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:

Social Security No:

Date of Birth:

Date of Injury:

Employer:

Claims Administrator:

Claim No:

WCAB No:

Date of Examination:

Date of Report:

SANTILLAN, Maria Del Rosario

XXX-XX-3894

03/26/1967

CT 01/01/2012 TO 04/08/2014;

02/22/2013

Premier Staffing Management

York Claims Services

TWCS-1588

ADJ9569723

04/23/2015

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

SANTILLAN, MARIA DEL ROSARIO

Date of Report: 04/23/2015

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.

<u>Left Knee:</u> 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.

SANTILLAN, MARIA DEL ROSARIO

Date of Report: 04/23/2015

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.

Date of Report: 04/23/2015

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.

the state of the s

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

PRIMARY	TREATING PHYSICIAN'S P	ROGRESS REPORT (PR - Z)	
Periodic Report (required 45 days after last n	eport) Change in trea		ŀ
Change in work status.	ed for referral or consultation.	Response to request for information	
Change in patient's condition.	ed for surgery or hospitalization.	Request for authorization	l l
cc:			
Patient: SANTILLAN, MARIA DEL ROSARIO	DOB: 03/26/1967	DOI: 02/22/2013, CT 01/01/12-04/8/14	
SEX: F	85 #: 620-20-3894 Occupation:	WAREHOUSE SUPERVISOR	
Claims Administrator: YORK/RISK SERVICES		City: ROSEVILLE State: CA Zip: 95661	
Employer Name: PREMIER STAFFING	CLAIM# TWCS-01588 Tel:	Fax:	

SUBJECTIVE COMPLAINTS:	PAIN	Last vi	isit	PAIN today	Radiation
Headache	0123	4 5 6 8	9 10	0 1 2 3 4 5 6 (2) 8 9 10	
Neck Paln	0123	4567 8	9 10	0 1 2 3 4 5 7 8 9 10	[]no []yes
M Mid/Upper back pain	0123	4567/8	9 10	0 1 2 3 4 5 6 7 8 9 10	[]no []yes
Lower back pain	0123	4567 8	9 10	0 1 2 3 4 5 6 (7 839 10	[]no []yes
R Shoulder/ Arm pain	0123	4567 8	9 10	0123 456 78910	[] no
☐ L Shoulder/ Arm pain	0123	4567 8	9 10	0123 456 78910	[] no
R Elbow/Forearm pain	0123	4567 8	9 10	0 1 2 3 4 5 6 7 8 9 10	[]no []yes
☐ L Elbow/Forearm pain	0123	4567 8	9 10	0123 456 78910	[]no []yes
R Wrist/Hand paln/numb	0123	4567 8	9 10	0123 456 78910	[]no []yes
☐ L Wrist/Hand pain/numb	0123	4567 8	9 10	0123 456 78910	[]no []yes
☐ R Hip/Thigh paln	0123	4567 8	9 10	0 1 2 3 4 5 6 7 8 9 10	[]no
☐ L Hip/Thigh pain	0123	4587 8	9 10	0 1 2 3 4 5 6 7 8 9 10	[]no Dermatomes
R Knee pain	0123	4567 8	9 10	0123 456 78910	[] no
L Knee pain	0123	4567	9 10	0123 456 (7-1910)	[]no []R.[]t., []B.
☐ R Lower Leg pain	0123	4567 8	9 10	0123 456 78910	[]no C3 C4 C5 C6 C7 C8
L Lower Leg pain	0123	4567 8	9 10	0123 456 78910] no
☐ R Ankle/Foot pain	0123	4567 8	9 10	0123 456 78910	[]no []R.[]L.[]B.
☐ L Ankle/Foot pain	0123	4567 8	9 10	0123 456 78910	[]no L1 L2 L3 L4 L5 S1
Other	0123	4567 8	9 10	0123 456 78910	[] no

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

	TENDER	TENDER	SPASM	SPASM	ROM		
	Last visit	today n	Last visit _ ^	Today /		+ Cervical compr.	1]
₩ Neck	012/34	0 1 2/3 4	0 1 1+ 2/3 4	0 1 1+ 2 3 4	[] fuil festr.	+ Cervical distr.	11
Æ Mid/Upper	0 1 2 3 4	01234	0 1 1+ 2 3 4	011+234	[]full []restr.	+SLR	[]R []L 4[]B
Tower back	01234	0 1 2 3/4	0 1 1+ 2 34	0 1 1+ 2 3/4	[]full []/estr.	+ Heel Walking (L5)	[]R []L []B
R Shoulder/ Arm	01234	01234	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[]fult []restr.	+ Toe Walking (S1)] [] R [] L []B
L Shoulder/ Arm	01234	01234	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[] full [] restr.	+ Impingement	[]R []L []B
☐ R Elbow/Forearm	01234	01234	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[] full [] restr.	+ Supraspinatus	[]R []L []B
L Elbow/Forearm	01234	01234	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[]full []restr.	+ Codman's Drop	[]R []L []B
☐ R Wrist/Hand	01234	01234	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[]full []restr.	+ Cozen's	[]R []L []B
L Wrist/Hand	01234	01234	011+234	0 1 1+ 2 3 4	[] fulf [] restr.	+ Mill's	[]R []L []B
R Hip/Thigh	01234	01234	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[] full [] restr.	+ Tinel's Sign	[]R []L []B
□ L Hip/Thigh	01234	01234	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[] full [] restr.	+ Phalen's (CTS	[]R []L []B
□ R Knee	01234	01234	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[] full [] restr.	+ Finkeistein's	[]R []L []B
L Knee	0 1 2 3 4	01234	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[] full [] restr.	+ Anterior Drawer	[]R []L []B
☐ R Lower Leg	01(23,4	0 1/2/3 3	011+234	0 1 1+ 2 3 4	[] full [] restr.	+ Posterior Drawer	[]R []L []B
☐ L Lower Leg	01234	01234	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[] full [] restr.	+ McMurray	[]R HIL []8
R Ankle/Foot	01234	01234	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[]full []restr.	+ Valgus (MCL)	[]R []L []B
☐ L Ankle/Foot	01234	01234	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[]full []restr.	+ Yarus (LCL)	[]R []L []8
] No A	
Wound:					7973] N/L	· · · · · · · · · · · · · · · · · · ·
					200 H) N/L	
	•	* •		···	Promote and the second	N/L	
					Trigger points	C/S T/S	s us

Diagnoses: Santillan, riava	del Kosavio
1. HEADACHES	1-Treatment helps
(2) CERVICAL MUSCULOLIGAMENTOUS STRISPR	Decreased pain
3. THORACIC MUSCULOLIGAMENTOUS STRISPR	Meds PT Chira Acu ECSWT LIN
LUMBOSACRAL MUSCULCEGAMENTOUS STRISPR WITH RADICULITIS	Meds PT Chiro Acu ECSWT LINI
5. MALLIMBOSACRAL DISCOGENIC BISEASE PROTRUSIONS PER WIRT	Decreased spasm
6 LEFT KNEE STRISPR, DEGENERATIVE JOINT DISEASE, PER MRI DATED 12/15/14 04/15/15	Meds PT Chiro Acu ECSWT LINT
B.	[<u>]Increased ROM %</u> 10 20 30 40 50 60 70 80 90 100
9.	Meds PT Chiro Acu ECSWT LINT
10.	[] Increased Flexibility %
11.	10 20 30 40 50 60 70 80 90 100 Meds PT Chiro Acu ECSWT LINT
12. 13.	[] Increased Strength (grade)
14.	0 1 2 3 4 5 of 5
15.	PT Chiro Acu ECSWT LINT
16.	[<u>lincreased Endurance %</u> 10 20 30 40 50 60 70 80 90 100
16. 17.	Meds PT Chiro Acu ECSWT LINT
18,	10 20 30 40 50 60 70 80 90 100
19.	Meds PT Chiro Acu ECSWT LINT
THIS IS A FORMAL AUTHORIZATION REQUEST FOR THE FOLLOWING TREATMENT PLAN:	[] Improved 4DL'S %
Chiropractic Physical Therapy (Land Aquatic) Evaluate and Treat Continue Therapy:	10 20 30 40 50 60 70 80 90 100
HOLD P.T. #P.T. #CHIRO#ACUP	Meds PT Chipo Acu ECSWT LINT
10_ c/s, c/s, (2) flew	
10	. Brilles a week for Leks.
Acupuncture	, times a week for weeks.
: Medications	Topical Med
: Med. Supplies	
Referral to: EMRI ECT/X-ray	EMG/NCV
☐ E.C.S.W.T	TUNT []T/S []L/S
@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	<u> ceus</u>
Return to full duty on with no limitations or restrictions	see attached
Follow up in 2 / 3 / Fweeks MAY 2 8 2015 P&S inweeks Patient approaching MMI	from conservative perspective 💢 FCE
COMMENTS: TP. Institution for - MNY LISE for Olise	n. W. s
(P) authorization for MNT US	minus.
(P) consultation with pendin decision for	MM L next
(P) F/U with	VisiL
This plate was a state of the s	
This visit was performed with aid of an interpreter. Treating Physician:	
declare under the penalty of perjury that this report is true and correct to the best of my knowledge, and that I have not viol	ated Labor Code Section 139.3.
Signature: Dr. Loe D-c . Pro Cal. Lic. #	A1010434
famou 18 ad Dandatura III	

Name: Vlad Gendelman, M.D. Address: 6200 Wilshire Bivd. # 910 Los Angeles, CA 90048 Phone: (323) 933-3434 OWC 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:

Social Security No:

Date of Birth:

Date of Injury:

Employer:

Claims Administrator:

Claim No:

WCAB No:

Date of Examination:

Date of Report:

SANTILLAN, Maria Del Rosario

XXX-XX-3894

03/26/1967

CT 01/01/2012 TO 04/08/2014;

02/22/2013

Premier Staffing Management

York Claims Services

TWCS-1588

ADJ9569723

04/23/2015

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

Date of Report: 04/23/2015

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.

<u>Lumbar Spine:</u> 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.

Date of Report: 04/23/2015

DIAGNOSTIC IMPRESSION:

- 1. Headaches.
- 2. Cervical spine musculoligamentous strain/sprain.
- Thoracic spine musculoligamentous strain/sprain.
- 4. Lumbosacral spine musculoligamentous strain/sprain with radiculitis.
- 5. Lumbosacral spine disc protrusions, per MRI dated 04/15/15.
- 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.

SANTILLAN, MARIA DEL ROSARIO

Date of Report: 04/23/2015

Page 4

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

DIAIRIOU OF ACTIVATE COMPANDAMENT		
DRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR - 71	ŀ
DDIMARY TREATING PHYSICIAN'S PROGRESS INC. ON I	• • • • •	

	I KEA IING PHI SICIAH SE	MODIFICATION IN IN THE	
			ra
Periodic Report (required 45 days after last re	port) Change in trea	twent blau 🖳 Kerease ironii ca	10
XI betrodic Kebott frednited as days error reserve		Response to request for I	nformation
Change in work status.	d for referral or consultation.	T Ueshouse to redecer io.	
- Chichide III Malli Aresta	4 Same and the second distriction	Request for authorization	on 🔲 Other: 📗
Change in patient's condition.	d for surgery or hospitalization.	63 : rodzas :	-
Change in barour a semanar		A	
cc:		DOI: 02/22/2013, CT 01/01/12-04/8/	ld
THE PROPERTY OF THE PROPERTY O	DOB: 03/26/1967	DOI: ATTENDED OF A DAMEST AND	•
Patient: SANTILLAN, MARIA DEL RUSARIO	SS #: 620-20-3894 Occupation:	WAREHOUSE SUPERVISOR	
SEX: F	29 W. Oto-to-snot occabanan.	OF BOOKLULE Cinio CA 7	D: 95661
	Address: PO BOX 619079	City: ROSEVILLE State : CA Zi	p. 9000 f
Employer Name: PREMIER STAFFING	CLAIM# TWCS-01588 Tel:	Fax:	
Employer Name: Premier Statute	40		

SUBJECTIVE COMPLAINTS:	PAIN Last	visit	PAIN today	Radiation
	0123 4564	8 9 10	0123 456 28910	
Headache	0123 4567	8 9 10	0123 456 78910	[]no []yes
Neck Pain Mid/Upper back pain	0123 4567	8 9 10	0 1 2 3 4 5 6 7 8 9 10	[]no []yes
Lower back pain	0123 4567	8 9 10	0 1 2 3 4 5 6 7 8 9 10	{]no []yes
R Shoulder/ Arm pain	0123 4567	8 9 10	0123 456 78910	[]no
L Shoulder/ Arm pain	0123 4567	8 9 10	0123 456 78910	[]no
☐ R Elbow/Forearm pain	0123 4567	8 9 10	0123 456 78910	[]no []yes
☐ L Elbow/Forearm pain	0123 4567	8 9 10	0123 456 78910	[]no []yes
R Wrist/Hand pain/numb	0123 4567	8 9 10	0123 456 78910	[]no []yes
☐ L Wrist/Hand pain/numb	0123 4567	8 9 10	0123 456 78910	i ino
☐ R Hip/Thigh pain	0123 4567	8 9 10	0 1 2 3 4 5 6 7 8 9 10	[] no Dermatomes
L Hip/Thigh pain	0123 4567	8 9 10	0 1 2 3 4 5 6 7 8 9 10	[] no
R Knee pain	0123 4567	8 9 10	0 1 2 3 4 5 6 (7-) 9 10	[]no []R. []L. []B.
L Knee pain R Lower Leg pain	0123 4567	8 9 10	0123 456 78910	[]no C3 C4 C5 C6 C7 C8
L Lower Leg pain	0123 4567	8 9 10	0123 456 78910	[]no
R Ankle/Foot pain	0123 4567	8 9 10	0123 456 78910	[]no []R. []L. []B.
☐ L Ankle/Foot pain	0123 4567	8 9 10	0 1 2 3 4 5 6 7 8 9 10	
☐ Other	0123 4567	8 9 10	0123 456 78910	[]no

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

<u> </u>	TENDER	TENDER	SPASM	SPASM	ROM		
	Last visit	today o	Last visit _ ^	Today /		+ Cervical compr.	
Neck	0 1 2/3 4	0 1 2/3 4	0 1 1+ 2/3 4	0 1 1+ 2/3 4	[] full [] festr.	+ Cervical distr.	
₩id/Upper	0 1 2 3 4	0123	0 1 1+ 2 3 4	011+234	[] full [] restr.	+SLR	[]R []L (]B
A Lower back	01234	0 1 2 3/4	0 1 1+ 2 3 4	0 1 1+ 2\3/4	[] fuil [] festr.	+ Heel Walking (L5) + Toe Walking (S1)	[]R []L []B
R Shoulder/ Arm	01234	01234	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[] full [] restr.	+ Impingement	[]R []L []B
□ L Shoulderi Arm	01234	01234	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[] full [] restr. [] full [] restr.	+ Supraspinatus	[]R []L []B
☐ R Elbow/Forearm	01234	01234	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[] full [] restr.	+ Codman's Drop	[]R []L []8
☐ L Elbow/Forearm	01234	01234	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[]full []restr.	+ Cozen's	[]R []L []B
☐ R Wrist/Hand	01234	01234	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[] full [] restr.	+ MELI'S	[]R []L []B
□ L Wrist/Hand	01234	01234	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[] full [] restr.	+ Tinel's Sign	[]R []L []B
☐ R Hip/Thigh	01234	01234	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[] full [] restr.	+ Phalen's (CTS	[]R []L []B
□ L Hip/Thigh □ R Knee	01234	01234	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[] full [] restr.	+ Finkelstein's	[]R []L []B
L Knee	0 1 2 3 4	01234	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[] fuil [] restr.	+ Anterior Drawer	[]R []L []B
☐ R Lower Leg	01(234	0 1/2/3 3	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[] full [] restr.	+ Posterior Drawer	[]R []L []8
☐ L Lower Leg	01234	01234	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[] full [] restr.	+ McMurray + Valgus (MCL)	[]R []L []B
R Ankle/Foot	01234	01234	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[] full [] restr. [] full [] restr.	+ Varus (LCL)	[]R []L []B
L Ankle/Foot	01234	01234	0 1 1+ 2 3 4	0 1 1+ 2 3 4	[] full [] restr. Neurological	Νο Δ	1 - 1 - 1 - 1
					2000] N/L	
Wound:] N/L	
					Reflexes [] N/L	
					Trigger points	c/s T	is us

Diagnoses:	H-Treatment helps
1. HEADACHES	Decreased pain
(2) CERVICAL MUSCULOLIGAMENTOUS STRISPR	Meds PT Chiro Acu ECSWT LINT
THORACIC MUSCULOLIGAMENTOUS STRISPR	[] Decreased tenderness
LUMBOSACRAL MUSCULOLIGAMENTOUS STRISPR WITH RADICULITIS	Meds PT Chiro Acu ECSWT LINT
5. NOLUMBOSACRAL DISCOGENIC BISEASE PROTRUSIONS PER VIRT	<u> </u>
6 LEFT KNEE STRISPR, DEGENERATIVE JOINT DISEASE, PER MRI DATED 12/15/14	
?	[] <u>increased ROM %</u> 10 20 30 40 50 60 70 80 90 100
9.	Meds PT Chiro Acu ECSWT LINT
10.	[] Increased Flexibility %
11,	10 20 30 40 50 60 70 80 90 100
12.	Meds PT Chiro Acu ECSWT LINT
13.	0 1 2 3 4 5 of 5
14.	PT Chiro Acu ECSWT LINT
15.	[] Increased Endurance %
16.	10 20 30 40 50 60 70 80 90 100 —— Meds PT Chiro Acu ECSWT L!NT
17.	Limproved Function %
18.	10 20 30 40 50 60 70 80 90 100
19.	Meds PT Chiro Acu ECSWT LINT
THE ICA PORMAL ANTHORIZATION REQUIRES FOR THE SOLICITIES THE TRANSPORTED TO	I Improved ADL'S %
THIS IS A FORMAL AUTHORIZATION REQUEST FOR THE FOLLOWING TREATMENT PL	1
Chiropractic Physical Therapy (Land Aquatic) Evaluate and Treat Continue There HOLD P.T. #P.T. #CHIRO #ACUP	apy.
	5
To c/5, 45, (2) lew	, a week for
☐ Acupuncture	times a week for yweeks.
: Medications	Topical Med
-	
: Med. Supplies	
Referral to: 四 MRI	SEMG/NCV
415-	Etriui [1142 [174
©Consultation	☐ Transportation
Work Status: This patient has continued to remain on temporary total disability/off work until	<u>aciles</u>
Return to modified work on with the following limitations or restrictions_ Return to full duty on with no limitations or res	trictions
Return to full duty on with no limitations or res weeks Patient approach	ching MMI from conservative perspective
	-
COMMENTS: - MAZ L/s & fir Oli	se puthisms.
(P) authorization for 1010 L C/3	
(P) consultation with Penditu alciscus /V	THE LUEST
(<u>P)</u> 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 i	nave not violated Labor Code Section 139.3.
Signature: Dr. Loe. D.c. Mr.	_Cal. Lic. # A1010434
orginature	Date of Every 4/23/2015
11 18-1 A-41-Lan 11 B	LISTA OF PYSMI' 4/7-07/1175

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)