

**VLAD GENDELMAN, M.D., Q.M.E., F.A.A.O.S.**  
Orthopaedic Surgeon

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**CONFIDENTIAL**

Patient's Name:	<b>SANTILLAN, Maria Del Rosario</b>
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:	05/12/2016
Date of Report:	05/12/2016

**PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR2)**  
**WITH REQUEST FOR AUTHORIZATION**  
**AND REVIEW OF RECORDS**

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

Date of Report: 05/12/2016

10 representing the worst, her headaches are rated as 4/10 per the VAS scale, which have decreased from 5/10 on the last visit; 5/10 in the neck, which has increased from 3/10 on the last visit; 3/10 in the mid/upper back, which has decreased from 4-5/10 on the last visit; 6-7/10 in the lower back, which has remained the same since her last visit; and 7/10 in the left knee, which has increased from 6/10 on the last visit.

**OBJECTIVE FINDINGS:**

**Cervical Spine:** There is grade 1 to 2 tenderness to palpation over the paraspinal muscles, 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 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, which has remained the same since her last visit.

**COMMENTS:**

- The patient states that treatment helps.
- She also states that acupuncture therapy helps to decrease her pain and tenderness.
- She indicates that her self-care has improved by 10% with acupuncture therapy.
- She is pending followup with Pain Management.

**REVIEW OF RECORDS:**

I have reviewed a set of records on Ms. Santillan consisting of approximately 1 page. I spent approximately 15 minutes reviewing these records and preparing this report. The following is my review:

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05/10/2016

SAFETY WORKS MEDICAL INC.

Functional Capacity Evaluation

The patient was placed on modified duty. Her recommended work restrictions included limited lifting above shoulder level over 5 pounds, limited lifting from ground level over 5 pounds, limited stair climbing, squatting, kneeling or crawling, and standing limit of 2 hours with a 15-minute change in position for an 8-hour shift.

**DIAGNOSTIC IMPRESSION:**

1. Headaches (R51).
2. Cervical strain/sprain (S16.1XXA, S13.4XXA).
3. Thoracic strain/sprain (S23.3XXA)
4. Lumbosacral strain/sprain with radiculitis (S39.012A, 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 on 09/25/15 (Z98.89).

**TREATMENT PLAN:**

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.

"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."

**SANTILLAN, MARIA DEL ROSARIO**

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**DISABILITY STATUS:**

The patient remains temporarily totally disabled from 05/12/16 until 06/23/16. 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".

**RETURN APPOINTMENT:**

The patient is scheduled for a follow-up examination on 06/23/16.

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.



**Vlad Gendelman, M.D., Q.M.E., F.A.A.O.S.**  
Board Certified Orthopaedic Surgeon

Executed at Los Angeles, CA

Signed in the County of Los Angeles

VAG: rl

#7343

TTD

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 SEX: FEMALE DOI: CT 01/01/2012-04/08/2014 . DOB: 03/26/1967  
 Occupation: SS#: 620-20-3894  
 Claims Administrator: YORK CLAIMS SERVICES Claim# TWCS-3293 Employer: PREMIER STAFFING

SUBJECTIVE COMPLAINTS:	PAIN	Last visit	PAIN today	Radiation
<input checked="" type="checkbox"/> Headache	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	
<input checked="" type="checkbox"/> Neck Pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	[ ] no [ ] yes-
<input checked="" type="checkbox"/> 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	0 1 2 3 4 5 6 7 8 9 10	[ ] no [ ] yes
<input checked="" type="checkbox"/> 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	0 1 2 3 4 5 6 7 8 9 10	[ ] no [ ] yes
<input type="checkbox"/> 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	0 1 2 3 4 5 6 7 8 9 10	[ ] no
<input type="checkbox"/> 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	0 1 2 3 4 5 6 7 8 9 10	[ ] no
<input type="checkbox"/> 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	0 1 2 3 4 5 6 7 8 9 10	[ ] no [ ] yes
<input type="checkbox"/> 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	0 1 2 3 4 5 6 7 8 9 10	[ ] no [ ] yes
<input type="checkbox"/> 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	0 1 2 3 4 5 6 7 8 9 10	[ ] no [ ] yes
<input type="checkbox"/> 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	0 1 2 3 4 5 6 7 8 9 10	[ ] no [ ] yes
<input type="checkbox"/> 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	0 1 2 3 4 5 6 7 8 9 10	[ ] no
<input type="checkbox"/> 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	0 1 2 3 4 5 6 7 8 9 10	[ ] no Dermatomes
<input type="checkbox"/> 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	0 1 2 3 4 5 6 7 8 9 10	[ ] no
<input checked="" type="checkbox"/> 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	0 1 2 3 4 5 6 7 8 9 10	[ ] no [ ] R. [ ] L. [ ] B.
<input type="checkbox"/> 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	0 1 2 3 4 5 6 7 8 9 10	[ ] no C3 C4 C5 C6 C7 C8
<input type="checkbox"/> 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	0 1 2 3 4 5 6 7 8 9 10	[ ] no
<input type="checkbox"/> 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	0 1 2 3 4 5 6 7 8 9 10	[ ] no [ ] R. [ ] L. [ ] B.
<input type="checkbox"/> 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	0 1 2 3 4 5 6 7 8 9 10	[ ] no L1 L2 L3 L4 L5 S1
<input type="checkbox"/> Other	0 1 2 3 4 5 6 7 8 9 10	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	TENDER	SPASM	SPASM	ROM		
	Last visit	today	Last visit	Today		+ Cervical Compr.	[ ]
<input checked="" type="checkbox"/> 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 distr.	[ ]
<input checked="" type="checkbox"/> 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.	+SLR	[ ] R [ ] L [ ] B
<input checked="" type="checkbox"/> 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.	+ Heel Walking (L5)	[ ] R [ ] L [ ] B
<input type="checkbox"/> 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.	+ Toe Walking (S1)	[ ] R [ ] L [ ] B
<input type="checkbox"/> 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.	+ Impingement	[ ] R [ ] L [ ] B
<input type="checkbox"/> 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.	+ Supraspinatus	[ ] R [ ] L [ ] B
<input type="checkbox"/> 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.	+ Codman's Drop	[ ] R [ ] L [ ] B
<input type="checkbox"/> 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.	+ Cozen's	[ ] R [ ] L [ ] B
<input type="checkbox"/> 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.	+ Mill's	[ ] R [ ] L [ ] B
<input type="checkbox"/> 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.	+ Tinel's Sign	[ ] R [ ] L [ ] B
<input type="checkbox"/> 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.	+ Phalen's (CTS)	[ ] R [ ] L [ ] B
<input type="checkbox"/> 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.	+ Finkelstein's	[ ] R [ ] L [ ] B
<input checked="" type="checkbox"/> 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.	+ Anterior Drawer	[ ] R [ ] L [ ] B
<input type="checkbox"/> 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.	+ Posterior Drawer	[ ] R [ ] L [ ] B
<input type="checkbox"/> 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.	+ McMurray	[ ] R [ ] L [ ] B
<input type="checkbox"/> 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.	+ Valgus (MCL)	[ ] R [ ] L [ ] B
<input type="checkbox"/> 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.	+ Varus (LCL)	[ ] R [ ] L [ ] B
						Neurological [ ] No Δ	
Wound:						Motor [ ] N/L	
						Sensory [ ] N/L	
						Reflexes [ ] N/L	
						Trigger points	C/S T/S L/S

Patient Name: SANTILLAN, MARIA

Diagnoses:

- 1. HEADACHES
- 2. CERVICAL MUSCULOLIGAMENTOUS STR/SPR
- 3. THORACIC MUSCULOLIGAMENTOUS STR/SPR
- 4. LUMBOSACRAL MUSCULOLIGAMENTOUS STR/SPR WITH RADICULITIS
- 5. LUMBOSACRAL DISC PROTRUSIONS, PER MRI DATED 4/15/15
- 6. LEFT KNEE STR/SPR, DEGENERATIVE JOINT DISEASE, PER MRI DATED 12/15/14
- 7. STATUS POST LEFT KNEE ARTHROSCOPY AND PARTIAL SYNOVECTOMY 09/25/2015
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.

- Treatment helps
- Decreased pain  
Meds PT Chiro Acu ECSWT
- Decreased tenderness  
Meds PT Chiro Acu ECSWT
- Decreased spasm  
Meds PT Chiro Acu ECSWT
- Increased ROM %  
10 20 30 40 50 60 70 80 90 100  
Meds PT Chiro Acu ECSWT
- Improved Self Care %  
~~10~~ 20 30 40 50 60 70 80 90 100  
Meds PT Chiro Acu ECSWT
- Increased Strength (grade)  
0 1 2 3 4 5 of 5  
PT Chiro Acu ECSWT
- Improved ADL'S %  
10 20 30 40 50 60 70 80 90 100  
Meds PT Chiro Acu ECSWT
- Pt stated that he/she was able to lift \_\_\_\_\_ lbs at the last visit, but now he/she is able to lift \_\_\_\_\_ lbs.

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 \_\_\_\_\_ times a week for \_\_\_\_\_ weeks.

Acupuncture U1 T2 U1 D3 \_\_\_\_\_ times a week for 4 weeks.

Medications \_\_\_\_\_  Topical Med \_\_\_\_\_

Med. Supplies \_\_\_\_\_

Referral to:  MRI \_\_\_\_\_  CT / X-ray \_\_\_\_\_  
 E.C.S.W.T \_\_\_\_\_  EMG/NCV \_\_\_\_\_  
 Other \_\_\_\_\_

- Pt stated that he/she was able to walk \_\_\_\_\_ blocks at around the last visit, but now he/she is able to walk \_\_\_\_\_ blocks without pain.
- Pt stated that he/she was able to stand for \_\_\_\_\_ mins at the last visit, but now he/she is able to stand for \_\_\_\_\_ mins.
- Pt is now able to do more house chores.
- Pt stated that he/she was able to drive for \_\_\_\_\_ mins at the last visit, but now he/she is able to drive for \_\_\_\_\_ mins.
- Pt reports using less pain meds with PT Chiro Acu ECSWT

JUN 23 2016

Work Status:  
 This patient has continued to remain on temporary total disability/off work until 4  
 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 JUN 23 2016 P&S in \_\_\_\_\_ weeks  Patient approaching MMI from conservative perspective  FCE

COMMENTS:  
 (P) authorization for \_\_\_\_\_  
 (P) consultation with \_\_\_\_\_  
 (P) F/U with patient, next

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: [Signature] Cal. Lic. # A101034 Executed at: County of Los Angeles  
 Name: VLAD GENDELMAN, M.D. Specialty: Orthopedic Surgery Date of Exam: 05/12/2016  
 Address: 6200 WILSHIRE BLVD # 910 LOS ANGELES C.A. 90048 Phone: (323)933-3434 Fax: (323)954-8666  
 DWC Form PR-2 (Rev. 10/2015)