

Encounter Addendum Notes Reason :Amended Treatment Plan
Modified By: Wright Natasha 2013.03.21 16:01:15

MEDICAL DOCUMENTATION : DO NOT DETACH
Followup Patient Narrative



U.S. HealthWorks
2499 S. Wilmington Ave.
Compton CA 90220
Ph: 310 638-1113

Date of Service: 03-21-2013
Patient Name: Santillan, Rosario
Patient Account Number: 156238753
Date Of Injury: 02-22-2013 12:00
Date Of Birth: 03-26-1967
Employer Name: PREMIER PERSONNEL RESOURCES
Claim #: twcs-1588
Chart #: EMR/ Yb

Patient Status:

Since the last exam, this patient's condition has: Improved but slower than expected

History Of Present Illness:

Patient is here for follow up visit for injury sustained on 02-22-2013 12:00.

The patient reports that their condition is the same - Patient reports they followed the treatment plan as directed. The patient states that treatment was tolerated. Patient is currently on modified duty .

Comments: Patient states that she wakes up in the morning with pain. Patient states that after 2 hours into her work shift, her pain increases. Patient states that her job requires her to stand all day, so she tries to relax her back by bending her back forward. Patient states that her right side is more painful than the left. The pain radiates down the right thigh, just above the knee.

Patient states that her mattress is good, not too firm or too soft. Patient denies and new injury..

Back Complaints / Symptoms

Complaint: Patient's complaint at this time is as follows: Lower back pain, dull pressure. At times pain radiates down the right thigh Patient describes the symptom(s) as sharp and dull. She says it is moderately severe. She reports having symptoms for 27 days. The frequency is constant. The symptoms are exacerbated by any movement. The symptoms are lessened by medications.

Associated Symptoms: The patient denies dysuria . The patient denies polyuria . The patients states there is no hematuria . The patient denies fever, chills, and sweats . The patient denies parasthesias . The patient states there is radiation of back pain - sharp pain that radiates down right thigh. The patient denies any limitations to motion of the back . The patient denies any leg weakness . The patient states there is no numbness or tingling of the lower extremities . The patient denies any changes in bowel habits . The patient denies any bladder or bowel dysfunction .

Occupational history: Length of employment is reported as 6 months to 2 yrs. She works 40 hours per week. Main job characteristics include prolonged standing or walking, kneeling or squatting, bending, stooping and overhead work, lifting, pushing, or pulling up to 50lbs.

She denies any lost work-time as a result of this injury. She denies any other source of employment.

Surgeries: No Known Surgical History

Medical History: Patient denies history of ulcers or gastritis. No history of Diabetes. Patient states no known major/recurrent illnesses/injuries.

Tetanus History:

Last tetanus - unk.

Family History: Diabetes in relatives.

Social History: Alcohol or Tobacco use: She does not use tobacco. Denies alcohol use.

Review Of Systems:

A review of the patient's Family History, Social History, Medical History, Allergy, Current Medication and Surgery and a complete review of systems obtained from the health history completed on 02-25-2013 was done and any interval changes are noted.

Constitutional Symptoms: Recent weight change - .

Women Only: Menstrual irregularities. .

Current Medications at the start of Encounter:

Nabumetone 750 mg Tabs #20 . 1 tablet twice a day with food for inflammation/un tableta dos veces al dia con comida para inflamacion, Dispense 1 Bottle

Omeprazole D.R. 20mg #30 . 1 capsule daily. prevent upset stomach from medications. , Dispense 1 Container

Orphenadrine Citrate ER 100mg Tabs #30 . 1 at bedtime/ 1 al acostarse, Dispense 1

Tramadol/Acet HCL 37.5/325 mg #20 . 1 Tablet every eight hours as needed for pain , Dispense 1 Container

Polar Frost 150ml 5oz Gel Tube 1 Twice A Day PRN , Dispense 1 Container

Allergies:

No Known Drug Allergies.

Physical Examination:

Pulse: 62/min. BP: 100/66 mmHg. Temperature: 98.2 deg F Respiration: 16 per min.

On a severity scale the pain is 8 out of 10.

Constitutional: The patient is a well-developed, well-nourished female.

Psychiatric: Mood and affect appear appropriate .

Respiratory: There are no apparent signs of respiratory distress .

Gastrointestinal: Abdominal palpation is normal .

Genitourinary: Costovertebral angle tenderness for renal involvement is not noted .

Skin: The chest examination reveals no evidence of the following conditions: erythema, ecchymosis, scars, swelling, masses and open wound - . Examination of the thoracolumbar region reveals no evidence of the following conditions: Erythema, ecchymosis, scars, swelling, masses and open wound - .

Musculoskeletal: The patient ambulates with a normal gait, full weightbearing on both lower extremities . The patient has normal posture . There is no weakness of the lower extremities . The spine is not kyphotic . The patient does not have scoliosis . The patient has no loss of lumbosacral lordosis . The pelvis is symmetrical . There is no restriction of range of motion of the back.

Cardiovascular: The popliteal, anterior tibial and posterior tibial pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally.

Neurologic: Heel/toe ambulation is performed without difficulty . Bilateral patellar and achilles deep tendon reflexes are 2/4. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The straight leg raising test (SLR) is positive. Right positive at 10 deg. The back muscles display no weakness .

Diagnostic Tests: Prior diagnostic studies were reviewed.

Diagnoses

Pain - Back (724.2)

Sprain/Strain Lumbar (847.2)
Muscle Spasm Back (724.8)

Treatment Plan

Last Saved By: Admin Admin 03-21-2013 15:45:28

Dispensed Medications:

Refill: NDC:68462-0359-05 Nabumetone 750 mg Tabs #20 . 1 tablet twice a day with food for inflammation/un tableta dos veces al dia con comida para inflamacion, Dispense 1 Bottle
NDC:55111-0158-10 Omeprazole D.R. 20mg #30 . 1 capsule daily. prevent upset stomach from medications, , Dispense 1 Container
NDC:00115-2011-02 Orphenadine Citrate ER 100mg Tabs #30 . 1 at bedtime/ 1 al acostarse, Dispense 1
NDC:67138-0533-15 Polar Frost 150ml 5oz Gel Tube 1 Twice A Day PRN . Dispense 1 Container
NDC:65162-0617-50 Tramadol/Acet HCL 37.5/325 mg #20 . 1 Tablet every eight hours as needed for pain , Dispense 1 Container

Medications to be Continued until Next Visit:

Supplies:

Item Name	Quantity	Hcpc/ Cpt
Heat-Thermacare Heat Wrap Back/Hip Lg/Xlg (2/Bx)	1	E1399

Treatment Plan Comments: Patient will complete her Chiro therapy as previously directed. A request for Physical Therapy will be submitted on this visit. Patient will be given a refill of her medications to be taken on an as needed basis.

WORK STATUS:

The finding and diagnosis are consistent with patient's account of injury or onset of illness. Return to work with restrictions as of 03-21-2013. Expected Maximum Medical Improvement (MMI) date 03-28-2013.

Work Restrictions:

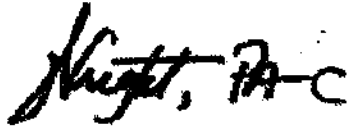
Limited stooping and bending
Limited Lift, Limited Push and Limited Pull
up to 10 lbs.
Patient must wear back support.

Patient Education:

Patient voiced understanding of aftercare instructions, including medication use, side effects, and proper use of dispensed supplies (when applicable), work restrictions and expected progress of the injury. Patient expressed an understanding of work restrictions and injury prognosis.

Additional Treatment: Patient is referred to Physical Therapy for evaluation and treatment. 3 times per week; for 2 week(s). Reasons for treatment include decreased / Impaired functional mobility / capacity, decreased joint range of motion, functional strength deficits, positive special tests / radicular symptoms / hypermobility, postural dysfunction and/or impaired movement patterns, provocation of pain with functional mobility ROM, presence of spinal/extremity somatic dysfunction (Chiro), improved ROM with treatment and decreased pain with treatment. Goals for treatment include accelerate / increase functional ROM within 80 - 90% of AMA guides, accelerate / increase strength to 4/5 on MMT or acceptable performance on specific functional motor tests, achieve normalization of special test findings, decrease pain to 2/10, or less, with proper body mechanics / posture, expedite / advance expected functional capacity / status to 80 - 90% of normal, facilitate independence in a progressive home exercise program with functional emphasis, restore functional capacity to allow return to full duty. Special PT/ OT/ CHIRO requests: lumbar strain sprain.

The interpreter used was Patricia Banuelos.

Handwritten signature of Natasha L. Wright, P.A. in black ink.

Natasha L. Wright, P.A.

This has been electronically signed on 03-21-2013

Handwritten signature of Marc Amush M.D. in black ink.

Marc Amush M.D.
Supervising Provider

Next Appointment with Amush Marc on 04-04-2013 03:00 pm.



**ESTABLISHED PATIENT STATEMENT
DECLARACIÓN DEL PACIENTE**

Name (Nombre): Rosario Santillan SS# (Seguro Social): 620-20-3894 Date (Fecha): 3/21/13 ^{WC}
 Telephone (Teléfono): Home (Casa): _____ Cell (Celular): (313) 517-77-22
 Date of Injury (Fecha de Lesión): 2/22/13 Employer (Nombre de la Compañía): _____

1. Since your last visit, are you: improved? worse? unchanged?
 ¿Desde su última visita, se ha usted mejorado? empeorado? mantenido sin cambios?
2. Since your last visit, have you developed any new complaints? Yes (Si) No
 ¿Desde su última visita, ha usted presentado nuevos síntomas o dolencias? Sí No

If you have not improved since your last visit, or if you have developed new problems, please explain in the space below.
 (Si no ha mejorado desde su última visita, o si ha presentado nuevos síntomas o dolencias, por favor explique en el espacio a continuación.)

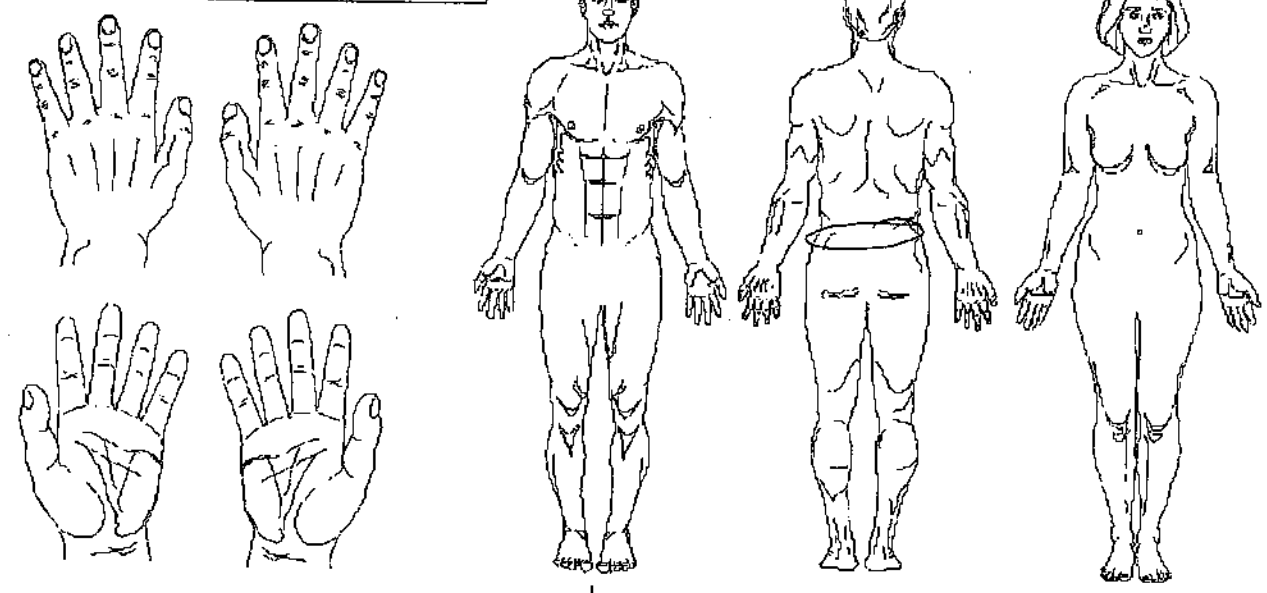
MAR 21 15:13

PLEASE COMPLETE THE FOLLOWING DIAGRAM (Por favor complete el diagrama a continuación.)

If you feel any of the symptoms below, mark the areas of the body where you feel them on the figures below and indicate the type of symptom.
 Si sienta alguno de los síntomas listados a continuación, indique el tipo de síntoma y marque en las figuras la zona del cuerpo en donde los siente.

SYMPTOMS (SÍNTOMAS)	Example (Ejemplo)
1. Pain (Dolor)	
2. Numbness (Adormecimiento)	
3. Burning (Quemazón)	
4. Pins/Needles (Pinchazos)	

Rate the intensity of your pain: Indique la intensidad de su dolor:	NO PAIN SIN DOLOR	MOST PAIN DOLOR INTENSO
	0 1 2 3 4 5 6 7 8 9 10	



Patient Signature (Firma del Paciente)

Date (Fecha) 3/21/13

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CA 90220
Ph: 310 638-1113

STATE OF CALIFORNIA
Division of Workers' Compensation
PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Patient Name: Last: Santillan First: Rosario MI: DOB: 03-26-1967 Date of Service: 03-21-2013 Case #: 156238753

Occupation: Packing SS#: 620-20-3894 Date of Injury: 02-22-2013 12:00 Claim #: twcs-1568

Employer: PREMIER PERSONNEL Contact: MARINA PADILLA Tel. (310)515-2632 Fax. (310)515-5317
RESOURCES

Claims Administrator: YORK CLAIMS Tel. (877)751-0133 Fax. (866)548-2637

REASON FOR SUBMITTING REPORT (Check all that apply. If any box aside from "OTHER" applies, this report qualifies as mandatory)

- Change in patient's condition Need for referral or consultation Information requested by:
 Change in work status Need for surgery or hospitalization Released from care Request for authorization
 Change in treatment plan Periodic Report (45 days after last report) Other:

PATIENT STATUS Since the last exam, this patient's condition has:

- improved as expected improved, but slower than expected not improved significantly
 worsened reached plateau and no further improvement is expected been determined to be non-work related

SUBJECTIVE COMPLAINTS

History Of Present Illness:

Patient is here for follow up visit for injury sustained on 02-22-2013 12:00.

The patient reports that their condition is the same - Patient reports they followed the treatment plan as directed. The patient states that treatment was tolerated. Patient is currently on modified duty.

Comments: Patient states that she wakes up in the morning with pain. Patient states that after 2 hours into her work shift, her pain increases. Patient states that her job requires her to stand all day, so she tries to relax her back by bending her back forward. Patient states that her right side is more painful than the left. The pain radiates down the right thigh, just above the knee.

Patient states that her mattress is good, not too firm or too soft. Patient denies and new injury..

Back Complaints / Symptoms

Complaint: Patient's complaint at this time is as follows: Lower back pain, dull pressure. At times pain radiates down the right thigh Patient describes the symptom(s) as sharp and dull. She says it is moderately severe. She reports having symptoms for 27 days. The frequency is constant. The symptoms are exacerbated by any movement. The symptoms are lessened by medications.

Associated Symptoms: The patient denies dysuria. The patient denies polyuria. The patient states there is no hematuria. The patient denies fever, chills, and sweats. The patient denies paresthesias. The patient states there is radiation of back pain - sharp pain that radiates down right thigh. The patient denies any limitations to motion of the back. The patient denies any leg weakness. The patient states there is no numbness or tingling of the lower extremities. The patient denies any changes in bowel habits. The patient denies any bladder or bowel dysfunction.

Occupational history: Length of employment is reported as 6 months to 2 yrs. She works 40 hours per week. Main job characteristics include prolonged standing or walking, kneeling or squatting, bending, stooping and overhead work, lifting, pushing, or pulling up to 50lbs.

She denies any lost work-time as a result of this injury. She denies any other source of employment.

OBJECTIVE FINDINGS

Physical Examination:

Pulse: 62/min. BP: 100/66 mmHg. Temperature: 98.2 deg F Respiration: 16 per min.

Severity: The severity of the pain was 8/10.

Constitutional: The patient is a well-developed, well-nourished female.

Psychiatric: Mood and affect appear appropriate .

Respiratory: There are no apparent signs of respiratory distress .

Gastrointestinal: Abdominal palpation is normal .

Genitourinary: Costovertebral angle tenderness for renal involvement is not noted .

Skin: The chest examination reveals no evidence of the following conditions: erythema, ecchymosis, scars, swelling, masses and open wound - . Examination of the thoracolumbar region reveals no evidence of the following conditions: Erythema, ecchymosis, scars, swelling, masses and open wound - .

Musculoskeletal: The patient ambulates with a normal gait, full weightbearing on both lower extremities . The patient has normal posture . There is no weakness of the lower extremities . The spine is not kyphotic . The patient does not have scoliosis . The patient has no loss of lumbosacral lordosis . The pelvis is symmetrical . There is no restriction of range of motion of the back.

Cardiovascular: The popliteal, anterior tibial and posterior tibial pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally.

Neurologic: Heel/Toe ambulation is performed without difficulty . Bilateral patellar and achilles deep tendon reflexes are 2/4. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities . The straight leg raising test (SLR) is positive. Right positive at 10 deg. The back muscles display no weakness .

Diagnostic Tests: Prior diagnostic studies were reviewed. Comments: Patient states that she wakes up in the morning with pain. Patient states that after 2 hours into her work shift, her pain increases. Patient states that her job requires her to stand all day, so she tries to relax her back by bending her back forward. Patient states that her right side is more painful than the left. The pain radiates down the right thigh, just above the knee.

Patient states that her mattress is good, not too firm or too soft. Patient denies and new injury..

DIAGNOSES: (Include ICD-9 code, if possible)

Pain - Back (724.2)

Sprain/Strain Lumbar (847.2)

Muscle Spasm Back (724.8)

TREATMENT PLAN

Office Visit / Injury Treatment:

Physical Therapy	<input checked="" type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	(3) times / week for	(2) weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Chiropractic Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	() times / week for	() weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Occupational Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	() times / week for	() weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Acupuncture	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	() # of visits		<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Ergonomic Evaluation	<input type="checkbox"/> Start		Other: ()	

Medication(s) Dispensed:

NDC:68462-0359-05 Nabumetone 750 mg Tabs #20 . 1 tablet twice a day with food for inflammation/un tableta dos veces al día con comida para inflamacion, Dispense 1 Bottle

NDC:55111-0158-10 Omeprazole D.R. 20mg #30 . 1 capsule daily. prevent upset stomach from medications. , Dispense 1 Container

NDC:00115-2011-02 Orphenadrine Citrate ER 100mg Tabs #30 . 1 at bedtime/ 1 al acostarse, Dispense 1

NDC:67138-0533-15 Polar Frost 150ml 5oz Gel Tube 1 Twice A Day PRN, Dispense 1 Container

NDC:65162-0617-60 Tramadol/Acet HCL 37.5/325 mg #20 . 1 Tablet every eight hours as needed for pain , Dispense 1 Container

Supplies Dispensed:

Item Name	Quantity	Hcpc / Cpt
Heat-Thermacare Heat Wrap Back/Hip Lq/Xlq (2/Bx)	1	E1399

Treatment Plan Comments: Patient will complete her Chiro therapy as previously directed. A request for Physical Therapy will be submitted on this visit. Patient will be given a refill of her medications to be taken on an as needed basis.

Patient Education:

Patient voiced understanding of aftercare instructions, including medication use, side effects, and proper use of dispensed supplies (when applicable), work restrictions and expected progress of the injury. Patient expressed an understanding of work restrictions and injury prognosis.

Additional Treatment: Patient is referred to Physical Therapy for evaluation and treatment. 3 times per week; for 2 week(s). Reasons for treatment include decreased / impaired functional mobility / capacity, decreased joint range of motion, functional strength deficits, positive special tests / radicular symptoms / hypermobility, postural dysfunction and/or impaired movement patterns, provocation of pain with functional mobility ROM, presence of spinal/extremity somatic dysfunction (Chiro), improved ROM with treatment and decreased pain with treatment. Goals for treatment include accelerate / increase functional ROM within 80 - 90% of AMA guides, accelerate / increase strength to 4/5 on MMT or acceptable performance on specific functional motor tests, achieve normalization of special test findings, decrease pain to 2/10, or less, with proper body mechanics / posture, expedite / advance expected functional capacity / status to 80 - 90% of normal, facilitate independence in a progressive home exercise program with functional emphasis, restore functional capacity to allow return to full duty. Special PT/ OT/ CHIRO requests: lumbar strain sprain.

WORK STATUS:

The finding and diagnosis are consistent with patient's account of injury or onset of illness. Return to work with restrictions as of 03-21-2013. Expected Maximum Medical Improvement (MMI) date 03-25-2013.

Work Restrictions:

Limited stooping and bending

Limited Lift, Limited Push and Limited Pull up to 10 lbs.

Patient must wear back support.

DISCHARGE STATUS:

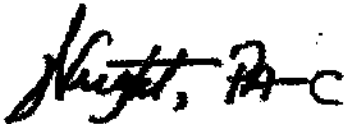
- Released from care. Return to full duty on with no limitations or restrictions.
- Patient discharged as permanent and stationary with either impairment, work restrictions, and/or need for future medical care. A PR-4 to follow.
- NON-INDUSTRIAL. Patient instructed to see private physician at own expense.

PRIMARY TREATING PHYSICIAN

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 139.3.

Signature (Original)

Signature (Original)



Name: Natasha L. Wright, P.A.

Cal. Lic. #: PA14048

Specialty: Occupational Medicine

Date of Exam: 03-21-2013

Marc Arnush M.D.

Supervising Provider

Cal. Lic. #: A90486

NEXT APPOINTMENT

Next Appointment with Annush Marc on 04-04-2013 03:00 pm.

Executed at: US HealthWorks 2499 S. Wilmington Ave., Compton CA 90220 Ph:310 638-1113

Check In Time: 03-21-2013 15:13