

AARON COPPELSON, M.D.
Board Certified Pain Management
Board Certified Electrodiagnostic Medicine
Board Certified Physical Medicine and Rehabilitation
An Independent Contractor of
U.S. HealthWorks Medical Group
A Dignity Health Member
2499 South Wilmington Avenue • Compton CA 90220
Phone (310) 638-1113 • Fax (310) 638-8042



BIL

September 26, 2013

York Claims
PO Box 619079
Roseville CA 95661-9079

Attention Claims Adjuster

RE:	SANTILLAN, ROSARIO
Claim #:	TWCS-1588
Inc. #:	156-238753
Date of Injury:	02/22/13
Employer:	Premier Personnel Resources

PERMANENT AND STATIONARY EVALUATION (PR-4)
BY PRIMARY TREATING PHYSICIAN

Dear Claims Adjuster:

Today, 09/26/13, I evaluated Rosario Santillan with regards to his lower extremities.

Historical information was obtained directly from the patient as well as by review of the diagnostic studies and medical records.

Issues of impairment, causation and apportionment have been addressed.

HISTORY OF PRESENT INJURY

The patient says while doing his usual and customary duty at work, he lifted up a box and felt a sudden low back pain.

CHIEF COMPLAINT

As reported in History of Present Injury.

RE: SANTILLAN, ROSARIO

September 26, 2013

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CURRENT COMPLAINTS/SYMPTOMS

Dull and aching pain in the low back, 0 to 4 out of 10. Squat, kneel, lift, push, and pull exacerbates the pain. Rest relieves the pain.

OCCUPATIONAL HISTORY

The patient is employed by Premier Personnel Resources.

ACTIVITIES OF DAILY LIVING

In reviewing the patient's statements, the patient's responses are consistent with physical examination findings.

MEDICAL TREATMENT TO DATE

The patient has had visits to primary care physicians, medications and therapy.

HISTORY OF PREVIOUS INJURIES

The patient denies history of injury or disability to the lower extremities on an industrial or nonindustrial basis.

PAST MEDICAL HISTORY

Medical History

Positive for diabetes. The patient denies HTN, high cholesterol, other cardiovascular, endocrine, or neurological disease.

Surgical History

The patient has no previous history of surgical procedures.

Medications

Acetaminophen and omeprazole.

SOCIAL HISTORY

Habits

Alcohol

The patient denies alcohol consumption.

RE: SANTILLAN, ROSARIO

September 26, 2013

Page 3

Tobacco

The patient denies smoking tobacco.

Recreational Drugs

The patient denies use of recreational drugs.

FAMILY HISTORY

The patient's family history is noncontributory.

REVIEW OF SYSTEMS

Constitutional

The patient denies fever, weakness, fatigue or appetite loss. There has been no significant weight loss or gain.

Skin

The patient has no skin disease or problems. There are no pigmentation changes or discoloration. There are no tumors/cancer or cysts.

Head

The patient denies frequent or severe headaches.

Eyes/Vision

The patient denies eye injury, infection or pain. The patient denies blurred, double or decreased vision, eye itching, burning or tearing and light sensitivity.

Ears, Nose, Throat, Mouth

The patient denies ear pain, infection, discharge or decreased or loss of hearing. The patient denies sinus problems, recurrent throat problems, voice change or dental disease.

Cardiovascular

The patient denies chest pain, heart palpitations, high blood pressure, shortness of breath, swelling of the feet or ankles or varicose veins.

Respiratory

The patient denies chronic cough, asthma, emphysema or chronic bronchitis, pneumonia, tuberculosis or coughing of blood.

RE: SANTILLAN, ROSARIO

September 26, 2013

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Gastrointestinal

The patient denies frequent indigestion or reflux, nausea or vomiting, vomiting of blood, or abdominal pain. The patient denies liver disease, change in bowel habits, frequent constipation or diarrhea, blood in stools or hemorrhoids/rectal disease.

Genitourinary

The patient denies painful or difficulty urination, blood in the urine, kidney infection/stones or venereal disease.

Musculoskeletal

The patient denies musculoskeletal problems with the exception of those associated with this injury.

Neurologic

The patient denies epilepsy or convulsions. The patient denies other neurologic problems with the exception of those associated with this injury.

Psychiatric

The patient denies depression, nervousness, mood swings or sleep disturbances. The patient denies alcoholism or drug abuse treatment.

Endocrine

Positive for diabetes. The patient denies increased thirst, appetite or urination. The patient denies hair loss.

Hematologic

The patient denies bleeding gums, easy bruising or spontaneous nose bleeding. The patient denies easy bleeding or bleeding that is hard to stop.

PHYSICAL EXAMINATION

General Appearance

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

RE: **SANTILLAN, ROSARIO**

September 26, 2013

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Vital Signs

Blood Pressure: 106/63
Pulse: 67
Respirations: 16
Temperature: 96

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
	<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.

RE: SANTILLAN, ROSARIO

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Examination of the Bilateral Hips

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

Tenderness to palpation in the bilateral SI joint.

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
External rotation	50 degrees	50 degrees	50 degrees

Straight Leg Raising

Straight leg raising from the supine position is negative at 90 degrees bilaterally.

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.

RE: SANTILLAN, ROSARIO

September 26, 2013

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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

DIAGNOSTIC IMPRESSION

Bilateral SI joint inflammation, doing tremendously better after SI joint injection.

DISCUSSION

The patient presents to me today for followup examination. At this point, he is doing tremendously well after the SI injection.

CAUSATION

In reviewing the patient's history and medical records and examination today, it appears that this injury to the lower extremities is secondary to a specific trauma at work suffered while the patient was performing usual and customary work duties on 02/22/13.

RE: SANTILLAN, ROSARIO

September 26, 2013

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DISABILITY STATUS

The patient has reached maximal medical improvement and is permanent and stationary.

AMA IMPAIRMENT ANALYSIS AND RATING

Based on the AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, there is 0% ratable impairment.

APPORTIONMENT

As there is no history of previous injury or disability to the lower extremities, apportionment is not indicated. In my opinion, 100 percent of the patient's present disability has been caused by the industrial injury of 02/22/13, and 0 percent has been caused by other factors. My opinion regarding apportionment is made in consideration of Labor Code Sections 4663, 4664 and the Escobedo decision.

FUNCTIONAL CAPACITY ASSESSMENT/WORK STATUS

Regular job duty, full.

FUTURE MEDICAL CARE

Given the nature of the work and nature of the pathology, I suspect the patient may have exacerbations for which he should be allowed specialist reevaluation, medication refills, therapy, as well as SI joint injections if necessary.

REVIEW OF RECORDS

After examination of the patient and prior to dictating this report, I spent at least 15 minutes to review the primary care and therapy notes. The patient was advised that this is an industrial musculoskeletal exam for the accepted body parts, and general history and physical or positive review of systems should be addressed by primary care nonindustrial physicians.

DISCLOSURE

The conclusions and opinions expressed in this report were dictated by me and are mine, based on my personal evaluation of the patient and any records available to me.

In compliance with Labor Code §4628(b), §4628(j), §5703(a)(2) and Regulations 9795, I declare under penalty of perjury that the information in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I have received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, I believe it to be true.

RE: SANTILLAN, ROSARIO

September 26, 2013

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I further declare under penalty of perjury that I personally performed the evaluation on the date and at the location stated on the face sheet of this report and that, except as stated herein, the evaluation was performed under, and the time spent performing the evaluation was in compliance with, the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to §5307.6 of the California Labor Code.

I further declare under penalty of perjury that I have not violated the provisions of California Labor Code §139.3 with regard to the evaluation of this patient or the preparation of this report.

Executed at Los Angeles County, California, on _____.

Physician Signature _____ CA Lic. #: A76120

Aaron Coppelson, M.D.

CUSHW:AC:TDY:fec.JJ

D: 10/01/13

T: 10/01/13

SantillanR0926Coppelson26

cc: Marc Amush, M.D.

Additional pages attached

Patient Last Santillan First Rosario DOB 3/06/67 Date of Exam: 9/26/13 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 Need for referral or consultation Info. requested by: _____
 Change in work status Need for surgery or hospitalization Released from Care Request for Authorization
 Change in treatment plan Periodic Report (45 days after last report) Other: _____

PATIENT STATUS Since the last exam, this patient's condition has:
 Improved as expected Improved, but slower than expected Not improved significantly
 Worsened Reached plateau and no further improvement is expected 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)

R
DM
WBF BC R2
S/S SP over
Rau Yee

DIAGNOSES (include ICD-9 code, if possible)

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

Medical status was discussed with employer representative

PR4

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.

TO FOLLOW

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 9/26/13
 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
 PLEASE CALL IN ADVANCE IF YOU WILL BE UNABLE TO KEEP THIS APPOINTMENT.

YOUR NEXT APPOINTMENT FOR PHYSICAL THERAPY IS ON:

MON TUE WED THUR FRI SAT
 DATE: _____ TIME: _____ Before / After Shift
 PLEASE CALL IN ADVANCE IF YOU WILL BE UNABLE TO KEEP THIS APPOINTMENT.

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September 26, 2013

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PO Box 619079
Roseville CA 95661-9079

Attention Claims Adjuster

RE:	SANTILLAN, ROSARIO
Claim #:	TWCS-1588
Inc. #:	156-238753
Date of Injury:	02/22/13
Employer:	Premier Personnel Resources

PERMANENT AND STATIONARY EVALUATION (PR-4)
BY PRIMARY TREATING PHYSICIAN

Dear Claims Adjuster:

Today, 09/26/13, I evaluated Rosario Santillan with regards to his lower extremities.

Historical information was obtained directly from the patient as well as by review of the diagnostic studies and medical records.

Issues of impairment, causation and apportionment have been addressed.

HISTORY OF PRESENT INJURY

The patient says while doing his usual and customary duty at work, he lifted up a box and felt a sudden low back pain.

CHIEF COMPLAINT

As reported in History of Present Injury.

RE: SANTILLAN, ROSARIO
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CURRENT COMPLAINTS/SYMPTOMS

Dull and aching pain in the low back, 0 to 4 out of 10. Squat, kneel, lift, push, and pull exacerbates the pain. Rest relieves the pain.

OCCUPATIONAL HISTORY

The patient is employed by Premier Personnel Resources.

ACTIVITIES OF DAILY LIVING

In reviewing the patient's statements, the patient's responses are consistent with physical examination findings.

MEDICAL TREATMENT TO DATE

The patient has had visits to primary care physicians, medications and therapy.

HISTORY OF PREVIOUS INJURIES

The patient denies history of injury or disability to the lower extremities on an industrial or nonindustrial basis.

PAST MEDICAL HISTORY

Medical History

Positive for diabetes. The patient denies HTN, high cholesterol, other cardiovascular, endocrine, or neurological disease.

Surgical History

The patient has no previous history of surgical procedures.

Medications

Acetaminophen and omeprazole.

SOCIAL HISTORY

Habits

Alcohol

The patient denies alcohol consumption.

RE: SANTILLAN, ROSARIO

September 26, 2013

Page 3

Tobacco

The patient denies smoking tobacco.

Recreational Drugs

The patient denies use of recreational drugs.

FAMILY HISTORY

The patient's family history is noncontributory.

REVIEW OF SYSTEMS

Constitutional

The patient denies fever, weakness, fatigue or appetite loss. There has been no significant weight loss or gain.

Skin

The patient has no skin disease or problems. There are no pigmentation changes or discoloration. There are no tumors/cancer or cysts.

Head

The patient denies frequent or severe headaches.

Eyes/Vision

The patient denies eye injury, infection or pain. The patient denies blurred, double or decreased vision, eye itching, burning or tearing and light sensitivity.

Ears, Nose, Throat, Mouth

The patient denies ear pain, infection, discharge or decreased or loss of hearing. The patient denies sinus problems, recurrent throat problems, voice change or dental disease.

Cardiovascular

The patient denies chest pain, heart palpitations, high blood pressure, shortness of breath, swelling of the feet or ankles or varicose veins.

Respiratory

The patient denies chronic cough, asthma, emphysema or chronic bronchitis, pneumonia, tuberculosis or coughing of blood.

RE: SANTILLAN, ROSARIO
September 26, 2013
Page 4

Gastrointestinal

The patient denies frequent indigestion or reflux, nausea or vomiting, vomiting of blood, or abdominal pain. The patient denies liver disease, change in bowel habits, frequent constipation or diarrhea, blood in stools or hemorrhoids/rectal disease.

Genitourinary

The patient denies painful or difficulty urination, blood in the urine, kidney infection/stones or venereal disease.

Musculoskeletal

The patient denies musculoskeletal problems with the exception of those associated with this injury.

Neurologic

The patient denies epilepsy or convulsions. The patient denies other neurologic problems with the exception of those associated with this injury.

Psychiatric

The patient denies depression, nervousness, mood swings or sleep disturbances. The patient denies alcoholism or drug abuse treatment.

Endocrine

Positive for diabetes. The patient denies increased thirst, appetite or urination. The patient denies hair loss.

Hematologic

The patient denies bleeding gums, easy bruising or spontaneous nose bleeding. The patient denies easy bleeding or bleeding that is hard to stop.

PHYSICAL EXAMINATION

General Appearance

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

RE: SANTILLAN, ROSARIO

September 26, 2013

Page 5

Vital Signs

Blood Pressure: 106/63

Pulse: 67

Respirations: 16

Temperature: 96

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
	<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.

RE: SANTILLAN, ROSARIO
September 26, 2013
Page 6

Examination of the Bilateral Hips

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

Tenderness to palpation in the bilateral SI joint.

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
External rotation	50 degrees	50 degrees	50 degrees

Straight Leg Raising

Straight leg raising from the supine position is negative at 90 degrees bilaterally.

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.

RE: SANTILLAN, ROSARIO
September 26, 2013
Page 7

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

DIAGNOSTIC IMPRESSION

Bilateral SI joint inflammation, doing tremendously better after SI joint injection.

DISCUSSION

The patient presents to me today for followup examination. At this point, he is doing tremendously well after the SI injection.

CAUSATION

In reviewing the patient's history and medical records and examination today, it appears that this injury to the lower extremities is secondary to a specific trauma at work suffered while the patient was performing usual and customary work duties on 02/22/13.

RE: SANTILLAN, ROSARIO

September 26, 2013

Page 8

DISABILITY STATUS

The patient has reached maximal medical improvement and is permanent and stationary.

AMA IMPAIRMENT ANALYSIS AND RATING

Based on the AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, there is 0% ratable impairment.

APPORTIONMENT

As there is no history of previous injury or disability to the lower extremities, apportionment is not indicated. In my opinion, 100 percent of the patient's present disability has been caused by the industrial injury of 02/22/13, and 0 percent has been caused by other factors. My opinion regarding apportionment is made in consideration of Labor Code Sections 4663, 4664 and the Escobedo decision.

FUNCTIONAL CAPACITY ASSESSMENT/WORK STATUS

Regular job duty, full.

FUTURE MEDICAL CARE

Given the nature of the work and nature of the pathology, I suspect the patient may have exacerbations for which he should be allowed specialist reevaluation, medication refills, therapy, as well as SI joint injections if necessary.

REVIEW OF RECORDS

After examination of the patient and prior to dictating this report, I spent at least 15 minutes to review the primary care and therapy notes. The patient was advised that this is an industrial musculoskeletal exam for the accepted body parts, and general history and physical or positive review of systems should be addressed by primary care nonindustrial physicians.

DISCLOSURE

The conclusions and opinions expressed in this report were dictated by me and are mine, based on my personal evaluation of the patient and any records available to me.

In compliance with Labor Code §4628(b), §4628(j), §5703(a)(2) and Regulations 9795, I declare under penalty of perjury that the information in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I have received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, I believe it to be true.

RE: SANTILLAN, ROSARIO

September 26, 2013

Page 9

I further declare under penalty of perjury that I personally performed the evaluation on the date and at the location stated on the face sheet of this report and that, except as stated herein, the evaluation was performed under, and the time spent performing the evaluation was in compliance with, the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to §5307.6 of the California Labor Code.

I further declare under penalty of perjury that I have not violated the provisions of California Labor Code §139.3 with regard to the evaluation of this patient or the preparation of this report.

Executed at Los Angeles County, California, on _____.

Physician Signature _____ CA Lic. #: A76120

Aaron Coppelson, M.D.

CUSHW:AC:TDY:fec.JJ

D: 10/01/13

T: 10/01/13

SantillanR0926Coppelson26

cc: Marc Arnush, M.D.



REVIEW OF SYSTEM:

PREMIER PERSONNEL RESOURC 151202
DOS: 9/26/13 DOI: 2/22/13 DOB: 3/26/67
Patient: Santillan, Rosario
Case # : 156-238753 Ref # : EMR/ Yb

PATIENT NAME: _____

DATE: _____

Have you had any of the following symptoms?

- | | | |
|---|--|--|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Visual Disturbances | <input type="checkbox"/> Difficulty Speaking |
| <input type="checkbox"/> Difficulty with Swallowing | <input type="checkbox"/> Weakness | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Bowel Incontinence | <input type="checkbox"/> Bladder Incontinence | <input type="checkbox"/> Stomach Pain |
| <input type="checkbox"/> Heartburn | <input type="checkbox"/> Bleeding Ulcers | <input type="checkbox"/> Hemorrhoids |
| <input type="checkbox"/> Inflammatory Bowel Disease | <input type="checkbox"/> Irritable Bowel Disease | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Chest Pain at Rest |
| <input type="checkbox"/> Chest Pain with Activity | <input type="checkbox"/> Chest Pain with Breathing | <input type="checkbox"/> Coughing |
| <input type="checkbox"/> Coughing Up Blood | <input type="checkbox"/> Fevers | <input type="checkbox"/> Chills |
| <input type="checkbox"/> Night Sweats | <input type="checkbox"/> Recent Weight Loss | <input type="checkbox"/> 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 4

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

4-What makes the symptoms BETTER when I recline forward.

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: 106/62 Temp: 96.6 Resp: 16 Pulse: 67

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

PATIENT SIGNATURE: 

DATE: 9/26/13

INTERPRETER:
Yliana Chavez

Patient Last Santillan First Rosario DOB 3/26/67 Date of Exam: 9/26/13 Case # 15623875

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: 310 515-5311

Claims Administrator YORK CLAIMS Tel: (877) 751-0133 Fax: 866 548-2631

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
- Improved, but slower than expected
- Not improved significantly
- Worsened
- Reached plateau and no further improvement is expected
- 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)

R

mm

USP BT R2

S/S SEP over range

DIAGNOSES (Include ICD-9 code, if possible)

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 Cag
- Other _____
- () Must keep _____ elevated
- () Keep wound/bandage clean and dry
- () Must take a _____ minute stretch break every _____ minutes from
- () Keyboard / () _____
- () Other _____

PR4

Medical status was discussed with employer representative

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.

TO FOLLOW

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 9/26/13

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