

# **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:	<b>SANTILLAN, Maria Del Rosario</b>
Social Security No:	<b>XXX-XX-3894</b>
Date of Birth:	<b>03/26/1967</b>
Date of Injury:	<b>CT 01/01/2012 TO 04/08/2014; 02/22/2013</b>
Employer:	<b>Premier Staffing</b>
Claims Administrator:	<b>York Risk Services/LA Claims</b>
Claim No:	<b>TWCS-1588</b>
WCAB No:	<b>ADJ9569723</b>
Date of Examination:	<b>11/06/2014</b>
Date of Report:	<b>11/06/2014</b>

## **PRIMARY TREATING PHYSICIAN'S SUPPLEMENTAL REPORT WITH REQUEST FOR AUTHORIZATION**

### **TO WHOM IT MAY CONCERN:**

It was discussed with Dr. Mednik on the phone that to further evaluate the mass, the patient needs MRI of the left knee with and without IV contrast; requesting authorization for such.

### **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.
6. Rule out left knee internal derangement.

Date of Report: 11/06/2014

**TREATMENT PLAN:**

The patient is referred for an MRI of the left knee with and without contrast.

"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."

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: ja

# 7343