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Orthopaedic Surgeon

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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:	04/07/2016
Date of Report:	04/07/2016

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 representing the worst, her headaches are rated as 5/10 per the VAS

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scale, which has increased from 3/10 on the last visit; 3/10 in the neck, which has decreased 6/10 on the last visit; 4/10 in the mid/upper back, which has decreased from 7-8/10 on the last visit; 6-7/10 in the lower back, which has decreased from 7-8/10 on the last visit; and 6/10 in the left knee, 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 2 tenderness to palpation over the paraspinal muscles, which has remained the same since her last visit.

Neurological: There are no changes on neurocirculatory examination.

COMMENTS:

- The patient states that treatment helps.
- She also states that acupuncture therapy helps to decrease her pain and tenderness.
- She indicates that her range of motion has increased by 10% with acupuncture therapy.
- She also indicates that her self-care has improved by 10% with acupuncture therapy.

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,

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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, M17.12).
7. Status post left knee arthroscopy and partial synovectomy 09/25/15 (Z98.89).

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. A physical performance FCE is requested to ensure this patient can safely meet the physical demands of her occupation.

"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 04/07/16 until 05/12/16. She is approaching maximum medical improvement from conservative perspective. 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."

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RETURN APPOINTMENT:

The patient is scheduled for follow-up examination on 05/12/16.

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.



Albert Yun, PA-C. Lic.# PA22991.

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

Board Certified Orthopaedic Surgeon

Executed in Van Nuys, CA

AY/VAG: em

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