

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:	09/24/2015
Date of Report:	09/24/2015

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.

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 10 representing the worst, her headaches are rated as 6/10 per the VAS scale, which have remained the same since her last visit; 6/10 in the neck, which has decreased from 8/10 on the last visit; 6/10 in the mid/upper back, which has increased from 2/10 on the last visit; and 8/10 in the lower back and left knee, which has remained the same since her last visit.

Date of Report: 09/24/2015

OBJECTIVE FINDINGS:

Cervical 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. 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.

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. Straight leg raise test is positive bilaterally.

Left Knee: There is grade 2 tenderness to palpation, which has remained the same since her last visit. There is restricted range of motion. McMurray's test is positive.

Neurological: There are no changes on neurocirculatory examination.

COMMENTS:

- The patient is pending consultation with the neurologist.
- She is also pending followup with Pain Management.

REVIEW OF RECORDS:

I have reviewed a set of records on Ms. Santillan consisting of approximately 8 pages. I spent approximately 15 minutes reviewing these records. The following is my review:

07/11/2015

CALIFORNIA IMAGING NETWORK, INC.

Allen Matin, M.D.

Physical Medicine and Rehabilitation and
Electrodiagnostic Consultative Report

Date of Injury: CT 01/01/12 TO 04/08/14.

Electrodiagnostic Medicine Impression: 1)

Normal EMG of the lower extremities, with no
acute or chronic denervation potentials. 2)

Normal NCV of the lower extremities, with no

Date of Report: 09/24/2015

electrophysiological evidence of peripheral nerve entrapment.

DIAGNOSTIC IMPRESSION:

1. Headaches.
2. Cervical musculoligamentous strain/sprain.
3. Thoracic musculoligamentous strain/sprain.
4. Lumbosacral musculoligamentous strain/sprain with radiculitis.
5. Lumbosacral disc protrusions, 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 acupuncture therapy of the cervical, thoracic, and lumbar spine, as well as left knee, 2 times a week for 6 weeks. She has completed 3 sessions of acupuncture therapy.
2. She is prescribed Norco 5/325 mg 1 to 2 tablets by mouth every 4 to 6 hours as needed for pain.

"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 is placed on temporary total disability from 09/24/15 until 11/05/15. 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

SANTILLAN, MARIA DEL ROSARIO

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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 11/05/15.

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:zg

#7343

JW

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