VLAD GENDELMAN, M.D., QME

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 Management
Claims Administrator:	York Claims Services
Claim No:	TWCS-1588
WCAB No:	ADJ9569723
Date of Examination:	04/23/2015
Date of Report:	04/23/2015

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 "Premium Interpreting, Inc." 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, as well as pain in the neck are

rated as 6-7/10 per the VAS scale, which has decreased from 7/10 on the last visit; 4/10 in the mid/upper back, which has decreased from 7/10 on the last visit; 7-8/10 in the lower back, which has increased from 7/10 on the last visit; and 7-8/10 in the left knee, which has decreased from 8/10 on the last visit.

OBJECTIVE FINDINGS:

Cervical Spine: There is grade 3 tenderness to palpation over the paraspinal muscles, which has remained the same since her last visit and 3-4 palpable spasm, which has remained the same since her last visit. There is restricted range of motion. Cervical compression test is positive.

Thoracic Spine: There is grade 3 tenderness to palpation over the paraspinal muscles, which has remained the same since her last visit and 3-4 palpable spasm, which has remained the same since her last visit. There is restricted range of motion.

Lumbar Spine: There is grade 3 tenderness to palpation over the paraspinal muscles, which has remained the same since her last visit and 3 palpable spasm, which has decreased from 3-4 on the last visit. There is restricted range of motion. Straight leg raise test is positive bilaterally.

Left Knee: There is grade 2-4 tenderness to palpation, which has remained the same since her last visit. McMurray's test is positive.

COMMENTS:

- The patient states that treatment helps.
- She also states that chiropractic therapy helps to decrease her pain and tenderness.
- She indicates that her activities of daily living and function have improved with chiropractic therapy.
- MRI of the lumbar spine is positive for disc protrusions.
- Pending decision for MMI at her next visit.

DIAGNOSTIC IMPRESSION:

1. Headaches.
2. Cervical spine musculoligamentous strain/sprain.
3. Thoracic spine musculoligamentous strain/sprain.
4. Lumbosacral spine musculoligamentous strain/sprain with radiculitis.
5. Lumbosacral spine disc protrusions, per MRI dated 04/15/15.
6. Left knee strain/sprain, degenerative joint disease, per MRI dated 12/15/14.

TREATMENT PLAN:

The patient is to continue chiropractic therapy for evaluation and treatment of the cervical spine, lumbar spine, and left knee, 3 times 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."

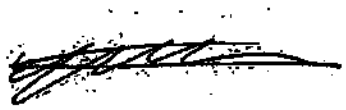
DISABILITY STATUS:

The patient remains temporarily totally disabled from 04/23/15 until 05/28/15. She needs current medical care.

RETURN APPOINTMENT:

The patient is scheduled for a follow-up examination on 05/28/15.

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.



Dong Whan Lee, D.C., Cal.Lic #:DC28115
For Vlad Gendelman, M.D., Cal. Lic. #: A101034
Specialty: Orthopaedic Surgery

Executed at Los Angeles, CA

DWL/VG:dr

#7343

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 DEL ROSARIO DOB: 03/26/1967 DOI: 02/22/2013, CT 01/01/12-04/8/14
SEX: F SS #: 620-20-3894 Occupation: WAREHOUSE SUPERVISOR
Claims Administrator: YORK/RISK SERVICES Address: PO BOX 619079 City: ROSEVILLE State : CA Zip: 95661
Employer Name: PREMIER STAFFING CLAIM# TWCS-01588 Tel: Fax:

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	[ ] 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)

	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 [ ] restr.	+ Cervical compr.	[ ]		
■ 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 [ ] restr.	+ Cervical distr.	[ ]		
■ 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 [ ] 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 [ ] 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:

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

Diagnoses: Sant Illan, Maria del Rosario

1. HEADACHES
2. CERVICAL MUSCULOLIGAMENTOUS STR/SPR
3. THORACIC MUSCULOLIGAMENTOUS STR/SPR
4. LUMBOSACRAL MUSCULOLIGAMENTOUS STR/SPR WITH RADICULITIS
5. RIB LUMBOSACRAL DISCOGENIC DISEASE Protrusions per MRI
6. LEFT KNEE STR/SPR, DEGENERATIVE JOINT DISEASE , PER MRI DATED 12/15/14 04/15/15
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.

Treatment helps

[ ] Decreased pain
Meds PT Chiro Acu ECSWT LINT

[ ] Decreased tenderness
Meds PT Chiro Acu ECSWT LINT

[ ] Decreased spasm
Meds PT Chiro Acu ECSWT LINT

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

[ ] Increased Flexibility %
10 20 30 40 50 60 70 80 90 100
Meds PT Chiro Acu ECSWT LINT

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

[ ] Increased Endurance %
10 20 30 40 50 60 70 80 90 100
Meds PT Chiro Acu ECSWT LINT

[ ] Improved Function %
10 20 30 40 50 60 70 80 90 100
Meds PT Chiro Acu ECSWT LINT

[ ] Improved ADL'S %
10 20 30 40 50 60 70 80 90 100
Meds PT Chiro Acu ECSWT LINT

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 c/s, l/s, (E) Mm 3 times a week for 6 weeks.

☐ Acupuncture ____ times a week for ____ weeks.

☐: Medications ☐ Topical Med

☐: Med. Supplies

Referral to: ☒ MRI ☒ CT / X- ray ☒ EMG/NCV
☒ E.C.S.W.T ☒ LINT [ ] T/S [ ] L/S
☒ Other
☒ Consultation ☐ Transportation

Work Status: This patient has continued to remain on temporary total disability/off work until Cales
☒ 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 MAY 28 2015 P&S in ____ weeks ☒ Patient approaching MMI from conservative perspective ☒ FCE

COMMENTS:
(P) authorization for — MRI L/S (E) for disc protrusions.
(P) consultation with — pending decision for MRI next
(P) F/U with visit
☐

☐ 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: Dr. Lee - D.C. Cal. Lic. # A1010434

Name: Vlad Gendelman, M.D.
Address: 6200 Wilshire Blvd. # 910 Los Angeles, CA 90048 Phone: (323) 933-3434
DWC Form PR-2 (Rev. 1/1/05)

Date of Exam: 4/23/2015

VLAD GENDELMAN, M.D., QME

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
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SUBJECTIVE COMPLAINTS:

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rated as 6-7/10 per the VAS scale, which has decreased from 7/10 on the last visit; 4/10 in the mid/upper back, which has decreased from 7/10 on the last visit; 7-8/10 in the lower back, which has increased from 7/10 on the last visit; and 7-8/10 in the left knee, which has decreased from 8/10 on the last visit.

OBJECTIVE FINDINGS:

Cervical Spine: There is grade 3 tenderness to palpation over the paraspinal muscles, which has remained the same since her last visit and 3-4 palpable spasm, which has remained the same since her last visit. There is restricted range of motion. Cervical compression test is positive.

Thoracic Spine: There is grade 3 tenderness to palpation over the paraspinal muscles, which has remained the same since her last visit and 3-4 palpable spasm, which has remained the same since her last visit. There is restricted range of motion.

Lumbar Spine: There is grade 3 tenderness to palpation over the paraspinal muscles, which has remained the same since her last visit and 3 palpable spasm, which has decreased from 3-4 on the last visit. There is restricted range of motion. Straight leg raise test is positive bilaterally.

Left Knee: There is grade 2-4 tenderness to palpation, which has remained the same since her last visit. McMurray's test is positive.

COMMENTS:

- The patient states that treatment helps.
- She also states that chiropractic therapy helps to decrease her pain and tenderness.
- She indicates that her activities of daily living and function have improved with chiropractic therapy.
- MRI of the lumbar spine is positive for disc protrusions.
- Pending decision for MMI at her next visit.

DIAGNOSTIC IMPRESSION:

1. Headaches.
2. Cervical spine musculoligamentous strain/sprain.
3. Thoracic spine musculoligamentous strain/sprain.
4. Lumbosacral spine musculoligamentous strain/sprain with radiculitis.
5. Lumbosacral spine disc protrusions, per MRI dated 04/15/15.
6. Left knee strain/sprain, degenerative joint disease, per MRI dated 12/15/14.

TREATMENT PLAN:

The patient is to continue chiropractic therapy for evaluation and treatment of the cervical spine, lumbar spine, and left knee, 3 times 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."

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RETURN APPOINTMENT:

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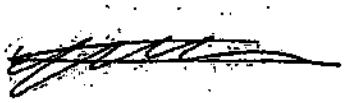
I declare under penalty of perjury that this report is true and correct to the best of my knowledge, and that I have not violated Labor Code Section 139.3.



Dong Whan Lee, D.C., Cal.Lic #:DC28115
For Vlad Gendelman, M.D., Cal. Lic. #: A101034
Specialty: Orthopaedic Surgery

Executed at Los Angeles, CA

DWL/VG:dr

#7343

Additional pages attached ☐

State Of California
Division of Workers' Compensation

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 DEL ROSARIO DOB: 03/26/1967 DOI: 02/22/2013, CT 01/01/12-04/8/14
SEX: F SS #: 620-20-3894 Occupation: WAREHOUSE SUPERVISOR
Claims Administrator: YORK/RISK SERVICES Address: PO BOX 619079 City: ROSEVILLE State : CA Zip: 95661
Employer Name: PREMIER STAFFING CLAIM# TWCS-01588 Tel: Fax:

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	[ ]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)

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

Wound:

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

Diagnoses: Santilla, Virgen del Rosario

1. HEADACHES
2. CERVICAL MUSCULOLIGAMENTOUS STR/SPR
3. THORACIC MUSCULOLIGAMENTOUS STR/SPR
4. LUMBOSACRAL MUSCULOLIGAMENTOUS STR/SPR WITH RADICULITIS
5. ~~NR~~ LUMBOSACRAL DISCOGENIC DISEASE protrusions per MRI
6. LEFT KNEE STR/SPR, DEGENERATIVE JOINT DISEASE , PER MRI DATED 12/15/14 04/15/15
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.

[ ] Treatment helps

[ ] Decreased pain
Meds PT Chiro Acu ECSWT LINT

[ ] Decreased tenderness
Meds PT Chiro Acu ECSWT LINT

[ ] Decreased spasm
Meds PT Chiro Acu ECSWT LINT

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

[ ] Increased Flexibility %
10 20 30 40 50 60 70 80 90 100
Meds PT Chiro Acu ECSWT LINT

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

[ ] Increased Endurance %
10 20 30 40 50 60 70 80 90 100
Meds PT Chiro Acu ECSWT LINT

[ ] Improved Function %
10 20 30 40 50 60 70 80 90 100
Meds PT Chiro Acu ECSWT LINT

[ ] Improved ADL'S %
10 20 30 40 50 60 70 80 90 100
Meds PT Chiro Acu ECSWT LINT

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 c/s, l/s ☑ Mw 3 times a week for 6 weeks.

☐ Acupuncture _____, ___ times a week for ___ weeks.

☐: Medications _____ ☐ Topical Med

☐: Med. Supplies _____

Referral to: ☑ MRI _____ ☑ CT / X- ray _____ ☑ EMG/NCV _____
☑ E.C.S.W.T _____ ☑ LINT [ ] T/S [ ] L/S
☑ Other _____
☑ Consultation _____ ☐ Transportation

Work Status: This patient has continued to remain on temporary total disability/off work until Aug 6
☑ 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 MAY 28 2015 P&S in _____weeks ☑ Patient approaching MMI from conservative perspective ☑ FCE

COMMENTS:
(P) authorization for — MRI L/S ☑ for disc protrusions.
(P) consultation with — pending decision for MRI next visit
(P) F/U with _____
☐ _____

☐ 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: Dr. Lee - D.C. for Cal. Lic. # A1010434

Name: Vlad Gendelman, M.D.
Address: 6200 Wilshire Blvd. # 910 Los Angeles, CA 90048 Phone: (323) 933-3434
DWC Form PR-2 (Rev. 1/1/05)

Date of Exam: 4/23/2015