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
Employer:	Premier Staffing
Claims Administrator:	York Claims Services
Claim No:	TWCS-3293
WCAB No:	ADJ9569723
Date of Examination:	03/10/2016
Date of Report:	03/10/2016

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 lower back with radiation. She also complains of pain in the neck, mid/upper back and left knee. On a scale of 0 to 10, with 10 representing the worst, her

headaches are rated as 3/10 per the VAS scale, which have decreased from 7/10 on the last visit; 6/10 in the neck and left knee, which has decreased from 7/10 on the last visit; 7-8/10 in the mid/upper back, which has increased from 3-4/10 on the last visit; and 7/10 in the lower back, which has remained the same since her last visit.

OBJECTIVE FINDINGS:

Cervical 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.

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 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 3 tenderness to palpation, which has remained the same since her last visit. There is restricted range of motion. Ranges of motion are 0 degrees on extension and 125 degrees on flexion. There is pain on extension.

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 Pain Management in a few weeks.
- She had one lumbar epidural steroid injection, dated 02/12/16.

DIAGNOSTIC IMPRESSION:

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

1. The patient is to continue acupuncture therapy of the cervical spine, thoracic spine, lumbar spine and left knee, 2 times a week for 4 weeks.
2. Authorization is requested to perform an intra-articular injection consisting of 1 cc of Kenalog 40 mg and of 9 cc of 2% Lidocaine into the left knee.

"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 03/10/16 until 04/14/16. 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".

RETURN APPOINTMENT:

The patient is scheduled for a follow-up examination on 04/14/16.

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.

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: rp

7343

TTD

State Of California
Division of Workers' Compensation

Additional pages attached ☐

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

☒ 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	
☒ Headache	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10		
☒ Neck Pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	[ ] yes
☒ 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	[ ] no	[ ] yes
☒ 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	[ ] no	[X] yes
☐ 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	[ ] no	
☐ 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	[ ] no	
☐ 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	[ ] no	[ ] yes
☐ 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	[ ] no	[ ] yes
☐ 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	[ ] no	[ ] yes
☐ 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	[ ] no	[ ] yes
☐ 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	[ ] no	
☐ 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	[ ] no	Dermatomes
☐ 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	[ ] no	
☒ 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	[ ] no	[ ] R. [ ] L. [ ] B.
☐ 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	[ ] no	C3 C4 C5 C6 C7 C8
☐ 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	[ ] no	
☐ 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	[ ] no	[ ] R. [ ] L. [ ] B.
☐ 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	[ ] no	L1 L2 L3 L4 L5 S1
☐ Other _____	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no	

Objective findings: (include significant physical examination, laboratory, imaging or other diagnostic findings) REQUEST AUTHORIZA

	TENDER Last visit	TENDER today	SPASM Last visit	SPASM Today	ROM				
☒ Neck	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [X] restr.	+ Cervical Compr.	[ ]	[redacted]	
☒ Mid/Upper	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [X] restr.	+ Cervical distr.	[ ]	[redacted]	
☒ Lower back	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [X] restr.	+SLR	[ ] R	[ ] L	[ ] B
☐ 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	[ ] full [ ] restr.	+ Heel Walking (L5)	[ ] R	[ ] L	[ ] B
☐ 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	[ ] full [ ] restr.	+ Toe Walking (S1)	[ ] R	[ ] L	[ ] B
☐ 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	[ ] full [ ] restr.	+ Impingement	[ ] R	[ ] L	[ ] B
☐ 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	[ ] full [ ] restr.	+ Supraspinatus	[ ] R	[ ] L	[ ] B
☐ 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	[ ] full [ ] restr.	+ Codman's Drop	[ ] R	[ ] L	[ ] B
☐ 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	[ ] full [ ] restr.	+ Cozen's	[ ] R	[ ] L	[ ] B
☐ 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	[ ] full [ ] restr.	+ Mill's	[ ] R	[ ] L	[ ] B
☐ 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	[ ] full [ ] restr.	+ Tinel's Sign	[ ] R	[ ] L	[ ] B
☐ R Knee	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [ ] restr.	+ Phalen's (CTS	[ ] R	[ ] L	[ ] B
☒ L Knee	0 1 2 3 4	0 1 2 3 4	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[ ] full [X] restr.	+ Finkelstein's	[ ] R	[ ] L	[ ] B
☐ 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	[ ] full [ ] restr.	+ Anterior Drawer	[ ] R	[ ] L	[ ] B
☐ 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	[ ] full [ ] restr.	+ Posterior Drawer	[ ] R	[ ] L	[ ] B
☐ 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	[ ] full [ ] restr.	+ McMurray	[ ] R	[ ] L	[ ] B
☐ 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	[ ] full [ ] restr.	+ Valgus (MCL)	[ ] R	[ ] L	[ ] B
						+ Varus (LCL)	[ ] R	[ ] L	[ ] B

Wound: ⓛ Knee Ext: -0° with pain, Flex: 125°
Quads 4-/5, Hamstrings 4-/5

☒	Neurological [ ] No Δ
☒	Motor [ ] N/L
☒	Sensory [ ] N/L
☒	Reflexes [ ] N/L
☒	Trigger points C/S T/S L/S

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 PROTRSUIONS , PER MRI DATED 4/15/15
6. LEFT KNEE STR/SPR, DEGENERATIVE JOINT DISEASE , PER MRI DATED 12/16/14
7. STATUS POST LEFT KNEE ARTHROSCOPY AND PARTIAL SYNOVECTOMY 09/25/2015
8.
9.
10.
11.
12.
13. Request authorization for (L) Knee
14. intra articular injection
15. 1cc Icenalog + 40
16. 9cc 2% Lido REQUEST FOR AUTH
17.
18.
19.

[ ] Treatment helps

[ ] Decreased pain
Meds PT Chiro Acu ECSWT

[X] Decreased tenderness
Meds PT Chiro (Acu) 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

[X] Improved ADL'S %
10 20 30 40 50 60 70 80 90 100
Meds PT Chiro (Acu) 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 REQUEST AUTHORIZATION times a week for ____ weeks.

☒ Acupuncture c/s, 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 _____. APR 1 4 2016
☐ 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 APR 1 4 2016 P&S in _____weeks ☒ Patient approaching MMI from conservative perspective ☐ FCE

COMMENTS:
(P) authorization for _____

(P) consultation with _____

(P) F/U with Pain mgmt in a few weeks
PT had one LESI 2/12/16

☐ 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 Executed at: County of Los Angeles

Name: VLAD GENDELMAN, M.D. Specialty: Orthopedic Surgery Date of Exam: 03/10/2016
Address: 6200 WILSHIRE BLVD # 910 LOS ANGELES C.A. 90048 Phone: (323)933-3434 Fax: (323)954-8666
DWC Form PR-2 (Rev. 10/2015)

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Cervical 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.

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COMMENTS:

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Board Certified Orthopaedic Surgeon

Executed at Los Angeles, CA

Signed in the County of Los Angeles

VAG: rp

7343