**REVIEW OF MEDICALS:**

02/25/13 Dr. Phuong/Marc Amush, M.D., U.S. HealthWorks Medical Group, New Patient Narrative

DOI: 02/22/13.

JOB: Employed as packer by Premier Personnel Resources. Duties included prolonged standing or walking, kneeling or squatting, bending, stooping, bending, stooping and overhead work, lifting pushing, or pulling up to 50 lbs.

HPI: Patient stated that while at work 3 days ago, she was bending over to pick up a heavy box of pants from the floor and she sustained pain to her low back which never went away.

CC: Patient complained of mild, intermittent, dull pain in low back at 8/10 x 3 days.

PE: Spasms in paravertebral musculature. Tenderness in paravertebral musculature. Bilateral patellar and Achilles deep tendon reflexes were 2/4.

DX: 1) Sprain/strain, lumbar. 2) Muscle spasm, back. 3) Pain, back.

PLN: Dispensed Nabumetone, Omeprazole, Orphenadrine, Tramadol/Acetaminophen HCl, Polar Frost. Follow up in 2 days.

WS: Return to work with restrictions on 02/25/13. Limited stooping and bending. Limited lifting, pulling and pushing up to 10 lbs. Must wear back support.

02/25/13 Narin Phuong, P.A., U.S. HealthWorks Medical Group, Work Status Report

WS: Return to work with restrictions on 02/25/13. Limited stooping and bending. Limited lifting, pulling and pushing up to 10 lbs.

02/27/13 Dr. Phuong/Dr. Amush, U.S. HealthWorks Medical Group, Follow Up Patient Narrative

HPI: Patient reported no change in condition. She reported she followed treatment plan as directed and it was tolerated.

CC: Patient complained of mild, intermittent, dull pain in low back x 5 days.

PE: Spasms in paravertebral musculature. Tenderness in paravertebral musculature. Back extension was 15/30, left and right lateral flexion 25/45, left and right lateral rotation 15/30. Bilateral patellar and Achilles deep tendon reflexes were 2/4.

DX: 1) Sprain/strain, lumbar. 2) Muscle spasm, back. 3) Pain, back.

PLN: Continue Nabumetone, Omeprazole, Orphenadrine, Tramadol/Acetaminophen HCl, Polar Frost. Recommended rehab-back Theracane massager and rehab-massager Wahl. Chiropractic therapy was pending. Follow up in 1 week.

WS: Return to work with restrictions on 02/27/13. Limited stooping and bending. Limited lifting, pulling and pushing up to 10 lbs. Must wear back support.

03/06/13 Dr. Amush, U.S. HealthWorks Medical Group, Follow Up Patient Narrative

HPI: Patient presented for follow up on injury on 02/22/13. She reported no change in condition. She reported she followed treatment plan as directed and it was tolerated.

CC: Patient complained of moderately severe, intermittent, dull pain in low back x 12 days, exacerbated by bending and lessened by rest. She also complained of limited back motion.

PE: Spasms in paravertebral musculature. Tenderness in paravertebral musculature. Back extension was 10/30, left and right lateral flexion 20/45, left and right lateral rotation 10/30. Bilateral patellar and Achilles deep tendon reflexes were 2/4.

DX: 1) Sprain/strain, lumbar. 2) Muscle spasm, back. 3) Pain, back.

PLN: Continue Nabumetone, Omeprazole, Orphenadrine, Tramadol/Acetaminophen HCl, Polar Frost. Awaited authorization for chiropractic therapy. Follow up in 2 days.

WS: Return to work with restrictions on 03/06/13. Limited stooping and bending. Limited lifting, pulling and pushing up to 10 lbs. Must wear back support.

03/06/13 Dr. Amush, U.S. HealthWorks Medical Group, Work Status Report

WS: Return to work with restrictions on 03/06/13. Limited stooping and bending. Limited lifting, pulling and pushing up to 10 lbs. Must wear back support.

03/08/13 Erica Troyer, WellComp, Notice of Authorization

DETERMINATION: Chiropractic treatment 3x a week x 2 weeks.

03/14/13 Dr. Phuong/Dr. Amush, U.S. HealthWorks Medical Group, Follow Up Patient Narrative

HPI: Patient presented for follow up on injury on 02/22/13. She reported no change in condition. She reported she followed treatment plan as directed and it was tolerated. She had 1st chiropractic treatment which was helpful.

CC: Patient complained of mild, intermittent, dull pain in low back x 20 days, exacerbated by bending and lessened by rest. She also complained of limited back motion.

PE: Spasms in paravertebral musculature. Tenderness in paravertebral musculature. Back extension was 15/30, left and right lateral flexion 25/45, left and right lateral rotation 15/30. Bilateral patellar and Achilles deep tendon reflexes were 2/4.

DX: 1) Sprain/strain, lumbar. 2) Muscle spasm, back. 3) Pain, back.

PLN: Continue Nabumetone, Omeprazole, Orphenadrine, Tramadol/Acetaminophen HCl, Polar Frost. Recommended Heat-Thermacare Heat Wrap. Continue chiropractic therapy.

WS: Return to work with restrictions on 03/14/13. Limited stooping and bending. Limited lifting, pulling and pushing up to 10 lbs. Must wear back support.

03/14/13 Dr. Phuong, U.S. HealthWorks Medical Group, Work Status Report

WS: Return to work with restrictions on 03/14/13. Limited stooping and bending. Limited lifting, pulling and pushing up to 10 lbs. Must wear back support.

03/14/13 to 03/27/13 Joseph Muzsnai, D.C., U.S. HealthWorks Medical Group, Chiropractic Therapy Notes

Attended 6 sessions of chiropractic therapy.

PLN: Infrared heat, electrical stimulator, myofascial release, ind. Instruct, manipulation, 4 EMS electrodes pads, skin checked and clear following treatment.

03/21/13 Natasha Wright, P.A./Dr. Amush, U.S. HealthWorks Medical Group, Follow Up Patient Narrative

HPI: Patient presented for follow up on injury on 02/22/13. She reported no change in condition. She reported she followed treatment plan as directed and it was tolerated. She stated that she woke up in the morning with pain, and that she had increased pain 2 hours into her shift.

CC: Patient complained of moderately severe, constant pain in low back x 27 days, exacerbated by any movement and lessened by medications.

PE: Bilateral patellar and Achilles deep tendon reflexes were 2/4. Positive straight leg raising test.

DX: Pain, back.

PLN: Refilled Nabumetone, Omeprazole, Orphenadrine, Polar Frost, Tramadol/Acetaminophen HCl. Recommended Heat-Thermacare Heat Wrap. Continue chiropractic therapy. Requested physical therapy 3x a week x 2 weeks.

WS: Return to work with restrictions on 03/21/13. Limited stooping and bending. Limited lifting, pulling and pushing up to 10 lbs. Must wear back support.

04/01/13 Erica Troyer, WellComp, Notice of Authorization

DETERMINATION: Physical therapy 3x a week x 2 weeks.

04/04/13 Dr. Phuong/Dr. Amush, U.S. HealthWorks Medical Group, Follow Up Patient Narrative

HPI: Patient presented for follow up on injury on 02/22/13. She reported no change in condition. She reported she followed treatment plan as directed and it was tolerated. She completed 6 chiropractic therapy and was taking medications.

CC: Patient complained of mild, intermittent pain in low back x 41 days, exacerbated by any movement and lessened by medications. She also complained of limited back motion.

PE: Spasms in paravertebral musculature. Tenderness in paravertebral musculature. Back extension was 15/30, left and right lateral flexion 25/45, left and right lateral rotation 15/30. Bilateral patellar and Achilles deep tendon reflexes were 2/4. Positive straight leg raising test.

DX: 1) Sprain/strain, lumbar. 2) Muscle spasm, back. 3) Pain, back.

PLN: Continue Nabumetone, Omeprazole, Orphenadrine, Polar Frost, Tramadol/Acetaminophen HCl. Recommended Heat-Thermacare Heat Wrap. Renewed chiropractic therapy 3x a week x 2 weeks. Follow up in 1 week.

WS: Return to work with restrictions on 03/26/13. Limited stooping and bending. Limited lifting, pulling and pushing up to 10 lbs. Must wear back support.

04/11/13 Marshall Blesotsky, P.A.-C./Allen Hassen, M.D., U.S. HealthWorks Medical Group, Follow Up Patient Narrative

HPI: Patient presented for follow up on injury on 02/22/13. She reported no change in condition. She reported she followed treatment plan as directed and it was tolerated. She reported that chiropractic therapy and nonsteroidal anti-inflammatory drugs might not be effective.

CC: Patient complained of moderately severe, intermittent pain in low back x 48 days, exacerbated by bending and lessened by heat.

PE: Spasms in paravertebral musculature. Tenderness in thoracolumbar spine and paravertebral musculature. Bilateral patellar and Achilles deep tendon reflexes were 2/4. Positive straight leg raising test.

DX: 1) Sprain/strain, lumbar. 2) Muscle spasm, back. 3) Pain, back.

PLN: Stopped Nabumetone. Continue Omeprazole, Orphenadrine, Polar Frost, Tramadol/Acetaminophen HCl. Recommended Heat-Thermacare Heat Wrap and Lodine. Requested physical therapy 3x a week x 2 weeks. Follow up in 1 week.

WS: Return to work with restrictions on 04/11/13. Limited stooping and bending. Limited lifting, pulling and pushing up to 10 lbs. Must wear back support.

04/18/13 Dr. Phuong/Dr. Amush, U.S. HealthWorks Medical Group, Follow Up Patient Narrative

HPI: Patient presented for follow up on injury on 02/22/13. She reported no change in condition. She reported she followed treatment plan as directed and it was tolerated.

CC: Patient complained of mild, intermittent pain in low back that radiated to right thigh x 55 days. She also complained of limited back motion.

PE: Spasms in paravertebral musculature. Tenderness in paravertebral musculature. Back extension was 15/30, left and right lateral flexion 25/45, left and right lateral rotation 15/30. Bilateral patellar and Achilles deep tendon reflexes were 2/4.

DX: 1) Sprain/strain, lumbar. 2) Muscle spasm, back. 3) Pain, back.

PLN: Continue Omeprazole, Orphenadrine, Polar Frost, Tramadol/Acetaminophen HCl, Etodolac. Recommended Heat-Thermacare Heat Wrap and Lodine. Continue physical therapy. Follow up in 1 week.

WS: Return to work with restrictions on 04/18/13. Limited stooping and bending. Limited lifting, pulling and pushing up to 10 lbs. Must wear back support.

04/24/13 to 05/13/13 Maria Koepsel, P.T., U.S. HealthWorks Medical Group, Physical Therapy Notes

Attended 6 sessions of physical therapy.

PLN: Electrical stimulation, infrared heat, mechanical traction, soft tissue mobilization, supervised therapeutic exercises, skin checked and cleared following treatment.

04/26/13 Dr. Phuong/Dr. Amush, U.S. HealthWorks Medical Group, Follow Up Patient Narrative

HPI: Patient presented for follow up on injury on 02/22/13. She reported no change in condition. She reported she followed treatment plan as directed and it was tolerated. She attended 2 sessions of physical therapy so far.

CC: Patient complained of mild, intermittent pain in low back x 63 days. She also complained of limited back motion.

PE: Spasms in paravertebral musculature. Tenderness in paravertebral musculature. Back extension was 15/30, left and right lateral flexion 30/45, left and right lateral rotation 15/30. Bilateral patellar and Achilles deep tendon reflexes were 2/4.

DX: 1) Sprain/strain, lumbar. 2) Muscle spasm, back. 3) Pain, back.

PLN: Continue Omeprazole, Orphenadrine, Polar Frost, Tramadol/Acetaminophen HCl, Etodolac. Continue physical therapy and Thermacare Heat wraps. Recommended Heat-Thermacare Heat Wrap and Lodine. Continue physical therapy. Follow up in 1 week.

WS: Return to work with restrictions on 04/26/13. Limited stooping and bending. Limited lifting, pulling and pushing up to 10 lbs. Must wear back support.

05/03/13 Dr. Phuong/Dr. Amush, U.S. HealthWorks Medical Group, DFR

DOI: 02/22/13.

JOB: Employed as packer by Premier Personnel Resources.

HPI: Patient presented for follow up on injury on 02/22/13. She reported no change in condition. She reported she followed treatment plan as directed and it was tolerated.

CC: Patient complained of moderately severe, intermittent pain in low back that radiated to right thigh x 55 days. She also complained of limited back motion.

PE: Spasms in paravertebral musculature. Tenderness in paravertebral musculature. Back extension was 15/30, left and right lateral flexion 30/45, left and right lateral rotation 15/30. Bilateral patellar and Achilles deep tendon reflexes were 2/4.

DX: 1) Sprain/strain, lumbar. 2) Muscle spasm, back. 3) Pain, back.

PLN: Referred to PM&R specialist.

WS: Return to work with restrictions on 04/26/13. Limited stooping and bending. Limited lifting, pulling and pushing up to 10 lbs. Must wear back support.

05/13/13 Dr. Phuong/Dr. Amush, U.S. HealthWorks Medical Group, Follow Up Patient Narrative

HPI: Patient presented for follow up on injury on 02/22/13. She reported no change in condition. She reported she followed treatment plan as directed and it was tolerated. She had 6 sessions of physical therapy so far.

CC: Patient complained of moderately severe, intermittent pain in low back that radiated to right thigh x 80 days. She also complained of limited back motion.

PE: Spasms in paravertebral musculature. Tenderness in paravertebral musculature. Back extension was 15/30, left and right lateral flexion 25/45, left and right lateral rotation 15/30. Bilateral patellar and Achilles deep tendon reflexes were 2/4.

DX: 1) Sprain/strain, lumbar. 2) Muscle spasm, back. 3) Pain, back.

PLN: Continue Omeprazole, Orphenadrine, Polar Frost, Tramadol/Acetaminophen HCl, Etodolac. Referred to PM&R specialist. Follow up in 1 week.

WS: Return to work with restrictions on 05/13/13. Limited stooping and bending. Limited lifting, pulling and pushing up to 10 lbs. Must wear back support.

05/13/13 to 07/07/16 Arkadiy Galperin, L.Ac., Maciel Majzel, D.C., Chiropractic Corporation/U.S. HealthWorks Medical Group, Acupuncture Therapy Notes

Attended 8 sessions of acupuncture therapy.

PLN: Progress acupuncture treatment program.

05/20/13 Dr. Amush, U.S. HealthWorks Medical Group, Follow Up Patient Narrative

HPI: Patient presented for follow up on injury on 02/22/13. She reported no change in condition. She reported she followed treatment plan as directed and it was tolerated.

CC: Patient complained of moderately severe, intermittent pain in low back that radiated to right thigh x 87 days, exacerbated by bending and lessened by rest. She also complained of limited back motion.

PE: Spasms in paravertebral musculature. Tenderness in paravertebral musculature. Back extension was 15/30, left and right lateral flexion 25/45, left and right lateral rotation 20/30. Bilateral patellar and Achilles deep tendon reflexes were 2/4.

DX: Sprain/strain, lumbar.

PLN: Refilled Etodolac, Omeprazole, Orphenadrine, Polar Frost, Tramadol/Acetaminophen HCl. Referred to PM&R specialist.

WS: Return to work with restrictions on 05/20/13. Limited stooping and bending. Limited lifting, pulling and pushing up to 10 lbs. Must wear back support.

05/23/13 Aaron Coppelson, M.D., U.S. HealthWorks Medical Group, Initial Consultation

Medical records were reviewed.

DOI: 02/22/13.

JOB: Employed by Premier Personnel Resources.

HPI: Patient stated that she attempted to lift a box when she felt a sudden pain in low back.

CC: Patient complained of burning sensation in low back at 4-8/10, exacerbated by squatting, kneeling, lifting, pushing and pulling, and relieved by rest.

PE: Tenderness in lumbar spine. Positive straight leg raise in right lower extremity.

IMP: Sacroiliac joint inflammation versus radiculitis into the lower extremities.

PLN: Prescribed Medrol Dosepak. Administered sacroiliac joint injection. Requested authorization for acupuncture 3x a week x 3 weeks.

CAUSATION: It appeared that this injury to the low back was secondary to a specific trauma at work suffered while the patient was performing usual and customary duties on 02/22/13.

APPORTIONMENT: 100% of patient’s present disability had been caused by the industrial injury of 02/22/13.

DS: TPD.

WS: Per primary care until care was transferred.

06/20/13 Dr. Coppelson, U.S. HealthWorks Medical Group, PTP Progress Report (PR-2)

SUBJ: Patient presented with pain in right hip at 2-5/10 that occasionally radiated to right hip with numbness, tingling and weakness in lower extremities, exacerbated by squatting, kneeling, lifting, pushing, and pulling, and relieved by rest.

OBJ: Positive straight leg raise.

IMP: 1) Right sacroiliac joint inflammation, recalcitrant in nature. 2) Possible lumbar pathology that caused the patient’s recalcitrant symptoms.

PLN: Requested authorization for MRI of lumbar spine.

07/18/13 Dr. Coppelson, U.S. HealthWorks Medical Group, PTP Progress Report (PR-2)

SUBJ: Patient presented with pain in right hip at 2-5/10, exacerbated by squatting, kneeling, lifting, pushing, and pulling, and relieved by rest.

IMP: Right sacroiliac joint inflammation, recalcitrant in nature.

PLN: Refilled Lodine and Tramadol. Follow up after MRI was done.

07/22/13 Saeed Yadegar, M.D., Max MRI Imaging, Inc., MRI of Lumbar Spine

INDICATION: Patient was injured at work and complained of low back pain.

IMP: 1) There was a broad-based asymmetric posterior disk protrusion at L5-S1 level, which at its maximum on the right side that measured about 3 mm and indented the thecal sac. 2) Incidentally, part of a cystic mass was noted high in the left side of the pelvis.

08/01/13 Dr. Coppelson, U.S. HealthWorks Medical Group, PTP Progress Report (PR-2)

SUBJ: Patient presented with pain in right hip at 4-7/10 that radiated to left buttock, exacerbated by squatting, kneeling, lifting, pushing, pulling and standing for too long, and relieved by rest.

OBJ: Tenderness in lumbar spine and right sacroiliac joint. Lumbar forward flexion was 20/60, extension 20/25. Positive straight leg raise in right lower extremity.

IMP: Lumbar muscle strain and spasm mostly from sacroiliac joint inflammation.

PLN: Recommended sacroiliac joint injection with Dr. Lipel.

08/09/13 Dr. Coppelson, U.S. HealthWorks Medical Group, Request for Authorization for Medical Treatment (DWC Form RFA)

REQUEST: Epidural injection of lumbar spine.

09/20/13 Dr. Lipel, Libbit Surgical Center, Operative Report

DX: Preop: 1) Lumbar disc disease. 2) Lumbar radiculopathy. 3) Low back pain. Postop: 1) Lumbar radiculopathy. 2) Low back pain. 3) Lumbar disc disease.

OP: 1) Lumbar steroid epidural under fluoroscopic guidance. 2) Myelogram contrast dye epidurography and interpretation of epidurogram. 3) Fluoroscopy needle localization.

09/20/13 Dr. Urfer, Patient Clinical Analysis Technology, Urine Toxicology Report

RESULT: Barbiturates, Benzodiazepines, Methadone, Opiates, and Oxycodone were negative.

09/26/13 Dr. Coppelson, U.S. HealthWorks Medical Group, P&S Evaluation (PR-4)

Medical records were reviewed.

DOI: 02/22/13.

JOB: Employed by Premier Personnel Resources.

HPI: Patient stated that she attempted to lift a box when she felt a sudden pain in low back.

CC: Patient complained of burning sensation in low back at 0-4/10, exacerbated by squatting, kneeling, lifting, pushing and pulling, and relieved by rest.

PE: Tenderness in bilateral sacroiliac joint.

IMP: Bilateral sacroiliac joint inflammation, tremendously better after sacroiliac joint injection.

CAUSATION: It appeared that this injury to the low back was secondary to a specific trauma at work suffered while the patient was performing usual and customary duties on 02/22/13.

DS: Patient had reached MMI and was P&S.

IMPAIRMENT RATING: There was 0% ratable impairment.

APPORTIONMENT: 100% of patient’s present disability had been caused by the industrial injury of 02/22/13.

WS: Regular job duty, full.

FUTURE MEDICAL: Patient should be allowed specialist reevaluation, medication refills, therapy, and sacroiliac joint injections if necessary.

09/28/13 Signature Illegible ChemaTox, Urine Toxicology Report

RESULT: Opiates, Barbiturates, Benzodiazepines, Methadone and Oxycodone were negative.

04/09/14 Martin Schwartz, M.D., Los Angeles Community Hospital, X-ray of Left Knee

INDICATION: Left knee pain.

IMP: Unremarkable.

05/09/14 to 06/11/14 Albert Cuevas, D.C., Cuevas Chiropractic, Inc, Chiropractic Therapy Notes

Attended 7 sessions of physical therapy.

PLN: Electrical stimulation, physical therapy exercises and ultrasound, spinal manipulation with techniques.

07/03/14 Application for Adjudication of Claim

DOI: CT 01/01/12 to 04/08/14.

JOB: Employed as warehouse supervisor by Premier Staffing.

CC: Lumbar, cervical, thoracic spine, left knee.

HPI: Patient reported that while lifting, she injured her lumbar, thoracic and cervical spine.

07/03/14 Application for Adjudication of Claim

DOI: 02/22/13.

JOB: Employed as warehouse supervisor by Premier Staffing.

CC: Lumbar, cervical, thoracic spine.

HPI: Patient reported that while lifting, she injured her lumbar, thoracic and cervical spine.

07/24/14 Vlad Gendelman, M.D., Facility not Indicated, Request for Authorization (DWC Form RFA)

REQUEST: Physical performance – FCE, lumbosacral brace, interferential unit, moist heat pad, physical therapy evaluation and treatment 2x a week x 6 weeks, Naproxen, Omeprazole, Mobic.

07/24/14 Dr. Gendelman, Facility not Indicated, DFR

DOI: 02/22/13.

JOB: Employed as warehouse supervisor by Premier Staffing.

HPI: Patient reported that on 02/22/13, she lifted a box that weighed approximately 40-50 pounds and felt an immediate sharp shooting pain in her lower back. She reported her symptoms to her employer and was sent to a clinic where she was evaluated, x-rays were taken, and medication was prescribed. She was released back to work with restrictions. She was also seen at a clinic in the City of Paramount where she was evaluated and given sessions of therapy. She remained off work.

SUBJ: Patient complained of lower back pain.

OBJ: Tenderness in bilateral lumbar paraspinal muscles, right sacroiliac joint, right sciatic notch, right posterior iliac crest, right gluteal muscles. Spams in bilateral paraspinal muscles. Decreased range of motion in lumbar spine. Positive straight leg raising. Decreased motor strength in right hip and left knee. Decreased sensation in right anterolateral and lateral thigh.

DX: 1) Lumbosacral musculoligamentous strain/sprain with radiculitis. 2) Rule out lumbosacral spine, Discogenic disease.

TX: Prescribed Naproxen, Omeprazole, Mobic, lumbosacral brace, interferential unit, and moist heat pad. Requested authorization for physical performance – FCE, and physical therapy 2x a week x 6 weeks.

WS: TTD until 08/28/14.

08/07/14 Stanton Kremsky, M.D., Vital Imaging Medical Group, MRI of Left Knee

INDICATION: Knee and leg pain.

IMP: 1) Possible hemangioma, lymphadenopathy, psuedoaneurysm or other mass of the posterior knee. 2) No other abnormalities noted.

08/11/14 Safety Works, Medical-Legal Physical Performance FCE

JOB: Employed as warehouse supervisor by Premier Staffing. Duties included receiving and counting stocks, items, and recording data manually or using computer; packing and unpacking items to be stocked on shelves in stockrooms, warehouses, or storage yards; verifying inventory computations by comparing them to physical counts of stock, and investigating discrepancies or adjusting errors; storing items in an orderly and accessible manner in warehouses, tool rooms, supply rooms, or other areas; driving trucks in order to pick up incoming stock or to deliver parts to designated locations; marking stock items using identification tags, stamps, electric marking tools, or other labelling equipment; cleaning and maintaining supplies, tools, equipment, and storage areas in order to ensure compliance with safety regulations; selling materials, equipment, and other items from stock in retail settings.

WS: Occasional standing, kneeling and crawling. Intermittent walking, sitting, climbing and forward bending. No twisting, keyboarding, grasping, pushing/pulling.

08/28/14 Dr. Gendelman, Facility not Indicated, PTP Progress Report (PR-2)

SUBJ: Patient complained of pain in mid/upper back, lower back, left knee, and neck at 5-6/10 that radiated in the pattern of C6 and C7 dermatomes.

OBJ: Tenderness in cervical, thoracic and lumbar paraspinal muscles, and left knee. Spasm in cervical, thoracic and lumbar spine. Restricted motion in cervical and lumbar spine. Positive cervical compression test and McMurray’s test. Decreased strength in left lower extremities at 4/5.

IMP: 1) Cervical musculoligamentous strain/sprain. 2) Thoracic musculoligamentous strain/sprain. 3) Lumbosacral musculoligamentous strain/sprain with radiculitis. 4) Rule out lumbosacral discogenic disease. 5) Left knee strain/sprain. 6) Rule out left knee internal derangement.

PLN: Prescribed physical therapy 2x a week x 6 weeks. Referred for ultrasound of left knee. Recommended transportation to and from all medical appointments. Follow up on 10/09/14.

DS: TTD x 4 weeks.

08/28/14 Dr. Gendelman, Facility not Indicated, Request for Authorization (DWC Form RFA)

REQUEST: Physical therapy 2x a week x 6 weeks, ultrasound of left knee.

09/10/14 Ina Hocutt, R.P.T., Maciej Majzel, D.C., Q.M.E., Physical Therapy Notes

Attended 1 session of physical therapy.

PLN: Massage (myofascial release), therapeutic exercise (stretching/flexibility/range of motion), electrical stimulation, vasopneumatic device.

10/01/14 Dr. Mednik, Access medical Imaging, Ultrasound of Left Knee Soft Tissues

IMP: 1) No mass was noted. 2) No muscle tears were noted. 3) Popliteal artery velocity = 43 cm/sec.

10/07/14 Deposition of Maria Del Rosario Santillan, Volume I

Pg 5 Never had her deposition taken before.

Pg 9 Born on March 26, 1967 in Mexico.

Pg 10 Came to the US in 2003. Currently not employed and last employed with Personnel Resources. Sent to work at Thompson Downs. Began working at that location in February 2012.

Pg 11 She indicated she was not working for 2 years prior to working at Thompson Downs. Before that, she worked for Roller Transportation doing mostly packing.

Pg 12 Worked for DDS agency from 2003 until 2006. Recalled working for a clothing warehouse doing packing.

Pg 13 Did not have any work-related injuries while working at the DDS agency. No prior workers’ comp claims. Never had health insurance.

Pg 15 The last time she went to the clinic at Sunset was a year ago.

Pg 16 Never been in a MVA. Never been diagnosed with high BP.

Pg 17 Sustained an injury on February 22, 2013 when she picked up a box with pants and felt a little pull in her low back. Took some pills and continued working. Reported incident.

Pg 18 She was sent to the clinic on Monday. Given PT, chiropractic treatment and acupuncture to low back. Treatment did not help that much.

Pg 19 Testified that the only pain that she has is to her back and left knee. Left knee began to hurt in January of this year. She indicated she would work a lot and did a lot of walking and she would notice knee would pop.

Pg 20 She was working at Premier at that time. Recalled telling her manager about it. She worked up to 12-14 hours and sometimes 7 days and she thought she was just tired from that. Left knee did not bother her prior to January 2014. Stopped working on April 8, 2014. Goes to PT twice a week.

Pg 21 Gets PT to her knees only but did not help that much. Did not experience pain in low back prior to her specific injury on February 22nd. Currently not receiving treatment other than from Dr. Gendelman at the PT at his office. Currently taking Naproxen and Omeprazole.

Pg 22 No pain in upper back, neck. Sometimes would have pain in middle back on right side. Walking a lot causes more pain.

Pg 23 Her right knee is hurting because of carrying all the weight. Right knee started hurting at the same time the mid back started hurting. Not using a cane.

End of deposition review.

10/09/14 Dr. Gendelman, Facility not Indicated, PTP Progress Report (PR-2)

SUBJ: Patient complained of pain in mid/upper back, lower back, left knee at 8/10.

OBJ: Tenderness in cervical, thoracic and lumbar paraspinal muscles, and left knee. Spasm in cervical, thoracic and lumbar spine. Restricted motion in cervical and lumbar spine. Positive cervical compression test and McMurray’s test. Decreased strength in left lower extremities at 4/5.

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

PLN: Continue physical therapy 2x a week x 6 weeks. Requested urine toxicology testing. Follow up on 11/13/14.

DS: TTD x 4 weeks.

10/09/14 Dr. Gendelman, Facility not Indicated, Request for Authorization (DWC Form RFA)

REQUEST: Continue physical therapy 2x a week x 6 weeks, urine toxicology testing.

10/14/14 Dr. Gendelman, Medi-Lab Corporation, Urine Toxicology Report

RESULT: No medication was detected.

11/06/14 Dr. Gendelman, Facility not Indicated, PTP Supplemental Report

IMP: 1) Cervical musculoligamentous strain/sprain. 2) Thoracic musculoligamentous strain/sprain. 3) Lumbosacral musculoligamentous strain/sprain with radiculitis. 4) Rule out lumbosacral discogenic disease. 5) Left knee strain/sprain. 6) Rule out left knee internal derangement.

PLN: Referred for MRI of left knee.

11/06/14 Dr. Gendelman, Facility not Indicated, Request for Authorization (DWC Form RFA)

REQUEST: MRI of left knee.

11/13/14 Dr. Gendelman, Facility not Indicated, Report

PLN: Prescribed Naproxen, Omeprazole.

01/29/15 Dr. Gendelman, Facility not Indicated, Request for Authorization

REQUEST: Chiropractic therapy 2x a week x 6 weeks.

01/30/15 Teresa Thompson, WellComp, Notice of Authorization

DETERMINATION: Naproxen, Cyclobenzaprine, EMG of bilateral lower extremities, and consultation with neurologist were approved.

02/04/15 Dr. Majzel, Chiropractic Corporation, Request for Authorization (DWC Form RFA)

REQUEST: Chiropractic therapy 2x a week x 6 weeks.

02/09/15 Erin Ulshafer, WellComp, Notice of Authorization

DETERMINATION: Chiropractic therapy 2x a week x 6 weeks was approved.

02/17/15 to 05/04/15 Mehrdad Shademan, Charlene Han, D.C., Maciej Majzel, D.C., Q.M.E., Chiropractic Therapy Notes

Attended 3 sessions of chiropractic therapy.

PLN: Massage (myofascial release), therapeutic activities, ultrasound, electrical stimulation.

03/12/15 Dr. Gendelman, Facility not Indicated, PTP Progress Report (PR-2)

SUBJ: Patient complained of pain in mid/upper back at 8/10, lower back at 8/10, and left knee at 7/10, neck at 7/10, and headaches at 7/10.

IMP: 1) Headaches. 2) Cervical spine strain/sprain. 3) Thoracic spine strain/sprain. 4) Lumbosacral spine strain/sprain with radiculitis. 5) Rule out lumbosacral spine discogenic disease. 6) Left knee strain/sprain, degenerative joint disease per MRI dated 12/15/14.

PLN: Continue chiropractic therapy 2x a week x 6 weeks. Prescribed Flurbinap cream and Gabacyclotram. Referred for MRI of lumbar spine. Follow up on 04/23/15.

DS: TTD x 4 weeks.

03/18/15 Scott Goldman, M.D., Facility not Indicated, Initial Orthopedic Panel Qualified Medical Evaluation

DOI: 02/22/13.

JOB: Employed as packer by Premier Staffing. Duties included walking, pushing and pulling boxes of merchandise, and pulling boxes that weigh up to 50 pounds.

HPI: Patient reported that she sustained injury to low back and left knee while at work on 02/22/13. She stated she was attempting to lift a box of clothing with the assistance of a co-worker, when she felt pain in low back that radiated to right lower extremity. She reported the injury to her manager and was sent for medical treatment. She sustained a subsequent injury to left knee in 03/2014, when she twisted her left knee and had swelling and instability since.

CC: Patient complained pain in low back that radiated to right hip, with numbness and tingling sensation, increased with prolonged walking and bending. She also complained of pain in left knee, with weakness and instability in both knees, swelling in left knee, increased with prolonged walking and climbing stairs.

PE: Spasm in right lower back. Tenderness in right lower back, medial joint line of left knee. Lumbar extension was 20/25, right and left lateral bend 20/25. Pain in McMurray’s test to the medial compartment. Left knee extension -5/0, flexion 120/135.

DX: 1) Left knee, medial meniscus tear. 2) Lumbar spine, disc bulge with right-sided L5 radiculopathy.

PLN: Recommended pain management, epidural steroid injection of lumbar spine, MRI of lumbar spine, medications, and left knee arthroscopy surgery.

DS: TTD.

IMPAIRMENT RATING: Deferred until she patient MMI.

WS: Off work.

CAUSATION: It was with the most reasonable probability that the patient’s cause of injury, with respect to her lumbar spine was industrial, and her history indicated a specific industrial injury on 02/22/13, while working as packer for Premier Staffing. It was with the most reasonable probability that the patient’s cause of injury, with respect to her left knee was industrial, and her history indicated a specific industrial injury on 03/2014, while working as packer for Premier Staffing.

APPORTIONMENT: Deferred until she patient MMI.

04/02/15 Erin Ulshafer, WellComp, Notice of Authorization

DETERMINATION: Naproxen and Cyclobenzaprine were authorized.

04/23/15 Dong Whan Lee, M.D., Facility not Indicated, PTP Progress Report (PR-2)

SUBJ: Patient complained of pain in mid/upper back at 7/10, lower back at 7/10, and left knee at 7/10, neck at 6-7/10, and headaches at 6-7/10.

IMP: 1) Headaches. 2) Cervical musculoligamentous strain/sprain. 3) Thoracic musculoligamentous strain/sprain. 4) Lumbosacral musculoligamentous strain/sprain with radiculitis. 5) Rule out lumbosacral spine discogenic disease. 6) Left knee strain/sprain, degenerative joint disease per MRI dated 12/15/14.

PLN: Continue chiropractic therapy 3x a week x 4 weeks. Follow up on 05/28/15.

DS: TTD on 04/23/15 to 05/28/15.

04/23/15 Dr. Gendelman, Facility not Indicated, Request for Authorization (DWC Form RFA)

REQUEST: Continue chiropractic therapy 3x a week x 4 weeks.

05/28/15 Dr. Gendelman, Facility not Indicated, PTP Progress Report (PR-2)

IMP: 1) Headaches. 2) Cervical musculoligamentous strain/sprain. 3) Thoracic musculoligamentous strain/sprain. 4) Lumbosacral musculoligamentous strain/sprain with radiculitis. 5) Lumbosacral disc herniations, per MRI dated 04/15/15. 6) Left knee strain/sprain, degenerative joint disease per MRI dated 12/15/14.

PLN: Continue chiropractic therapy 2x a week x 4 weeks. Referred for consultation with pain management specialist, and for EMG/NCV of bilateral lower extremities. Follow up on 07/09/15.

DS: TTD on 05/28/16 to 07/09/15.

05/28/15 Dr. Gendelman, Facility not Indicated, Request for Authorization (DWC Form RFA)

REQUEST: Chiropractic therapy 2x a week x 4 weeks, consultation with pain management specialist, and for EMG/NCV of bilateral lower extremities.

07/09/15 Dr. Gendelman, Facility not Indicated, Request for Authorization

REQUEST: Chiropractic therapy 2x a week x 4 weeks.

07/22/15 Amir Friedman, M.D., Facility not Indicated, DFR

DOI: 02/22/13.

HPI: Patient reported that while lifting a heavy box she felt pulling in low back.

SUBJ: Low back pain.

OBJ: Limited range of motion in lumbar spine. Positive straight leg raise bilaterally. Tenderness in lumbar spine.

DX: 1) Lumbar disc protrusion. 2) Lumbar radiculopathy.

PLN: Medication. MRI review.

WS: Per PTP.

08/20/15 Dr. Gendelman, Facility not Indicated, PTP Progress Report (PR-2)

SUBJ: Patient complained of headache at 6/10, pain in neck at 8/10, mid/upper back pain at 2/10, lower back at 8/10, and left knee at 8/10.

IMP: 1) Headaches. 2) Cervical musculoligamentous strain/sprain. 3) Thoracic musculoligamentous strain/sprain. 4) Lumbosacral musculoligamentous strain/sprain with radiculitis. 5) Lumbosacral disc herniations with stenosis, per MRI dated 04/15/15. 6) Left knee strain/sprain, degenerative joint disease per MRI dated 12/15/14.

PLN: Requested authorization for left knee arthroscopy, and possible PMM per QME. Recommended acupuncture therapy 2x a week x 6 weeks. Follow up on 09/24/15.

DS: TTD until 09/24/15.

08/20/15 Dr. Gendelman, Facility not Indicated, Request for Authorization (DWC Form RFA)

REQUEST: Acupuncture therapy 2x a week x 6 weeks, consultation with a neurologist, left knee arthroscopy with possible partial medial meniscectomy, postoperative physical therapy 3x a week x 4 weeks, preoperative screening.

09/03/15 to 12/21/15 Lila Beckham, L.Ac., Maciej Majzel, D.C., Chiropractic Corporation, Acupuncture Therapy Notes

Attended 2 sessions of acupuncture therapy.

PLN: Electroacupuncture, auriculotherapy, infrared.

09/17/15 Dr. Goldman, Facility not Indicated, Supplemental Orthopedic Panel QME Report

Medical records were reviewed.

DOI: 02/22/13.

JOB: Employed as packer by Premier Staffing.

DX: 1) Left knee medial meniscus tear. 2) Musculoligamentous strain of the lumbar spine with non-verifiable right-sided radiculopathy.

PLN: Recommended left knee arthroscopy surgery, medications, and home exercise program.

09/24/15 Dr. Gendelman, Facility not Indicated, PTP Progress Report (PR-2)

SUBJ: Patient complained of headache at 6/10, pain in neck at 6/10, mid/upper back pain at 6/10, lower back at 8/10, and left knee at 8/10.

IMP: 1) Headaches. 2) Cervical musculoligamentous strain/sprain. 3) Thoracic musculoligamentous strain/sprain. 4) Lumbosacral musculoligamentous strain/sprain with radiculitis. 5) Lumbosacral disc protrusions, per MRI dated 04/15/15. 6) Left knee strain/sprain, degenerative joint disease per MRI dated 12/15/14.

PLN: Continue acupuncture therapy 2x a week x 6 weeks. Prescribed Norco. Follow up on 11/05/15.

DS: TTD on 09/24/15 to 11/05/15.

09/24/15 Dr. Gendelman, Facility not Indicated, Request for Authorization (DWC Form RFA)

REQUEST: Continue acupuncture therapy 2x a week x 6 weeks, Norco.

09/25/15 Dr. Gendelman, Facility not Indicated, Request for Authorization (DWC Form RFA)

REQUEST: Left knee arthroscopy with possible partial medial meniscectomy.

10/08/15 Dr. Gendelman, Facility not Indicated, Request for Authorization

REQUEST: Physical therapy 2x a week x 6 weeks.

10/08/15 Dr. Gendelman, Facility not Indicated, PTP Progress Report (PR-2)

SUBJ: Patient complained of pain in left knee at 7/10.

1) Headaches. 2) Cervical musculoligamentous strain/sprain. 3) Thoracic musculoligamentous strain/sprain. 4) Lumbosacral musculoligamentous strain/sprain with radiculitis. 5) Lumbosacral disc protrusions, per MRI dated 04/15/15. 6) Left knee strain/sprain, degenerative joint disease per MRI dated 12/15/14, status post left knee scope.

PLN: Requested authorization for physical therapy 2x a week x 6 weeks. Prescribed Tramadol and Norco. Follow up on 11/12/15.

WS: TTD until 11/12/15.

10/14/15 Ina Hocutt, R.P.T., Maciej Majzel, D.C., Chiropractic Corporation, Physical Therapy Notes

Attended 1 session of physical therapy.

PLN: Therapeutic exercise (stretching/flexibility/range of motion, massage therapy, vasopneumatic device, electrical stimulation.

10/22/15 Dr. Gendelman, Facility not Indicated, PTP Progress Report (PR-2)

SUBJ: Patient complained of headache at 6/10, pain in neck at 5/10, lower back at 6/10, and left knee at 5-6/10.

IMP: 1) Headaches. 2) Cervical spine strain/sprain. 3) Thoracic spine strain/sprain. 4) Lumbosacral spine strain/sprain with radiculitis. 5) Lumbosacral spine disc protrusions, per MRI dated 04/15/15. 6) Left knee strain/sprain, degenerative joint disease, per MRI dated 12/15/14. 7) Status post left knee surgery dated 09/25/15.

PLN: Continue physical therapy 3x a week x 4 weeks. Follow up on 12/03/15.

DS: TTD on 10/22/15 to 12/03/15.

10/22/15 Dr. Gendelman, Facility not Indicated, Request for Authorization (DWC Form RFA)

REQUEST: Continue physical therapy 3x a week x 4 weeks.

12/10/15 Dr. Gendelman, Facility not Indicated, Request for Authorization (DWC Form RFA)

REQUEST: Acupuncture therapy 2x a week x 4 weeks.

12/10/15 Dr. Gendelman, Facility not Indicated, PTP Progress Report (PR-2)

SUBJ: Patient complained of headache at 8/10, pain in neck at 8/10, mid/upper back at 5/10, lower back at 8/10, and left knee at 7/10.

IMP: 1) Headaches. 2) Cervical musculoligamentous strain/sprain. 3) Thoracic musculoligamentous strain/sprain. 4) Lumbosacral musculoligamentous strain/sprain with radiculitis. 5) Lumbosacral disc protrusions, per MRI dated 04/15/15. 6) Left knee strain/sprain, degenerative joint disease, per MRI dated 12/15/14. 7) Status post left knee surgery dated 09/25/15.

PLN: Requested authorization for acupuncture therapy 2x a week x 4 weeks. Follow up on 01/21/16.

DS: TTD until 01/21/16.

02/04/16 Dr. Gendelman, Facility not Indicated, PTP Progress Report (PR-2)

SUBJ: Patient complained of pain in mid/upper back at 3-4/10, lower back at 7/10, and left knee at 7/10, and headaches at 7/10.

OBJ: Tenderness in cervical, thoracic and lumbar paraspinal muscles, and left knee. Spasm in cervical, thoracic and lumbar spine. Restricted motion in cervical and lumbar spine, and left knee. Positive cervical compression test and McMurray’s test. Decreased strength in quads and hamstring at 4-/5.

IMP: 1) Headaches. 2) Cervical spine strain/sprain. 3) Thoracic spine strain/sprain. 4) Lumbosacral spine strain/sprain with radiculitis. 5) Lumbosacral disc protrusions, per MRI dated 04/15/15. 6) Left knee strain/sprain, degenerative joint disease per MRI dated 12/15/14. 7) Status post left knee arthroscopy and partial synovectomy on 09/25/15.

PLN: Continue acupuncture therapy 2x a week x 4 weeks. Follow up on 03/10/16.

DS: TTD on 02/04/16 to 03/10/16.

02/04/16 Dr. Gendelman, Facility not Indicated, Request for Authorization (DWC Form RFA)

REQUEST: Continue acupuncture therapy 2x a week x 4 weeks.

02/04/16 Dr. Gendelman, Facility not Indicated, PTP Supplemental Medical-Legal Review of Medical Records

Medical records were reviewed.

SUM: Dr. Goldman stated on his report that the patient was a candidate for left knee arthroscopy. This was certified and she underwent said procedure on 09/25/15 with no complications. She was prescribed a course of physical therapy and acupuncture therapy. She had not reached MMI at this time.

02/08/16 to 07/21/16 Young Tae Kim L.Ac., Maciej Majzel, D.C., Chiropractic Corporation, Acupuncture Therapy Notes

Attended 4 sessions of acupuncture therapy.

PLN: Infrared.

03/10/16 Dr. Gendelman, Facility not Indicated, PTP Progress Report (PR-2)

SUBJ: Patient complained of pain in neck at 6/10, mid/upper back at 7-8/10, lower back at 7/10, and left knee at 6/10, and headaches at 3/10.

OBJ: Tenderness in cervical, thoracic and lumbar paraspinal muscles, and left knee. Spasm in cervical, thoracic and lumbar spine. Restricted motion in cervical and lumbar spine, and left knee. Positive cervical compression test and McMurray’s test. Decreased strength in quads and hamstring at 4-/5.

IMP: 1) Headaches. 2) Cervical spine strain/sprain. 3) Thoracic spine strain/sprain. 4) Lumbosacral spine strain/sprain with radiculitis. 5) Lumbosacral disc protrusions, per MRI dated 04/15/15. 6) Left knee strain/sprain, degenerative joint disease per MRI dated 12/15/14. 7) Status post left knee arthroscopy and partial synovectomy on 09/25/15.

PLN: Continue acupuncture therapy 2x a week x 4 weeks. Requested authorization for intra-articular injection to left knee. Follow up on 04/14/16.

DS: TTD on 03/10/16 to 04/14/16.

03/10/16 Dr. Gendelman, Facility not Indicated, Request for Authorization (DWC Form RFA)

REQUEST: Intra-articular injection to left knee, acupuncture therapy 2x a week x 4 weeks.

04/07/16 Dr. Gendelman, Facility not Indicated, PTP Progress Report (PR-2)

SUBJ: Patient complained of pain in neck at 3/10, mid/upper back at 4/10, lower back at 6-7/10, and left knee at 6/10, and headaches at 5/10.

IMP: 1) Headaches. 2) Cervical spine strain/sprain. 3) Thoracic spine strain/sprain. 4) Lumbosacral spine strain/sprain with radiculitis. 5) Lumbosacral disc protrusions, per MRI dated 04/15/15. 6) Left knee strain/sprain, degenerative joint disease per MRI dated 12/15/14. 7) Status post left knee arthroscopy and partial synovectomy on 09/25/15.

PLN: Continue acupuncture therapy 2x a week x 4 weeks. Requested authorization for performance FCE. Follow up on 05/12/16.

DS: TTD on 04/07/16 to 05/12/16.

04/07/16 Dr. Gendelman, Facility not Indicated, Request for Authorization (DWC Form RFA)

REQUEST: Continue acupuncture therapy 2x a week x 4 weeks, and physical performance FCE.

05/12/16 Dr. Gendelman, Facility not Indicated, PTP Progress Report (PR-2)

SUBJ: Patient complained of headaches at 4/10, pain in neck at 5/10, mid/upper back at 3/10, lower back at 6-7/10, and left knee at 7/10.

IMP: 1) Headaches. 2) Cervical spine strain/sprain. 3) Thoracic spine strain/sprain. 4) Lumbosacral spine strain/sprain with radiculitis. 5) Lumbosacral disc protrusions, per MRI dated 04/15/15. 6) Left knee strain/sprain, degenerative joint disease per MRI dated 12/15/14. 7) Status post left knee arthroscopy and partial synovectomy on 09/25/15.

PLN: Continue acupuncture therapy 2x a week x 4 weeks. Follow up on 06/23/16.

DS: TTD on 05/12/16 to 06/23/16.

05/12/16 Dr. Gendelman, Facility not Indicated, Request for Authorization (DWC Form RFA)

REQUEST: Continue acupuncture therapy 2x a week x 4 weeks.

06/23/16 Dr. Gendelman, Facility not Indicated, PTP Progress Report (PR-2)

SUBJ: Patient complained of headaches at 4/10, pain in neck at 6/10, mid/upper back at 2-3/10, lower back at 7/10, and left knee at 7/10.

IMP: 1) Headaches. 2) Cervical spine strain/sprain. 3) Thoracic spine strain/sprain. 4) Lumbosacral spine strain/sprain with radiculitis. 5) Lumbosacral disc protrusions, per MRI dated 04/15/15. 6) Left knee strain/sprain, degenerative joint disease per MRI dated 12/15/14. 7) Status post left knee arthroscopy and partial synovectomy on 09/25/15.

PLN: Continue acupuncture therapy 2x a week x 4 weeks. Follow up on 07/28/16.

DS: TTD on 06/23/16 to 07/28/16.

06/23/16 Dr. Gendelman, Facility not Indicated, Request for Authorization (DWC Form RFA)

REQUEST: Continue acupuncture therapy 2x a week x 4 weeks.

07/27/16 Joseph Braun, M.D., WellComp, Utilization Review Recommendation

DETERMINATION: Water circ cold pad with pump [as per report], pad water circulating heat, crutch underarm pair no woo, and delivery/set up/dispensing were certified.

07/28/16 Dr. Gendelman, Facility not Indicated, PTP Progress Report (PR-2)

SUBJ: Patient complained of headaches at 6/10, pain in neck at 7/10, mid/upper back at 5/10, lower back at 8/10, and left knee at 7/10.

IMP: 1) Headaches. 2) Cervical spine strain/sprain. 3) Thoracic spine strain/sprain. 4) Lumbosacral spine strain/sprain with radiculitis. 5) Lumbosacral disc protrusions, per MRI dated 04/15/15. 6) Left knee strain/sprain, degenerative joint disease per MRI dated 12/15/14. 7) Status post left knee arthroscopy and partial synovectomy on 09/25/15.

PLN: Requested authorization for physical therapy 3x a week x 4 weeks. Follow up on 09/01/16.

DS: TTD until 09/01/16.

07/28/16 Dr. Gendelman, Facility not Indicated, Request for Authorization (DWC Form RFA)

REQUEST: Physical therapy 3x a week x 4 weeks.

08/15/16 Ina Hocutt, P.T., Maciej Majzel, D.C., Q.M.E., Physical Therapy Notes

Attended 1 session of physical therapy.

PLN: Manual therapy (joint mobilization/manual traction), therapeutic exercise (stretching/flexibility/range of motion), electrical stimulation, TENS (transcutaneous neurostimulator).

09/01/16 Dr. Gendelman, Facility not Indicated, PTP Progress Report (PR-2)

SUBJ: Patient complained of headaches at 8/10, pain in neck at 7/10, mid/upper back at 4/10, lower back at 7/10, and left knee at 5/10.

IMP: 1) Headaches. 2) Cervical spine strain/sprain. 3) Thoracic spine strain/sprain. 4) Lumbosacral spine strain/sprain with radiculitis. 5) Lumbosacral disc protrusions, per MRI dated 04/15/15. 6) Left knee strain/sprain, degenerative joint disease per MRI dated 12/15/14. 7) Status post left knee arthroscopy and partial synovectomy on 09/25/15.

PLN: Requested authorization for physical therapy 2x a week x 6 weeks. Follow up on 09/29/16.

DS: TTD until 09/29/16.

09/01/16 Dr. Gendelman, Facility not Indicated, Request for Authorization (DWC Form RFA)

REQUEST: Physical therapy 3x a week x 4 weeks for lumbar spine and left knee.

02/02/17 Dr. Gendelman, Facility not Indicated, PTP Basic Comprehensive Medical-Legal P&S Report

Medical records were reviewed.

DOI: CT 01/01/12 to 04/08/14; 02/22/13.

JOB: Employed as warehouse supervisor by Premier Staffing. Duties included walking, supervising, giving workers merchandise to pack, packing and lifting.

MOI: Patient stated that from 01/01/12 to 04/08/14, while performing her usual and customary duties, she gradually developed pain in neck, mid-back, lower back and left knee. She also reported that on 02/22/13, while performing her usual and customary duties, she injured her lower back. She stated that she lifted a box that weighed approximately 40-50 pounds and immediately felt pain in lower back. She reported her symptoms to her employer and she was sent to a clinic in City of Compton where she was evaluated, had x-rays taken, prescribed medications and given therapy. She continued performing her regular work activities despite being given work restrictions. She stated that due to constant walking and bending, she began to feel increased pain in her knee. She did not report the injury but sought care on her own. She had unbearable pain in left knee and had not worked since 04/08/14.

PE: Muscle guarding in cervical paraspinals. Tenderness in cervical spinal process, bilateral cervical, thoracic and lumbosacral paraspinal muscles, bilateral occipital muscles, bilateral suboccipital muscles, bilateral trapezius muscles, bilateral levator scapulae muscles, bilateral upper, middle and lower thoracic region, bilateral sacroiliac joints, bilateral sciatic notches, bilateral posterior iliac crests, bilateral gluteal muscles, anterior, posterior and lateral aspects of left knee, left lateral femoral condyle, left lateral tibial condyle, left medial joint line, left medial femoral condyle, left medial tibial condyle and left proximal calf muscles. Spasm in bilateral cervical and lumbosacral paraspinal muscles, bilateral suboccipital muscles, bilateral trapezius muscles, bilateral levator scapulae muscles, bilateral gluteal muscles. Cervical forward flexion was 35/50, extension 40/60, right lateral flexion 35/45, left lateral flexion 30/45, right rotation 65/80, left rotation 60/80. Lumbosacral forward flexion was 35/60, extension 16/25, right lateral flexion 18/25, left lateral flexion 17/25. Left knee extension was -5/0. Positive cervical compression test, straight leg raising on the right at 40 degrees, left knee patella femoral grinding test, left McMurray test. Left knee motor strength was 4/5.

IMP: 1) Cervical strain/sprain with radiculitis. 2) Thoracic strain/sprain. 3) Lumbosacral strain/sprain with radiculitis. 4) Lumbar spine disc herniations per MRI dated 04/15/15. 5) Left knee internal derangement per MRI dated 12/15/14. 6) Status post left knee surgery dated 09/25/15, with residuals.

PLN: Follow up as needed.

CAUSATION: Impression were the direct result of the injuries patient sustained on a cumulative trauma basis from 01/01/12 to 04/08/14 and on 02/22/13, while working for Premier Staffing.

DS: P&S as of 02/02/07.

SUBJ FACTORS OF DISABILITY: Pain in neck, upper back, low back, and left knee.

OBJ FACTORS OF DISABILITY: Decreased/limited range of motion in cervical and lumbar spine as demonstrated on physical examination, spasm of cervical and lumbar paravertebral muscles, abnormal clinical tests in cervical and lumbar spine, abnormal findings as demonstrated on MRI of lumbar spine. Left knee surgical scars, decreased/limited range of motion, abnormal findings as demonstrated on MRI, abnormal clinical tests, and decreased motor strength.

IMPAIRMENT RATING: Cervical spine was 5% WPI, lumbar spine was 8% WPI, left knee muscle weakness was 10% WPI. Total WPI was 21%.

APPORTIONMENT: 50% of patient’s permanent disability for injuries to her lumbar spine should be apportioned to the cumulative trauma industrial injury on 01/01/12-04/08/14 and 50% should be apportioned to 02/22/13 date of injury. 100% of patient’s permanent disability for injuries to her cervical spine should be apportioned to the cumulative trauma industrial injury on 01/01/12-04/08/14.

WS: Patient was precluded from performing heavy work, which contemplated the patient had lost approximately ¼ of the pre-injury capacity for bending, stooping, lifting, pushing and climbing or other activities that involved comparable physical effort for cervical spine; heavy lifting, repetitive bending and stooping which contemplated the patient had lost approximately ½ of the pre-injury capacity for lifting, bending and stooping; prolonged climbing, walking over uneven ground, squatting, crouching, crawling, pivoting or other activities that involved weight bearing, which contemplated the patient could do work approximately 75% of the time in standing or walking position, and uneven ground, squatting, crouching, crawling, pivoting or other activities that involved comparable physical effort.

FUTURE MEDICAL: Patient should be awarded an opportunity to be evaluated by qualified medical/orthopedic practitioners in case of exacerbations, a short course of chiropractic and/or physical therapy, access to over-the-counter and prescription medications, trigger point and/or epidural injections or other necessary modalities such as acupuncture. MRI, CT scan, electrodiagnostic testing and/or other studies as deemed necessary by treating physicians. .

Undated Dr. Gendelman, DWC Medical Unit, Work Status Report

WS: Off work.

**OTHER RECORDS:**

There were miscellaneous records including health insurance claim form, request for taxpayer identification number and certification, proof of service, authorization to treat, strength/range of motion report, established patient statement, workers’ compensation pharmacy fee schedule, invoice, anesthesia record, admission/preoperative orders, preoperative phone call, preoperative nursing record, discharge instructions, emergency room registration, medication summary, demographics sheet.

**END OF REVIEW**

**CAH/rph**

**TIME SPENT: 13.75 hours**

**NOTE:**

The following records had been listed in the medical index but were not included in the stack of records:

1. 08/15/16, 04/23/15, 11/17/16, reports by Vlad Gendelma, M.D.
2. 12/17/14, MRI of Left Knee
3. 04/26/13, report by Michael Lee, D.O.
4. 06/23/16, 02/18/16, 12/10/15, 07/27/15, 01/19/15, 12/18/14, 12/03/14, 10/15/14, 06/15/15, 07/09/15, 01/29/15, reports by Maciej Majzel, D.C.
5. 02/02/15, report by Mahida Nazir, M.D.
6. 06/30/16, 07/14/16, 07/12/16, 07/20/16, report by Young Tae Kim, L.Ac.