

TIME RECEIVED

May 16, 2013 2:29:42 PM EDT

REMOTE CSID

DURATION

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May. 16. 2013 11:23AM

USHW COMPTON

No. 9705

P. 6

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: 05-03-2013
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

PR2 Reason: follow-up. There is a need for referral or consultation.

Patient Status:

Since the last exam, this patient's condition has: Not improved significantly

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 there has been no pain improvement low back.

Back Complaints / Symptoms

Complaint: Patient's complaint at this time is as follows: pain low back Patient describes the symptom(s) as dull. She says it is moderately severe. The frequency is intermittent.

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 paresthesias . The patient states the back pain does not radiate . The patient complains of limited back motion - . 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:

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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:

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 at acostarse. Dispense 1

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

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

Etodolac ER 600MG #15 . 1 once daily with food for pain and inflammation / 1 once al dia con comida para dolor y inflamacion, Dispense 1 Bottle

Allergies:

No Known Drug Allergies.

Physical Examination:

Pulse: 70/min. BP: 102/70 mmHg. Temperature: 98.6 deg F Respiration: 14 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 .

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 are spasms of the thoracolumbar spine . There is tenderness of the thoracolumbar spine - . Range of motion of the back is restricted.

Flexion with the fingertips approximating the midtibia . Extension 25/30 deg, lateral flexion L 40/45 deg R 40/45 deg, lateral rotation L 25/30 deg R 25/30 deg.

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 negative. The back muscles display no weakness .

Diagnostic Tests: Prior diagnostic studies were reviewed.

Diagnoses

Pain - Back (724.2)

Muscle Spasm Back (724.8)

Sprain/Strain Lumbar (847.2)

Treatment Plan

Last Saved By: Admin Admin 05-03-2013 16:41:06

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Medications to be Continued until Next Visit:

Treatment Plan Comments: With no back pain improvement for 2 1/2 months, patient will be referred to the pmr specialist.

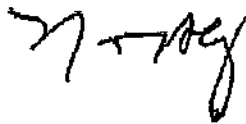
WORK STATUS:

Return to work with restrictions as of 05-03-2013. Expected Maximum Medical Improvement (MMI) date 05-31-2013.

Work Restrictions:

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

Consult / Referral: PM&R consult has been ordered no pain improvement 2 1/2 months.



Narin . Phuong, P.A.

This has been electronically signed on 05-07-2013



Marc Arnush M.D.
Supervising Provider

Next Appointment with Phuong Narin on 05-10-2013 03:45 pm.

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No. 9705 P. 9



U.S. HealthWorks
2499 S. Wilmington Ave., Compton
CA 90220
Ph: 310 638-1113
Case #: 156238753

DOCTOR'S FIRST REPORT OF OCCUPATIONAL ILLNESS OR INJURY

Within 6 days of your initial examination, for every occupational injury or illness, send two copies of this report to the employer's worker's compensation insurance carrier or the insured employer. Failure to file a timely doctor's report may result in assessment of a civil penalty. In the case of diagnosed or suspected pesticide poisoning, send a copy of the report to Division of Labor Statistics and Research, P.O. Box 420603, San Francisco, CA 94142-0603, and notify your local health officer by telephone within 24 hours.

1. INSURER NAME AND ADDRESS YORK CLAIMS P.O. BOX 619079 ROSEVILLE CA 95661 - 9079 Claim #: TWCS-1588			PLEASE DO NOT USE THIS COLUMN	
2. EMPLOYER NAME PREMIER PERSONNEL RESOURCES			Case No.	
3. Address No. and Street 637 E. ALBERTONI STREET #101	City CARSON	Zip 90746 - 0000	Industry	
4. Nature of Business (e.g. food manufacturing, building construction, retailer of women's clothes.) EMPLOYMENT AGENCY/56			County	
5. PATIENT NAME (First Name, Middle Initial, Last Name) Rosario Santilan		6. Sex Female	7. Date of Birth: 03-26-1967	Age
8. Address: No. and Street 9431 Nance ave Apt P	City: Downey	Zip: 90640	9. Telephone Number (958)999-9999	Hazard
10. Occupation (Specific Job Title) Packing		11. Social Security Number 620-29-3894		Disease
12. Injured at: No. and Street 637 E. ALBERTONI STREET #101		City: CARSON	County: L.A	Hospitalization
13. Date and hour of injury or onset of illness		Mo. Day, Yr./ Hour 02-22-2013 /12:00	14. Date last worked Mo. Day Yr. 02-22-2013	Occupation
15. Date and hour of first examination or treatment		Mo. Day, Yr./ Hour 05-03-2013/02:18 pm	16. Have you (or your office) previously treated patient? No	Return Date/Code

Patient please complete this portion. If able to do so. Otherwise, doctor please complete immediately. Inability or failure if a patient to complete this portion shall not affect his/her rights to workers' compensation under the California Labor Code.

17. DESCRIBE HOW THE ACCIDENT OR EXPOSURE HAPPENED (Give specific object, machinery or chemical. Use reverse side if more space is required.)

18. SUBJECTIVE COMPLAINTS (Describe Fully. Use reverse side if more space is required.)

History Of Present Illness:

Back Complaints / Symptoms

Complaint: Patient's complaint at this time is as follows: pain low back Patient describes the symptom(s) as dull. She says it is moderately severe. The frequency is intermittent.

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 paresthesias . The patient states the back pain does not radiate . The patient complains of limited back motion . 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 .

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19. OBJECTIVE FINDINGS (Use reverse side if more space is required.)

A. A Physical Exam was performed. Any pertinent findings are noted as follows:

Physical Examination:

Pulse: 70/min. BP: 102/70 mmHg. Temperature: 98.6 deg F Respiration: 14 per min.

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.

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 are spasms of the thoracolumbar spine. There is tenderness of the thoracolumbar spine. Range of motion of the back is restricted.

Flexion with the fingertips approximating the midtibia. Extension 25/30 deg, lateral flexion L 40/45 deg R 40/45 deg, lateral rotation L 25/30 deg R 25/30 deg.

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

Neurologic: Heel/walk 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 negative. The back muscles display no weakness.

B. X-ray and laboratory results (State if none or pending)

20. DIAGNOSES (If occupational illness specify etiologic agent and duration of exposure.) Chemical or toxic compounds involved? () Yes () No

ICD9 Code

Pain - Back (724.2)

Muscle Spasm Back (724.8)

Sprain/Strain Lumbar (847.2)

21. Are your finding and diagnosis consistent with patient's account of injury or onset of illness? () Yes () No if "no", please explain.

22. Is there any other current condition that will impede or delay patient's recovery? () Yes () No If "yes", please explain.

23. TREATMENT RENDERED (Use reverse side if more space is required.)

Treatment Plan Comments: With no back pain improvement for 2 1/2 months, patient will be referred to the pmr specialist

Patient Education:

24. If further treatment required, specify treatment plan/estimate duration.

25. If hospitalized as inpatient, give hospital name and location.

Date Admitted:

Estimated stay

26. WORK STATUS - Is patient able to perform usual work? () Yes (X) No

Return to work with restrictions as of: 05-03-2013

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

Doctor's Signature

Name and Degree



CA License #:

A90486

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

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No. 9705 P. 11

	Marc Amush M.D.		
	Supervising Physician	IRS Number	85-4643269
Address	2495 S. Wilmington Ave., Compton CA 90220	Telephone Number	310 638-1113

FORM 5021 (rev. 4) 1992

ANY PERSON WHO MAKES OR CAUSES TO BE MADE ANY KNOWINGLY FALSE OR FRAUDULENT MATERIAL STATEMENT OR MATERIAL REPRESENTATION FOR THE PURPOSE OF OBTAINING OR DENYING WORKERS COMPENSATION BENEFITS OR PAYMENTS IS GUILTY OF A FELONY.