

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
WCAB No:	ADJ9569723
Date of Examination:	10/09/2014
Date of Report:	10/09/2014

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. On a scale of 0 to 10, with 10 representing the worst, her pain in the mid/upper back, lower back, and left knee is rated as 8/10 per the VAS

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scale, which has increased from 7/10 on the last visit. She is currently asymptomatic regarding her neck, which has improved from 6/10 on the last visit.

OBJECTIVE FINDINGS:

Cervical Spine: There is grade 1 tenderness to palpation over the paraspinal muscles, which has decreased from grade 2-3 on the last visit. There is restricted range of motion.

Thoracic Spine: There is grade 2-3 tenderness to palpation over the paraspinal muscles, which has remained the same since her last visit. There is restricted range of motion.

Lumbar Spine: There is grade 2-3 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 2-3 tenderness to palpation, which has remained the same since her last visit.

COMMENTS:

- The patient states that treatment helps.
- She also states that physical therapy helps to decrease her pain and tenderness.
- She indicates that her activities of daily living and function have improved by 10% with physical therapy.
- The patient is pending ultrasound of the left knee.

DIAGNOSTIC IMPRESSION:

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

TREATMENT PLAN:

1. The patient is to continue physical therapy of the cervical spine,

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thoracic spine, lumbar spine, and left knee, 2 times a week for 6 weeks. She has completed 10 sessions of physical therapy.

2. Urine toxicology testing is administered for medication monitoring, authorization is requested for same.

"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 11/13/14.

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: dr

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