

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:	10/22/2015
Date of Report:	10/22/2015

PRIMARY TREATING PHYSICIAN'S POST-OPERATIVE 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 headaches, as well as pain in the neck, 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; 5/10 in the neck, which has decreased from 6/10 on the last visit; 7/10 in the lower back, which has decreased from 8/10 on the last

Date of Report: 10/22/2015

visit; and 5-6/10 in the left knee, which has decreased from 7/10 on the last visit. She is currently asymptomatic regarding her mid/upper back, which has improved from 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. There is restricted range of motion.

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

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.

Left Knee: There is grade 2 tenderness to palpation, which has remained the same since her last visit.

Neurological: There are no changes on neurocirculatory examination.

COMMENTS:

- The patient is here for her second post-operative visit.
- She is pending consultation with the neurologist.
- She is also pending followup with Pain Management.

DIAGNOSTIC IMPRESSION:

1. Headaches (R51).
2. Cervical spine strain/sprain (S16.1XXA, S13.4XXA).
3. Thoracic spine strain/sprain (S39.012A, S23.3XXA).
4. Lumbosacral spine strain/sprain with radiculitis (S39.012A, S33.8XXA, M54.17).
5. Lumbosacral spine disc protrusions, per MRI dated 04/15/14 (M51.27).
6. Left knee strain/sprain, degenerative joint disease, per MRI dated 12/15/14 (S86.912A, S83.92XA, M17.9).
7. Status post left knee surgery dated 09/25/15.

Date of Report: 10/22/2015

TREATMENT PLAN:

The patient is to continue physical therapy of the left knee, 3 times a week for 4 weeks.

"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 10/22/15 until 12/03/15. 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 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 12/03/15.

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

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:	10/22/2015
Date of Report:	10/22/2015

PRIMARY TREATING PHYSICIAN'S POST-OPERATIVE 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 headaches, as well as pain in the neck, 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; 5/10 in the neck, which has decreased from 6/10 on the last visit; 7/10 in the lower back, which has decreased from 8/10 on the last

Date of Report: 10/22/2015

visit; and 5-6/10 in the left knee, which has decreased from 7/10 on the last visit. She is currently asymptomatic regarding her mid/upper back, which has improved from 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. There is restricted range of motion.

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

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.

Left Knee: There is grade 2 tenderness to palpation, which has remained the same since her last visit.

Neurological: There are no changes on neurocirculatory examination.

COMMENTS:

- The patient is here for her second post-operative visit.
- She is pending consultation with the neurologist.
- She is also pending followup with Pain Management.

DIAGNOSTIC IMPRESSION:

1. Headaches (R51).
2. Cervical spine strain/sprain (S16.1XXA, S13.4XXA).
3. Thoracic spine strain/sprain (S39.012A, S23.3XXA).
4. Lumbosacral spine strain/sprain with radiculitis (S39.012A, S33.8XXA, M54.17).
5. Lumbosacral spine disc protrusions, per MRI dated 04/15/14 (M51.27).
6. Left knee strain/sprain, degenerative joint disease, per MRI dated 12/15/14 (S86.912A, S83.92XA, M17.9).
7. Status post left knee surgery dated 09/25/15.

Date of Report: 10/22/2015

TREATMENT PLAN:

The patient is to continue physical therapy of the left knee, 3 times a week for 4 weeks.

"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 10/22/15 until 12/03/15. 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 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 12/03/15.

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