

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, Inc.
Claim No:	TWCS-1588
WCAB No:	ADJ9569723; ADJ9569722
Date of Examination:	05/28/2015
Date of Report:	05/28/2015

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR2) **WITH REQUEST FOR AUTHORIZATION** **AND NEED FOR REFERRAL OR CONSULTATION**

Periodic Report (required 45 days after last report)
Need for referral or consultation
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.

Date of Report: 05/28/2015

DIAGNOSTIC IMPRESSION:

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

TREATMENT PLAN:

1. The patient is to continue chiropractic therapy of the cervical spine, thoracic spine, lumbar spine, and left knee, 2 times a week for 4 weeks. She has completed 17 sessions of chiropractic therapy.
2. She is referred for consultation with a pain management specialist regarding her lumbar spine.
3. She is also referred for EMG/NCV of the bilateral lower extremities.

"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 05/28/15 until 07/09/15. She needs current or future medical care.

RETURN APPOINTMENT:

The patient is scheduled for a follow-up examination on 07/09/15.