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June 20, 2013

York Claims
Attention Claims Examiner
PO Box 619079
Roseville CA 95661-9079

RE: SANTILLAN, ROSARIO
Claim #: TWCS-1588

Inc. #: 156-238753
D.O.I.: 02/22/13
Employer: Premier Personnel Resources

PHYSICIAN PROGRESS REPORT

Dear Claims Examiner:

I reviewed the patient's health history as documented in the first visit and it remains unchanged.

A Spanish interpreter, Yliana Chavez, was used throughout the whole examination.

SUBJECTIVE COMPLAINTS

The patient presents to me today with continued right hip pain, dull aching in nature. Squat, kneel, lift, push, and pull exacerbate the pain, baseline 2 to a 5. Rest helps partially to relieve the intermittent pain. The patient has right hip pain, occasionally radiating into the right hip with numbness, tingling, and weakness into the lower extremities.

REVIEW OF SYSTEMS

A complete review of systems was performed and was all negative except for the systems as documented on the initial visit and those systems associated with the injury.

RE: SANTILLAN, ROSARIO
June 20, 2013
Page 2

OBJECTIVE FINDINGS

General Appearance

The patient is a well-developed, well-nourished, male appearing his stated age and in no acute distress.

Vital Signs

Pulse: 60
Blood Pressure: 102/80
Respirations: 15
Temperature: 98

Examination of the Lumbosacral Spine

Visual Inspection

Upon visual inspection of the lumbosacral spine, thoracolumbar posture is noted to be well-preserved with no splinting.

Skin

No surgical or traumatic scars or burns are visible. The overlying skin is intact with no lacerations, abrasions, puncture wounds or skin breakdown. There is no ecchymosis or erythema.

Gait

The patient's gait pattern is normal. Heel and toe ambulation cause no increase in back pain.

Palpation

Lumbosacral palpation from L1 to the sacrum shows no areas of tenderness or spasm bilaterally.

Range of Motion

Range of motion of the lumbar spine is unrestricted.

		<u>Normal</u>
Forward flexion	60 degrees	60 degrees
Extension	25 degrees	25 degrees

RE: SANTILLAN, ROSARIO

June 20, 2013

Page 3

	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Lateral flexion	25 degrees	25 degrees	25 degrees
Lateral rotation	45 degrees	45 degrees	45 degrees

Lumbar spine motions are accomplished without the patient expressing any complaints of pain during the maneuvers. There is no evidence of radiating pain to the lower extremities on lumbar motion.

Straight Leg Raising

Straight leg raise is positive.

Examination of the Right Hip

Gait

The patient's gait pattern is unremarkable with no limping.

Visual Inspection

The hip is well muscled with no deformity. There are no obvious masses or muscle atrophy.

Skin

No surgical or traumatic scars or burns are visible. The overlying skin is intact with no lacerations, abrasions, puncture wounds or skin breakdown. There is no ecchymosis or erythema.

Palpation

Palpation reveals no tender points. The greater trochanter, anterior hip joint and deep gluteal region are nontender. There is no palpable crepitus or clicking.

Range of Motion

Hip joint motion is full and equal to the opposite normal side. Passive motion ranges are equal to active motion ranges.

	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Flexion	100 degrees	100 degrees	100 degrees
Extension	30 degrees	30 degrees	30 degrees
Abduction	40 degrees	40 degrees	40 degrees
Adduction	20 degrees	20 degrees	20 degrees
Internal rotation	40 degrees	40 degrees	40 degrees

RE: SANTILLAN, ROSARIO

June 20, 2013

Page 4

External rotation 50 degrees 50 degrees 50 degrees

Special Tests

Gaenslen's, FABERE, and Patrick tests are positive in the right hip.

Neurological Examination of the Lower Extremities

Sensory Examination

Sensation is intact to light touch, pinprick and two-point discrimination in all dermatomes in the bilateral lower extremities.

Motor Strength Examination

	<u>Right</u>	<u>Left</u>
Hip flexors	5/5	5/5
Hip extensors	5/5	5/5
Hip abductors	5/5	5/5
Hip adductors	5/5	5/5
Knee flexors	5/5	5/5
Knee extensors	5/5	5/5
Ankle dorsiflexors	5/5	5/5
Ankle plantar flexors	5/5	5/5
Extensor hallucis	5/5	5/5

Deep Tendon Reflex Examination

	<u>Right</u>	<u>Left</u>
Knee jerks	2+	2+
Ankle jerks	2+	2+

Vascular Examination

The dorsalis pedis and posterior tibial pulses are 2+ bilaterally. The capillary refill is less than two seconds. The toes are warm and pink with good perfusion distally.

Special Tests

Babinski sign	Negative
Hoffmann sign	Negative
Clonus	Negative

RE: SANTILLAN, ROSARIO

June 20, 2013

Page 5

DIAGNOSTIC IMPRESSION

1. Right SI joint inflammation, recalcitrant in nature.
2. Possible lumbar pathology causing the patient's recalcitrant symptoms.

DISCUSSION

The patient presents to me today for followup examination. At this point, my concern is of course the patient has continued recalcitrant radicular symptoms as well as possible SI joint inflammation. The patient has now failed chiropractic, acupuncture, and physical therapy. The patient is yet to receive the Medrol Dosepak, which I prescribed two weeks ago. Unfortunately according to the patient, it has not been approved at the pharmacy.

I am going to submit for an MRI of the lumbar spine to see if this shows any significant pathology that would require more aggressive intervention.

DISCLOSURE

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

Executed at Los Angeles County, California, on _____.

Physician Signature _____ CA Lic. #: A76120

Aaron Coppelson, M.D.

CUSHW:AC:TDY:fxu.FVI

D: 06/24/13

T: 06/25/13

SantillanR0620Coppelson62013DS248963



REVIEW OF SYSTEMS Patient: Santillan, Rosario

Case # : 156-238753 Ref # : EMR/ Yb

PATIENT NAME: Rosario Santillan

DATE: 6/20/13

Have you had any of the following symptoms?

- Headache
- Difficulty with Swallowing
- Bowel Incontinence
- Heartburn
- Inflammatory Bowel Disease
- Vomiting
- Chest Pain with Activity
- Coughing Up Blood
- Night Sweats
- Visual Disturbances
- Weakness
- Bladder Incontinence
- Bleeding Ulcers
- Irritable Bowel Disease
- Chest Pain
- Chest Pain with Breathing
- Fevers
- Recent Weight Loss
- Difficulty Speaking
- Numbness
- Stomach Pain
- Hemorrhoids
- Nausea
- Chest Pain at Rest
- Coughing
- Chills
- Recent Weight Gain

1-How would you describe your PAIN DULL ACHING SHARP STABBING BURNING

2-On the scale of 1-10 (10 being the worst pain ever) what would you rate your pain range 7

3-What makes the symptoms WORSE walking fast or standing for too long.

4-What makes the symptoms BETTER sitting down; changing position.

5-Are there any Radiating or Shooting Symptoms. If yes where do the symptoms radiate: NO.

6-Are you BETTER, WORSE, or the SAME from the last visit

Please detail any of the above symptoms or any other new symptoms that may concern you.

BP: 102/80 Temp: 98.1 Resp: 15 Pulse: 64

Please be sure to see your primary care non-industrial physician for positive review of systems and vital signs.

PATIENT SIGNATURE: [Signature]

DATE: 6/20/13

INTERPRETER:
Yliana Chavez

Additional pages attached

Patient Last Santillan First Rosario DOB 3/25/67 Date of Exam: 6/20/13 Case #: 156238753

Occupation Packing SS# 620-20-3894 Date of Injury 2/22/13 Claim # TWCS-1588

Employer: PREMIER PERSONNEL RESOURC Contact: MARINA PADILLA Tel: (310) 515-2632 Fax: 310 515-5317

Claims Administrator: YORK CLAIMS Tel: (877) 751-0133 Fax: 866 548-2637

REASON FOR SUBMITTING REPORT (Check all that apply. If any box aside from "Other" applies, this report qualifies as mandatory.)

- Change in patient's condition
- Change in work status
- Change in treatment plan
- Need for referral or consultation
- Need for surgery or hospitalization
- Periodic Report (45 days after last report)
- Info. requested by: _____
- Released from Care
- Request for Authorization
- Other: _____

PATIENT STATUS Since the last exam, this patient's condition has:

- improved as expected
- worsened
- improved, but slower than expected
- reached plateau and no further improvement is expected
- not improved significantly
- been determined to be non-work related

SUBJECTIVE COMPLAINTS (Document and describe significant complaints)

OBJECTIVE FINDINGS (Document significant exam findings, lab, imaging, and other diagnostic testing)

PL
TTT
not for vol
PT-M
CAHNT

DIAGNOSES (Include ICD-9 code, if possible)

Q12 TTT

TREATMENT

- Office Visit / Injury Treatment Start / Continue Therapy: _____ times / week for _____ weeks. Ergonomic Eval
- Start / Continue Chiro: _____ times / week for _____ weeks. Other _____

Meds / Supplies Dispensed _____

Consultation / Referral Requested / Pending. Specialty _____ Work status to be determined by specialist.

Estimated length of treatment is now _____ weeks

WORK STATUS

First Aid Case

- Return / Continue... to work without restrictions.
- Off work until (Date) _____ Estimated period of total temporary disability _____ days.
- Off the balance of this shift only. Then RTW on (Date) _____ to Full / Modified duty. Re-evaluate work status before next shift.
- Return to work as of (Date) _____ with the restrictions indicated below. Estimated duration of modified duty is _____ days.

- () No work near moving machinery
- () No / () Limited use of R / L hand to _____ hrs/day
- () No / () Limited standing or walking to _____ hrs/day
- () No / () Limited overhead work to _____ hrs/day
- () No / () Limited stooping and bending to _____ hrs/day
- () No / () Limited kneeling or squatting to _____ hrs/day
- () No / () Limited Lift Pull Push
- Up to: 10 lbs 25 lbs 50 lbs _____ lbs
- () No climbing
- () Sit down job
- () Must wear Splint Immobilizer Back support Cage
- Other _____
- () Must keep _____ elevated
- () Keep wound/bandage clean and dry
- () Must take a _____ minute stretch break every _____ minutes from
- () Keyboard / () _____
- () Other _____

Medical status was discussed with employer representative _____

Med - work
Spk

DISCHARGE STATUS

- Return to full duty on (Date) _____ with no limitations or restrictions. Released from care without ratable disability or need for future medical care.
- Patient discharged as permanent and stationary with either impairment, work restrictions and/or need for future medical care. A PR-4 to follow.
- NON-INDUSTRIAL. Patient instructed to see private physician at own expense.

PRIMARY TREATING PHYSICIAN

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 S 139.3.

Name _____ Cal. Lic # _____ Date of Exam 6/20/13

Specialty: _____ Signature _____

Executed at: USHW of California - Compton, 2499 S. Wilmington Avenue, Compton, CA 90220 Tel: (310) 638-1113

YOUR NEXT APPOINTMENT WITH THE DOCTOR IS ON:

- MON TUE WED THUR FRI SAT

DATE: _____ TIME: _____ Before / After Shift

YOUR NEXT APPOINTMENT FOR PHYSICAL THERAPY IS ON:

- MON TUE WED THUR FRI SAT

DATE: _____ TIME: _____ Before / After Shift