

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	Last	visit	PAIN today	Radiation
<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	
<input 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 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 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
<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
<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
<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 Dermatomes
<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
<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 [ ] R [ ] L [ ] B.
<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 C3 C4 C5 C6 C7 C8
<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
<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 [ ] R [ ] L [ ] B.
<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 L1 L2 L3 L4 L5 S1
<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

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

	TENDER	TENDER	SPASM	SPASM	ROM		
	Last visit	today	Last visit	Today			
<input 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.	+ Cervical compr.	[ ]
<input 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.	+ Cervical distr	[ ]
<input 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.	+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.	+ 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.	+ 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.	+ 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.	+ 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.	+ 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.	+ 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.	+ 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.	+ Tinel'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.	+ 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.	+ 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.	+ 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.	+ 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.	+ 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.	+ Valgus (MCL)	[ ] R [ ] L [ ] B
						+ Varus (LCL)	[ ] R [ ] L [ ] B
Wound:						Neurological [ ] No Δ	
						Motor [ ] N/L	
						Sensory [ ] N/L	
						Reflexes [ ] N/L	
						Trigger points	C/S T/S L/S

Diagnoses:

Santillan, Maria del Rosario

- 1. HEADACHES
- 2. CERVICAL MUSCULOLIGAMENOUS STR/SPR
- 3. THORACIC MUSCULOLIGAMENOUS STR/SPR
- 4. LUMBOSACRAL MUSCULOLIGAMENOUS STR/SPR WITH RADICULITIS
- 5. LUMBOSACRAL DISC PROTRUSIONS, PER MRI DATED 4/15/15
- 6. LEFT KNEE STR/SPR, DEGENERATIVE JOINT DISEASE, PER MRI DATED 12/15/14
- 7. sfp @ knee scope
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14. ROM
- 15. extension -5°
- 16. flexion 100°
- 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 @ knee 2 times a week for 6 weeks.

Acupuncture \_\_\_\_\_ times a week for \_\_\_\_\_ weeks.

Medications Tramadol (pwr Rx) MARCO pin  Topical Med

Med. Supplies \_\_\_\_\_

Referral to:  MRI  CT / X-ray  EMG/NCV

E.C.S.W.T  LINT  T/S  L/S

Other \_\_\_\_\_

Consultation \_\_\_\_\_

Work Status: This patient has continued to remain on temporary total disability/off work until NOV 12 2015  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 NOV 12 2015 P&S in \_\_\_\_\_ weeks  Patient approaching MMI from conservative perspective  FCE

COMMENTS:

(P) authorization for \_\_\_\_\_

(P) consultation with \_\_\_\_\_

(P) F/U with \_\_\_\_\_

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: 10/08/2015