elbow/Forearm	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	<input type="checkbox"/> full <input type="checkbox"/> restr.	+ Impingement	<input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> B
<input type="checkbox"/> L Elbow/Forearm	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	<input type="checkbox"/> full <input type="checkbox"/> restr.	+ Supraspinatus	<input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> B
<input type="checkbox"/> R Wrist/Hand	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	<input type="checkbox"/> full <input type="checkbox"/> restr.	+ Codman's Drop	<input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> B
<input type="checkbox"/> L Wrist/Hand	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	<input type="checkbox"/> full <input type="checkbox"/> restr.	+ Cozen's	<input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> B
<input type="checkbox"/> R Hip/Thigh	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	<input type="checkbox"/> full <input type="checkbox"/> restr.	+ Mill's	<input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> B
<input type="checkbox"/> L Hip/Thigh	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	<input type="checkbox"/> full <input type="checkbox"/> restr.	+ Tinel's Sign	<input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> B
<input type="checkbox"/> R Knees	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	<input type="checkbox"/> full <input type="checkbox"/> restr.	+ Phalen's (CTS)	<input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> B
<input checked="" type="checkbox"/> L Knee	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	<input type="checkbox"/> full <input checked="" type="checkbox"/> restr.	+ Finkelstein's	<input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> B
<input type="checkbox"/> R Lower Leg	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	<input type="checkbox"/> full <input type="checkbox"/> restr.	+ Anterior Drawer	<input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> B
<input type="checkbox"/> L Lower Leg	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	<input type="checkbox"/> full <input type="checkbox"/> restr.	+ Posterior Drawer	<input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> B
<input type="checkbox"/> R Ankle/Foot	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	<input type="checkbox"/> full <input type="checkbox"/> restr.	+ McMurray	<input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> B
<input type="checkbox"/> L Ankle/Foot	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	<input type="checkbox"/> full <input type="checkbox"/> restr.	+ Valgus (MCL)	<input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> B
						+ Varus (LCL)	<input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> B
						Neurological	<input type="checkbox"/> No Δ	
						Motor	<input type="checkbox"/> N/L	
						Sensory	<input type="checkbox"/> N/L	
						Reflexes	<input type="checkbox"/> N/L	
						Trigger points	C/S	T/S L/S

Wound: *0 Knee Ext: 0, Flex: 120 w/ pain*
Quads 4-15, Hamstrings 4-15

Patient Name: SANTILLAN, MARIA
Diagnoses:

1. HEADACHES
2. CERVICAL MUSCULOLIGAMENTOUS STR/SPR
3. THORACIC MUSCULOLIGAMENTOUS STR/SPR
4. LUMBOSACRAL MUSCULOLIGAMENTOUS STR/SPR WITH RADICULITIS
5. LUMBOSACRAL DISC PROTRUSIONS, PER MRI DATED 4/15/15
6. LEFT KNEE STR/SPR, DEGENERATIVE JOINT DISEASE, PER MRI DATED 12/15/14
7. STATUS POST LEFT KNEE ARTHROSCOPY AND PARTIAL SYNOVECTOMY 09/25/2015
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.

Treatment helps

Decreased pain
Meds PT Chiro Acu ECSWT

Decreased tenderness
Meds PT Chiro ECSWT

Decreased spasm
Meds PT Chiro Acu ECSWT

Increased ROM %
10 20 30 40 50 60 70 80 90 100
Meds PT Chiro Acu ECSWT

Improved Self Care %
10 20 30 40 50 60 70 80 90 100
Meds PT Chiro Acu ECSWT

Increased Strength (grade)
0 1 2 3 4 5 of 5
PT Chiro Acu ECSWT

Improved ADL'S %
 20 30 40 50 60 70 80 90 100
Meds PT Chiro ECSWT

Pt stated that he/she was able to lift
_____ lbs at the last visit, but now he/she is able
to lift _____ lbs.

Pt stated that he/she was able to walk
_____ blocks at around the last visit, but now
he/she is able to walk _____ blocks without
pain.

Pt stated that he/she was able to stand for
_____ mins at the last visit, but now he/she is
able to stand for _____ mins.

Pt is now able to do more house chores.

Pt stated that he/she was able to drive for
_____ mins at the last visit, but now he/she is
able to drive for _____ mins.

Pt reports using less pain meds with
PT Chiro Acu ECSWT

THIS IS A FORMAL AUTHORIZATION REQUEST FOR THE FOLLOWING TREATMENT PLAN:

Chiropractic Physical Therapy (Land Aquatic) Evaluate and Treat Continue Therapy:
 HOLD P.T. #P.T. #CHIRO #ACUP

To _____ times a week for _____ weeks.

Acupuncture cls, T/S, L/S, (L) knee, 2 times a week for 4 weeks.

Medications _____ Topical Med _____

Med. Supplies _____

Referral to: MRI _____ CT/X-ray _____

E.C.S.W.T _____ EMG/NCV _____

Other _____

Consultation _____

Transportation _____

Work Status:

This patient has continued to remain on temporary total disability/off work until _____

Return to modified work on _____ with the following limitations or restrictions, see attached

Return to full duty on _____ with no limitations or restrictions

Follow up in 2/3/4 weeks MAR 10 2016 P&S in _____ weeks Patient approaching MMI from conservative perspective FCE

COMMENTS:

(P) authorization for _____

(P) consultation with _____

(P) FIU with Dr. Friedman for LEST on 2/12

This visit was performed with aid of an interpreter.

Treating Physician:

I declare under the penalty of perjury that this report is true and correct to the best of my knowledge, and that I have not violated Labor Code Section 139.3.

Signature: _____ Cal. Lic. # A101034

Name: VLAD GENDELMAN, M.D. Specialty: Orthopedic Surgery

Address: 6200 WILSHIRE BLVD # 910 LOS ANGELES C.A. 90048 Phone: (323)933-3434

DWC Form PR-2 (Rev. 10/2015)

Executed at: County of Los Angeles

Date of Exam: 02/04/2016

Fax: (323)954-8666

MAR 10 2016

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Motor: Motor strength of the quads and hamstring is 4-/5.

COMMENTS:

- The patient states that acupuncture therapy helps to decrease her tenderness.
- She also states that her activities of daily living have improved by 10%, with acupuncture therapy.
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