

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
Claims Administrator:	York Risk Services/LA Claims
Claim No:	TWCS-1588; Pending
WCAB No:	ADJ Unassigned
Date of Examination:	08/28/2014
Date of Report:	08/28/2014

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 pain in the mid/upper back, lower back and left knee. She also complains of pain in the neck that radiates in the pattern of bilateral C6 and C7 dermatomes. On a scale of 0 to 10, with 10 representing the worst, her pain in the neck is rated as 7/10 per the VAS scale, which has increased from 5-6/10 on the last visit; 6/10 in the

Date of Report: 08/28/2014

mid/upper and lower back, which has increased from 5-6/10 on the last visit and 9/10 in the left knee, which has increased from 5-6/10 on the last visit.

OBJECTIVE FINDINGS:

Cervical Spine: There is grade 2 tenderness to palpation over the paraspinal muscles, which has remained the same since her last visit and 2 palpable spasm, which has decreased from 3 on the 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 decreased grade 3 on the last visit and 2 palpable spasm, which has remained the same since her last visit.

Lumbar Spine: There is grade 2 tenderness to palpation over the paraspinal muscles, which has decreased from grade 3 on the last visit and 2 palpable spasm, which has remained the same since her last visit. There is restricted range of motion.

Left Knee: There is grade 3 tenderness to palpation, which has remained the same since her last visit. There is restricted range of motion. McMurray's test is positive.

Motor: There is 4/5 strength in left lower extremities.

COMMENTS:

- She also states that physical therapy helps to decrease her pain.
- She reports improvement with physical therapy.
- The patient's MRI revealed positive popliteal mass, ultrasound is recommended.

DIAGNOSTIC IMPRESSION:

1. Cervical musculoligamentous strain/sprain.
2. Thoracic musculoligamentous strain/sprain.
3. Lumbosacral musculoligamentous strain/sprain with radiculitis
4. Rule out lumbosacral discogenic disease
5. Left knee strain/sprain.
6. Rule out left knee internal derangement.

SANTILLAN, MARIA DEL ROSARIO

Date of Report: 08/28/2014

RECEIVED

SEP 29 2014

Page 3

OSC West
YORK

TREATMENT PLAN:

1. The patient is prescribed physical therapy to the cervical spine, thoracic spine, lumbar spine and left knee; 2 times a week for 6 weeks. She has completed 5 sessions of physical therapy.
2. She is referred for ultrasound of the left knee.
3. Transportation is required to and from all medical appointments.

"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 will remain on temporary total disability for 4 weeks.

RETURN APPOINTMENT:

The patient is scheduled for a follow-up examination on 10/09/14.

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., Cal.Lic #: A101034

Specialty: Orthopaedic Surgery

Executed at Los Angeles, CA

VG: ad

7343

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
Claims Administrator:	York Risk Services/LA Claims
Claim No:	TWCS-1588; Pending
WCAB No:	ADJ Unassigned
Date of Examination:	08/28/2014
Date of Report:	08/28/2014

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 pain in the mid/upper back, lower back and left knee. She also complains of pain in the neck that radiates in the pattern of bilateral C6 and C7 dermatomes. On a scale of 0 to 10, with 10 representing the worst, her pain in the neck is rated as 7/10 per the VAS scale, which has increased from 5-6/10 on the last visit; 6/10 in the

Date of Report: 08/28/2014

mid/upper and lower back, which has increased from 5-6/10 on the last visit and 9/10 in the left knee, which has increased from 5-6/10 on the last visit.

OBJECTIVE FINDINGS:

Cervical Spine: There is grade 2 tenderness to palpation over the paraspinal muscles, which has remained the same since her last visit and 2 palpable spasm, which has decreased from 3 on the 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 decreased grade 3 on the last visit and 2 palpable spasm, which has remained the same since her last visit.

Lumbar Spine: There is grade 2 tenderness to palpation over the paraspinal muscles, which has decreased from grade 3 on the last visit and 2 palpable spasm, which has remained the same since her last visit. There is restricted range of motion.

Left Knee: There is grade 3 tenderness to palpation, which has remained the same since her last visit. There is restricted range of motion. McMurray's test is positive.

Motor: There is 4/5 strength in left lower extremities.

COMMENTS:

- She also states that physical therapy helps to decrease her pain.
- She reports improvement with physical therapy.
- The patient's MRI revealed positive popliteal mass, ultrasound is recommended.

DIAGNOSTIC IMPRESSION:

1. Cervical musculoligamentous strain/sprain.
2. Thoracic musculoligamentous strain/sprain.
3. Lumbosacral musculoligamentous strain/sprain with radiculitis
4. Rule out lumbosacral discogenic disease
5. Left knee strain/sprain.
6. Rule out left knee internal derangement.

Date of Report: 08/28/2014

TREATMENT PLAN:

1. The patient is prescribed physical therapy to the cervical spine, thoracic spine, lumbar spine and left knee; 2 times a week for 6 weeks. She has completed 5 sessions of physical therapy.
2. She is referred for ultrasound of the left knee.
3. Transportation is required to and from all medical appointments.

"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 will remain on temporary total disability for 4 weeks.

RETURN APPOINTMENT:

The patient is scheduled for a follow-up examination on 10/09/14.

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., Cal.Lic #: A101034

Specialty: Orthopaedic Surgery

Executed at Los Angeles, CA

VG: ad

7343

Division of Workers' Compensation
PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR - 2)

<input checked="" type="checkbox"/> Periodic Report (required 45 days after last report)	<input type="checkbox"/> Change in treatment plan	<input type="checkbox"/> Release from care
<input type="checkbox"/> Change in work status.	<input type="checkbox"/> Need for referral or consultation.	<input type="checkbox"/> Response to request for information
<input type="checkbox"/> Change in patient's condition.	<input type="checkbox"/> Need for surgery or hospitalization.	<input checked="" type="checkbox"/> Request for authorization
cc:		<input type="checkbox"/> Other:

Patient: SANTILLAN, MARIA DEL ROSARIO DOB: 03/26/1967 DOI: 02/22/2013, CT 01/01/12-04/8/14
 SEX: F SS #: 620-20-3894 Occupation: WAREHOUSE SUPERVISOR
 Claims Administrator: YORK/RISK SERVICES Address: PO BOX 619079 City: ROSEVILLE State: CA Zip: 95661
 Employer Name: PREMIER STAFFING CLAIM# TWCS-01588 Tel: Fax:

SUBJECTIVE COMPLAINTS:	PAIN										PAIN today										Radiation			
	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"/> Headache	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"/> Neck Pain	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	[] 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	[] 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	[] no	[] yes
<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	[] no	[] yes
<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	[] 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	[] 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	[] 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	[] 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	[] no	[] yes
<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	[] no	[] yes
<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	[] no	[] yes
<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	[] no	[] yes
<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	[] no	[] yes
<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	[] no	[] yes
<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	[] no	[] yes
<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	[] no	[] yes
<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	[] no	[] yes

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

	TENDER		SPASM		ROM				
	Last visit	today	Last visit	Today					
<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.	[] full [] restr.	+ Cervical compr.	[]	[]
<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.	[] full [] restr.	+ Cervical distr.	[]	[]
<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.	[] full [] restr.	+ SLR	[] 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.	[] full [] restr.	+ Heel Walking (L5)	[] 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.	[] full [] restr.	+ Toe Walking (S1)	[] 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.	[] full [] restr.	+ Impingement	[] 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.	[] full [] restr.	+ Supraspinatus	[] 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.	[] full [] restr.	+ Codman's Drop	[] 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.	[] full [] restr.	+ Cozen'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.	[] full [] restr.	+ Mill's	[] 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.	[] full [] restr.	+ Tinell's Sign	[] 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.	[] full [] restr.	+ Phalen's (CTS)	[] 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.	[] full [] restr.	+ Finkelstein's	[] 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.	[] full [] restr.	+ Anterior 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.	[] full [] restr.	+ Posterior Drawer	[] 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.	[] full [] restr.	+ McMurray	[] 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.	[] full [] restr.	+ Valgus (MCL)	[] R	[] L [] B
							+ Varus (LCL)	[] R	[] L [] B
Wound:					Neurological	[] No A			
					Motor	[] N/L			
					Sensory	[] N/L			
					Reflexes	[] N/L			
					Trigger points		C/S	T/S	L/S

1. CERVICAL MUSCULOLIGAMENOUS STR/SPR
2. THORACIC MUSCULOLIGAMENOUS STR/SPR
3. LUMBOSACRAL MUSCULOLIGAMENOUS STR/SPR WITH RADICULITIS
4. R/O LUMBOSACRAL DISCOGENIC DISEASE
5. LEFT KNEE STR/SPR
6. R/O LEFT KNEE INTERNAL DERANGMENT
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.

- Treatment helps
- Decreased pain
Meds PT Chiro Acu ECSWT LINT
- Decreased tenderness
Meds PT Chiro Acu ECSWT LINT
- Decreased spasm
Meds PT Chiro Acu ECSWT LINT
- Increased ROM %
10 20 30 40 50 60 70 80 90 100
Meds PT Chiro Acu ECSWT LINT
- Increased Flexibility %
10 20 30 40 50 60 70 80 90 100
Meds PT Chiro Acu ECSWT LINT
- Increased Strength (grade)
0 1 2 3 4 5 of 5
PT Chiro Acu ECSWT LINT
- Increased Endurance %
10 20 30 40 50 60 70 80 90 100
Meds PT Chiro Acu ECSWT LINT
- Improved Function %
10 20 30 40 50 60 70 80 90 100
Meds PT Chiro Acu ECSWT LINT
- Improved ADL'S %
10 20 30 40 50 60 70 80 90 100
Meds PT Chiro Acu ECSWT LINT

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 CA, AS, U. Olee 2 times a week for 4 weeks.

Acupuncture _____ times a week for _____ weeks.

Medications _____ Topical Med

Med. Supplies _____

Referral to: MRI CT/X-ray Ultrasound EMG/NCV
 E.C.S.W.T LINT T/S I/L/S
 Other Olee
 Consultation _____

Work Status: This patient has continued to remain on temporary total disability/off work until 7 Transportation
 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 OCT 09 2014 P&S in _____ weeks Patient approaching MMI from conservative perspective FCE

COMMENTS:
 (P) authorization for ⊕ MRI for displace disc, ultrasound
 (P) consultation with CC Neurology. PT report see reports
 (P) FIU with to physical therapy

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. # A1010434

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)

Date of Exam: 08/28/2014

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
Claims Administrator:	York Risk Services/LA Claims
Claim No:	TWCS-1588; Pending
WCAB No:	ADJ Unassigned
Date of Examination:	08/28/2014
Date of Report:	08/28/2014

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 pain in the mid/upper back, lower back and left knee. She also complains of pain in the neck that radiates in the pattern of bilateral C6 and C7 dermatomes. On a scale of 0 to 10, with 10 representing the worst, her pain in the neck is rated as 7/10 per the VAS scale, which has increased from 5-6/10 on the last visit; 6/10 in the

Date of Report: 08/28/2014

mid/upper and lower back, which has increased from 5-6/10 on the last visit and 9/10 in the left knee, which has increased from 5-6/10 on the last visit.

OBJECTIVE FINDINGS:

Cervical Spine: There is grade 2 tenderness to palpation over the paraspinal muscles, which has remained the same since her last visit and 2 palpable spasm, which has decreased from 3 on the 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 decreased grade 3 on the last visit and 2 palpable spasm, which has remained the same since her last visit.

Lumbar Spine: There is grade 2 tenderness to palpation over the paraspinal muscles, which has decreased from grade 3 on the last visit and 2 palpable spasm, which has remained the same since her last visit. There is restricted range of motion.

Left Knee: There is grade 3 tenderness to palpation, which has remained the same since her last visit. There is restricted range of motion. McMurray's test is positive.

Motor: There is 4/5 strength in left lower extremities.

COMMENTS:

- She also states that physical therapy helps to decrease her pain.
- She reports improvement with physical therapy.
- The patient's MRI revealed positive popliteal mass, ultrasound is recommended.

DIAGNOSTIC IMPRESSION:

1. Cervical musculoligamentous strain/sprain.
2. Thoracic musculoligamentous strain/sprain.
3. Lumbosacral musculoligamentous strain/sprain with radiculitis
4. Rule out lumbosacral discogenic disease
5. Left knee strain/sprain.
6. Rule out left knee internal derangement.

Date of Report: 08/28/2014

TREATMENT PLAN:

1. The patient is prescribed physical therapy to the cervical spine, thoracic spine, lumbar spine and left knee; 2 times a week for 6 weeks. She has completed 5 sessions of physical therapy.
2. She is referred for ultrasound of the left knee.
3. Transportation is required to and from all medical appointments.

"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."

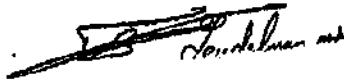
DISABILITY STATUS:

The patient will remain on temporary total disability for 4 weeks.

RETURN APPOINTMENT:

The patient is scheduled for a follow-up examination on 10/09/14.

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., Cal.Lic #: A101034

Specialty: Orthopaedic Surgery

Executed at Los Angeles, CA

VG: ad

7343