

Arrowhead Orthopaedics
1801 Orange Tree Lane
#240
Redlands CA 92374

Claim#
0020-97-0309

RFA
LS

FAX

To: COUNTY OF SAN BERNARDINO

Company:

Fax: +1 (909) 386-8711

Subject:

Ref:

Pages: 17

Remarks:

From: Brittany Valadao

Fax: +1 (909) 989-4477

Phone: 909-989-4477

Date: 01/26/2023

Time: 07:49:43 AM PST

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Risk Management 2023-01-26 08:28:53

Arrowhead Orthopaedics

Treatment Plan Summary

Trujillo, Ofelia

Patient ID: 00001737510

DOB: 02/06/1946

Age: 76 years Gender: F

11/09/2022

Date: 11/09/22 : 12:25pm

Title: Request for Authorization

**State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA**

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Resubmission - Change in Material Facts				
<input type="checkbox"/> Expedited Review: Check box if employee face an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
Employee Information				
Name: Ofelia Trujillo				
Date of Injury: 11/18/1996		Date of Birth: 02/06/46		
Claim Number:		Employer: County of San Bernardino		
Requesting Physician Information				
Name: David Wood, MD				
Practice Name: Arrowhead Orthopaedics		Contact Name: ALMA LOPEZ		
Address: 1901 West Lugonia Ave. Suite 220		City: Redlands		State: CA
Zip Code: 92374	Phone: 909-433.3200	Fax Number: 888-411-1209		
E-MAIL: wcauthorizations@arrowheadortho.com				
Specialty: Orthopaedics		NPI Number: 1003834243		
Email Address:				
Claims Administrator Information				
Company Name: County of San Bernardino		Contact Name: Elizabth Jarvis		
Address: 222 W. Hospitality Ln		City: San Bernardino		State: CA
Zip Code: 92415	Phone:	Fax Number:		
E-mail Address:				
Requested Treatment (see instructions for guidance; attached additional pages if necessary)				
List each specific requested medical services, good, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Strain/sprain of the right knee with degenerative change	S83.91XD; S86.911D; M17.11; Z98.890	Trial of physical therapy 2 times per week for 3 weeks due to increased bilateral knee pain		
Status post left knee arthroscopy and meniscectomy				
Status post left knee arthroscopy and	Z98.890	Diclofenac 1% cream apply 4 grams, 4 times daily as needed # 100 grams, no refills.		Medication prescribed to aid patient in maintaining ability to perform activities of daily living

Arrowhead Orthopaedics

Treatment Plan Summary

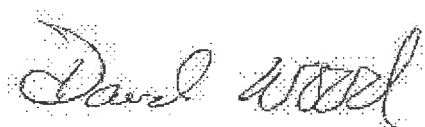
Trujillo, Ofelia

Patient ID: 00001737510

DOB: 02/06/1946

Age: 76 years Gender: F

11/09/2022

meniscectomy				
Requesting Physician Signature:				
				Date: 11/09/22
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay)				
<input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):				Date:
Authorized Agent Name:				Signature:
Phone:	Fax Number:		Email Address:	
Comments:				

Risk Management 2023-01-26 08:28:53

ARROWHEAD ORTHOPAEDICS

Red #220 - 909-433-3200 / Fax 888-411-1209

PATIENT INFORMATION:

Patient Name:	Trujillo, Ofelia	ID#: 00001737510
Patient Address:	390 W Heather St	DOB: 02/06/1946
Patient City, ST, Zip:	Rialto CA 92376-2738	Patient Sex: F
Patient Home Ph#:	(909)874-6576	Ref. Source:
Patient Work Ph#:		Ref. Source Ph#:
Patient Cell Ph#:		Ref. Source Fax#:

INSURANCE INFORMATION:

Account Type:	WC	Secondary Insurance:
Primary Insurance:	County Of San Bernardino 222	ID/Claim #:
ID/Claim #:	999999999	Address:
Address:	222 W Hospitality Ln	
	Sn Bernrdno CA 924150013	

Authorization #:	Authorized by:
Authorization Date:	NCM Name:
Adjustor Name:	NCM Phone:
Adjustor Phone:	NCM Fax:
Employer:	Employer Ph#:

TREATMENT REQUEST

Urgency:	ROUTINE	Height:	Weight:	BMI:
Treatment Proposed:	TRIAL PT			

Treatment CPT:
Diagnostic Test:
Diagnostic CPT:
DME:
HCPCS:
Follow Up Appt.
Follow UP CPT:
Diagnosis: Strain/sprain of the right knee with degenerative change

ICD-9:
Comments:

Medical Assistant: ALMA LOPEZ
Physician Assistant:
Surgeon's Signature: David Wood, MD
(electronically signed)

Date: 11/18/2022

Risk Management 2023-01-26 08:28:53

Arrowhead Orthopaedics**Progress Notes**

Trujillo, Ofelia

Patient ID: 00001737510

DOB: 02/06/1946

Age: 76 years Gender: F

01/12/2023

Date: 01/12/23 : 10:31am**Title:** Don Hills, PR-2

County of San Bernardino
222 W. Hospitality Ln
San Bernardino, CA, 92415

Elizabeth Jarvis
Claims Adjustor

Applicant Attorney: Jeffrey Garfinkle
Address: 0800 NM. Haven Ste.,260
Ontario, CA 91761

PATIENT'S NAME:	OFELIA TRUJILLO
DATE OF BIRTH:	02/06/46
EMPLOYER:	County of San Bernardino
OCCUPATION:	Clerk III
DATE OF INJURY:	11/18/1996
DATE OF EXAMINATION:	01/12/23
CLAIM NUMBER:	0020970309
AUTHORIZED BODY PARTS:	Bilateral Knees

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

- ☒ Periodic Report (Required 45 days after last report) ☐ Change in treatment plan
☐ Release From Care ☐ Change in work status ☐ Need for referral or consultation
☐ Response to request for information ☐ Change in patient's condition
☐ Need for surgery or hospitalization ☐ Request for authorization
☐ Other _____

HISTORY OF INJURY:

The patient states while employed with the County of San Bernardino as a Clerk III on 11/18/1996, she was going down stairs and felt a pop in the left knee. The patient has right knee pain, which has progressively gotten worse, due to overcompensation of the left knee.

SUBJECTIVE COMPLAINTS:

The patient returns to the office today with the following complaints:

Constant bilateral knee pain and swelling aggravated with bending as well as getting up from a seated position. On a pain intensity scale of 1 to 10, she rates it a 8 bilaterally.

INTERIM HISTORY:

Arrowhead Orthopaedics**Progress Notes**

Trujillo, Ofelia

Patient ID: 00001737510

DOB: 02/06/1946

Age: 76 years Gender: F

01/12/2023

The patient is still awaiting authorization for physical therapy bilateral knees.

The patient continues doing home exercises on a daily basis and using ice and heat for flare-ups of pain.

The patient is retired and denies any new injuries or accidents since the last office visit.

CURRENT MEDICATIONS PRESCRIBED FROM THIS OFFICE:

Motrin 800mg

Diclofenac Cream

The patient is currently utilizing Motrin occasionally for inflammation. She reports side effects of GI upset from Motrin.

On a visual analog scale, the patient rates their pain at a 2 out of 10 with the use of medication and without medication, the patient rates their pain at an 8 out of 10. The patient also reports an improvement with activities of daily living while using their pain medication.

CURRENT MEDICATIONS PRESCRIBED BY OTHER PROVIDERS:

Prescribed by Primary Care Physician:

Calcium 600mg

Vitamin D3

Alendronate 70mg

Metronidazole 0.75mg

Relief Factor

Joint Gel

PAST MEDICAL HISTORY:

Allergies: NKDA.

Smoking: Denies.

OBJECTIVE FINDINGS:

Vitals: 01/12/23: Wt- 150 B/P- 140/75 Pulse- 70 Temp- 97.9.

There is mild effusion noted about the right knees.

There is tenderness to palpation patello femoral joint line right knee.

There is tenderness over the lateral aspect of the left knee.

RANGE OF MOTION:

Active range of motion of the bilateral knees revealed:

	Right	Left	Normal
Flexion:	100 degrees	120 degrees	135 degrees

Arrowhead Orthopaedics**Progress Notes**

Trujillo, Ofelia

Patient ID: 00001737510

DOB: 02/06/1946

Age: 76 years Gender: F

01/12/2023

Extension: 0 degrees 0 degrees 0 degrees

DIAGNOSES:

1. Strain/sprain of the right knee with degenerative change - S86.911D; S83.91XD; M17.5.
2. Status post left knee arthroscopy and meniscectomy - Z98.890.

5 A'S OF CHRONIC PAIN MANAGEMENT:

1. Analgesia - The patient is experiencing a reduction in pain.
2. Activity - The patient is demonstrating an improvement in level of function.
3. Adverse drug reaction - The patient is not experiencing any intolerable side effects.
4. Aberrant - There is no sign of aberrant behavior.
5. Affect - The patient's behavior and mood are appropriate.

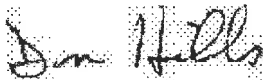
TREATMENT PLAN:

1. Awaiting AUTHORIZATION for a trial of physical therapy 2 times per week for 3 weeks due to increased bilateral knee pain.
2. Continue symptomatic treatment and self directed home exercises.
3. Use ice for pain and swelling.
4. Continue diclofenac 1% cream apply 4 grams, 4 times daily as needed. No refills needed today.
5. Medication prescribed to aid patient in maintaining ability to perform activities of daily living.
6. Re-evaluate the patient in 4 weeks.

WORK STATUS:

This patient has been instructed to remain P&S.

Signed,



Don Hills, PA
Arrowhead Orthopaedics
1901 W. Lugonia, Suite 220
Redlands, CA 92374

Phone: 909-433-3200
Fax: 888-411-1209

CA License #: PA15222
Tax I.D. #: 33-0376200

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not

Arrowhead Orthopaedics**Progress Notes**

Trujillo, Ofelia

Patient ID: 00001737510**DOB:** 02/06/1946**Age:** 76 years **Gender:** F

01/12/2023

violated Labor Code Section 139.3.

Electronically signed by Don Hills, PA

Applicant Attorney: **Jeffrey Garfinkle**
Address: **0800 NM. Haven Ste., 260**
Ontario, CA 91761

Billing

BILLING

County Of San Bernardino 222

Procedure Codes:

Procedure: Estab Detailed: 99213

Procedure: PR-2: WC002

Diagnosis Codes:

Diagnosis: Strain of unspecified muscle(s) and tendon(s) at lower leg level, right leg, subsequent encounter : ICD10 = S86.911D / ICD9 = V58.89 / SNOMED = 441933004

Diagnosis: Sprain of unspecified site of right knee, subsequent encounter : ICD10 = S83.91XD / ICD9 = V58.89 / SNOMED = 11760661000119101

Diagnosis: Other unilateral secondary osteoarthritis of knee : ICD10 = M17.5 / ICD9 = 715.26 / SNOMED = 443524000

Diagnosis: Other specified postprocedural states : ICD10 = Z98.890 / ICD9 = V45.89 / SNOMED = 128926000

Progress Note Status:

Action Item: Progress Note Complete - Redlands**Action Item:** Message to Biller - BILL PR2 - Redlands

Rx: diclofenac 1 % topical gel, 100, Ref: 0, apply 4 grams , 4x daily as needed

SIGNED BY Donald Hills, PA (DEH) 01/12/2023 01:08PM

Risk Management 2023-01-26 08:28:53

Arrowhead Orthopaedics**Progress Notes**

Trujillo, Ofelia

Patient ID: 00001737510

DOB: 02/06/1946

Age: 76 years Gender: F

12/12/2022

Date: 12/12/22 : 10:39am**Title:** Don Hills/DLW, PR-2

County of San Bernardino
 222 W. Hospitality Ln
 San Bernardino, CA, 92415

Elizabeth Jarvis
 Claims Adjustor

Applicant Attorney: Jeffrey Garfinkle
 Address: 0800 NM. Haven Ste., 260
 Ontario, CA 91761

PATIENT'S NAME:	OFELIA TRUJILLO
DATE OF BIRTH:	02/06/46
EMPLOYER:	County of San Bernardino
OCCUPATION:	Clerk III
DATE OF INJURY:	11/18/1996
DATE OF EXAMINATION:	12/12/22
CLAIM NUMBER:	0020970309
AUTHORIZED BODY PARTS:	Bilateral Knees

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

- ☒ Periodic Report (Required 45 days after last report)
 ☐ Change in treatment plan
☐ Release From Care
 ☐ Change in work status
 ☐ Need for referral or consultation
☐ Response to request for information
 ☐ Change in patient's condition
☐ Need for surgery or hospitalization
 ☐ Request for authorization
☐ Other _____

HISTORY OF INJURY:

The patient states while employed with the County of San Bernardino as a Clerk III on 11/18/1996, she was going down stairs and felt a pop in the left knee. The patient has right knee pain, which has progressively gotten worse, due to overcompensation of the left knee.

SUBJECTIVE COMPLAINTS:

The patient returns to the office today with the following complaints:

Constant bilateral knee pain and swelling aggravated with bending as well as getting up from a seated position. On a pain intensity scale of 1 to 10, she rates it a 9 bilaterally.

INTERIM HISTORY:

Arrowhead Orthopaedics**Progress Notes**

Trujillo, Ofelia

Patient ID: 00001737510

DOB: 02/06/1946

Age: 76 years Gender: F

12/12/2022

The patient is awaiting authorization for physical therapy bilateral knees.

The patient continues doing home exercises on a daily basis and using ice and heat for flare-ups of pain.

The patient is retired and denies any new injuries or accidents since the last office visit.

CURRENT MEDICATIONS PRESCRIBED FROM THIS OFFICE:

Motrin 800mg

Diclofenac Cream

The patient is currently utilizing Motrin occasionally for inflammation. She reports side effects of GI upset from Motrin.

On a visual analog scale, the patient rates their pain at a 2 out of 10 with the use of medication and without medication, the patient rates their pain at an 8 out of 10. The patient also reports an improvement with activities of daily living while using their pain medication.

CURRENT MEDICATIONS PRESCRIBED BY OTHER PROVIDERS:

Prescribed by Primary Care Physician:

Calcium 600mg

Vitamin D3

Alendronate 70mg

Metronidazole 0.75mg

Relief Factor

Joint Gel

PAST MEDICAL HISTORY:

Allergies: NKDA.

Smoking: Denies.

OBJECTIVE FINDINGS:

Vitals: 12/12/22: Wt- 150 B/P- 138/75 Pulse- 76 Temp- 97.4.

There is mild effusion noted about the right knees.

There is tenderness to palpation patello femoral joint line right knee.

There is tenderness over the lateral aspect of the left knee.

RANGE OF MOTION:

Active range of motion of the bilateral knees revealed:

Right	Left	Normal
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Arrowhead Orthopaedics**Progress Notes**

Trujillo, Ofelia

Patient ID: 00001737510

DOB: 02/06/1946

Age: 76 years Gender: F

12/12/2022

Flexion:	110 degrees	120 degrees	135 degrees
Extension:	0 degrees	0 degrees	0 degrees

X-RAYS:

In-house x-rays were taken in office by a certified x-ray technician at Arrowhead Orthopedics.

X-ray examination of the left knee (standing 2 views) reveals no evidence of fracture or dislocation. There is bone-on-bone in the medial compartment. There is also osteophyte formation in the patellofemoral joint.

X-ray examination of the right knee (standing 2 views) reveals no evidence of fracture or dislocation. There is bone-on-bone in the medial compartment. There is also osteophyte formation in the patellofemoral joint.

DIAGNOSES:

1. Strain/sprain of the right knee with degenerative change - S86.911D; S83.91XD; M17.5.
2. Status post left knee arthroscopy and meniscectomy - Z98.890.

5 A'S OF CHRONIC PAIN MANAGEMENT:

1. Analgesia - The patient is experiencing a reduction in pain.
2. Activity - The patient is demonstrating an improvement in level of function.
3. Adverse drug reaction - The patient is not experiencing any intolerable side effects.
4. Aberrant - There is no sign of aberrant behavior.
5. Affect - The patient's behavior and mood are appropriate.

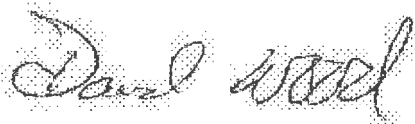
TREATMENT PLAN:

1. Awaiting AUTHORIZATION for a trial of physical therapy 2 times per week for 3 weeks due to increased bilateral knee pain.
2. Reviewed x-rays of the left and right knees.
3. Continue symptomatic treatment and self directed home exercises.
4. Use ice for pain and swelling.
5. Continue diclofenac 1% cream apply 4 grams, 4 times daily as needed. No refills needed today.
6. Medication prescribed to aid patient in maintaining ability to perform activities of daily living.
7. Re-evaluate the patient in 6 weeks.

WORK STATUS:

This patient has been instructed to remain P&S.

Signed,



David L. Wood, MD, FAAOS, FACS

Arrowhead Orthopaedics**Progress Notes**

Trujillo, Ofelia

Patient ID: 00001737510

DOB: 02/06/1946

Age: 76 years Gender: F

12/12/2022

Arrowhead Orthopaedics
1901 W. Lugonia, Suite 220
Redlands, CA 92374

Phone: 909-433-3200
Fax: 888-411-1209

CA License #: G46774
Tax I.D. #: 33-0376200

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.

Don Hills participated in this examination. Dictated by Don E. Hills, PA, under the supervision of David L. Wood, MD

Electronically signed by David L. Wood, MD

Billing**BILLING**

County Of San Bernardino 222

Procedure Codes:

Procedure: Estab Detailed: 99213

Procedure: PR-2: WC002

Procedure: Knee Bilateral: 73565

Diagnosis Codes:

Diagnosis: Strain of unspecified muscle(s) and tendon(s) at lower leg level, right leg, subsequent encounter : ICD10 = S86.911D / ICD9 = V58.89 / SNOMED = 441933004

Diagnosis: Sprain of unspecified site of right knee, subsequent encounter : ICD10 = S83.91XD / ICD9 = V58.89 / SNOMED = 11760661000119101

Diagnosis: Other unilateral secondary osteoarthritis of knee : ICD10 = M17.5 / ICD9 = 715.26 / SNOMED = 443524000

Diagnosis: Other specified postprocedural states : ICD10 = Z98.890 / ICD9 = V45.89 / SNOMED = 128926000

Progress Note Status:

Action Item: Progress Note Complete - Redlands

Action Item: Message to Biller - bill pr2 - Redlands

Progress Notes

Trujillo, Ofelia

Patient ID: 00001737510**DOB:** 02/06/1946**Age:** 76 years **Gender:** F**Arrowhead Orthopaedics**12/12/2022

Rx: diclofenac 1 % topical gel, 100, Ref: 0, apply 4 grams , 4x daily as needed

#Orders: MEDSTRAT

SIGNED BY Donald Hills, PA (DEH) 12/13/2022 08:48A

Risk Management 2023-01-26 08:28:53

Arrowhead Orthopaedics**Progress Notes**

Trujillo, Ofelia

Patient ID: 00001737510

DOB: 02/06/1946

Age: 76 years Gender: F

11/09/2022

Date: 11/09/22 : 09:24am**Title:** Don Hills, PR-2

County of San Bernardino
222 W. Hospitality Ln
San Bernardino, CA, 92415

Elizabeth Jarvis
Claims Adjustor

Applicant Attorney: Jeffrey Garfinkle
Address: 0800 NM. Haven Ste.,260
Ontario, CA 91761

PATIENT'S NAME:	OFELIA TRUJILLO
DATE OF BIRTH:	02/06/46
EMPLOYER:	County of San Bernardino
OCCUPATION:	Clerk III
DATE OF INJURY:	11/18/1996
DATE OF EXAMINATION:	11/09/22
CLAIM NUMBER:	0020970309
AUTHORIZED BODY PARTS:	Bilateral Knees

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

- ☒ Periodic Report (Required 45 days after last report) ☐ Change in treatment plan
☐ Release From Care ☐ Change in work status ☐ Need for referral or consultation
☐ Response to request for information ☐ Change in patient's condition
☐ Need for surgery or hospitalization ☐ Request for authorization
☐ Other _____

HISTORY OF INJURY:

The patient states while employed with the County of San Bernardino as a Clerk III on 11/18/1996, she was going down stairs and felt a pop in the left knee. The patient has right knee pain, which has progressively gotten worse, due to overcompensation of the left knee.

SUBJECTIVE COMPLAINTS:

The patient returns to the office today with the following complaints:

Bilateral knee pain and swelling exacerbated with bending as well as getting up from a seated position. On a pain intensity scale of 1 to 10, she rates it a 9 bilaterally.

INTERIM HISTORY:

Arrowhead Orthopaedics**Progress Notes**

Trujillo, Ofelia

Patient ID: 00001737510

DOB: 02/06/1946

Age: 76 years Gender: F

11/09/2022

The patient is awaiting authorization for physical therapy bilateral knees.

The patient continues doing home exercises on a daily basis and using ice and heat for flare-ups of pain.

The patient is retired and denies any new injuries or accidents since the last office visit.

CURRENT MEDICATIONS PRESCRIBED FROM THIS OFFICE:

Motrin 800mg

Diclofenac Cream

The patient is currently utilizing Motrin occasionally for inflammation. She reports side effects of GI upset from Motrin.

On a visual analog scale, the patient rates their pain at a 2 out of 10 with the use of medication and without medication, the patient rates their pain at an 8 out of 10. The patient also reports an improvement with activities of daily living while using their pain medication.

CURRENT MEDICATIONS PRESCRIBED BY OTHER PROVIDERS:

Prescribed by Primary Care Physician:

Calcium 600mg

Vitamin D3

Alendronate 70mg

Metronidazole 0.75mg

Relief Factor

Joint Gel

PAST MEDICAL HISTORY:

Allergies: NKDA.

Smoking: Denies.

OBJECTIVE FINDINGS:

Vitals: 11/09/22: Wt- 150 B/P- 118/71 Pulse- 70 Temp- 97.4.

There is mild effusion noted about the right knees.

There is tenderness to palpation patello femoral joint line right knee.

There is tenderness over the lateral aspect of the left knee.

RANGE OF MOTION:

Active range of motion of the bilateral knees revealed:

	Right	Left	Normal
Flexion:	110 degrees	120 degrees	135 degrees

Arrowhead Orthopaedics**Progress Notes**

Trujillo, Ofelia

Patient ID: 00001737510

DOB: 02/06/1946

Age: 76 years Gender: F

11/09/2022

Extension: 0 degrees 0 degrees 0 degrees

DIAGNOSES:

1. Strain/sprain of the right knee with degenerative change - S86.911D; S83.91XD; M17.5.
2. Status post left knee arthroscopy and meniscectomy - Z98.890.

5 A'S OF CHRONIC PAIN MANAGEMENT:

1. Analgesia - The patient is experiencing a reduction in pain.
2. Activity - The patient is demonstrating an improvement in level of function.
3. Adverse drug reaction - The patient is not experiencing any intolerable side effects.
4. Aberrant - There is no sign of aberrant behavior.
5. Affect - The patient's behavior and mood are appropriate.

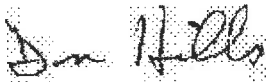
TREATMENT PLAN:

1. RE-REQUEST AUTHORIZATION for a trial of physical therapy 2 times per week for 3 weeks due to increased bilateral knee pain.
2. Obtain updated x-rays if no improvement with physical therapy.
3. Continue symptomatic treatment and self directed home exercises.
4. Use ice for pain and swelling.
5. Electronic prescription sent in for Diclofenac 1% cream apply 4 grams, 4 times daily as needed # 100 grams, no refills.
6. Medication prescribed to aid patient in maintaining ability to perform activities of daily living.
7. Re-evaluate the patient in 6 weeks.

WORK STATUS:

This patient has been instructed to remain P&S.

Signed,



Don Hills, PA
Arrowhead Orthopaedics
1901 W. Lugonia, Suite 220
Redlands, CA 92374
Phone: 909-433-3200
Fax: 888-411-1209

CA License #: PA15222
Tax I.D. #: 33-0376200

Arrowhead Orthopaedics**Progress Notes**

Trujillo, Ofelia

Patient ID: 00001737510

DOB: 02/06/1946

Age: 76 years Gender: F

11/09/2022

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.

Electronically signed by Don Hills, PA

Applicant Attorney: **Jeffrey Garfunkle**
Address: **0800 NM. Haven Ste., 260**
Ontario, CA 91761

Billing

BILLING

County Of San Bernardino 222

Procedure Codes:

Procedure: Estab Expanded: 99212

Procedure: PR-2: WC002

Diagnosis Codes:

Diagnosis: Strain of unspecified muscle(s) and tendon(s) at lower leg level, right leg, subsequent encounter : ICD10 = S86.911D / ICD9 = V58.89 / SNOMED = 441933004

Diagnosis: Sprain of unspecified site of right knee, subsequent encounter : ICD10 = S83.91XD / ICD9 = V58.89 / SNOMED = 11760661000119101

Diagnosis: Other unilateral secondary osteoarthritis of knee : ICD10 = M17.5 / ICD9 = 715.26 / SNOMED = 443524000

Diagnosis: Other specified postprocedural states : ICD10 = Z98.890 / ICD9 = V45.89 / SNOMED = 128926000

Progress Note Status:

Action Item: Progress Note Complete - Redlands**Action Item:** Message to Biller - bill pr2 - Redlands

SIGNED BY Donald Hills, PA (DEH) 11/10/2022 08:30AM