

# FAX

**To: STELLA JARAMILLO**

Company: CCMSI

Fax: 9496129207

Phone:

**From: Andrea F Carbonel**

Fax: 866-513-1291

Phone: 844-341-2340

E-mail:

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## NOTES:

Patient: Muzac, Pierette Marie

Claim #:22G44K510994

Recommended Provider: N/A

Requesting authorization for patient to see an in-house ACUP, Please provide a decision to me here in our Referrals Department by phone, fax, or email. We will coordinate scheduling for you.

Referral team phone line: 844-341-2340

Referral team fax:866-513-1291

Group Email Box: Referrals\_LA\_OC@concentra.com

Thank you.

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**Date and time of transmission:** Friday, December 30, 2022 12:03:44 PM

**Number of pages including this cover sheet:** 08

**Concentra Health Systems**

Patient Chart Copy for Pierette Marie Muzac

MRN: 233246310

DOB: 10-Feb-1983

Data accurate as of: 12/30/2022 11:59 AM Central Standard Time

Patient Name: Pierette Marie Muzac

MRN: 233246310

DOB: 10-Feb-1983

Date of Visit: 29-Dec-2022

Owner: Gore, Ashima

Document Type: California - RFA Referrals

Site Name: 7406 Valencia RBO

**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 faces 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 (Last, First, Middle): **Muzac, Pierette Marie**Date of Injury (MM/DD/YYYY): **12/07/2022**Date of Birth (MM/DD/YYYY): **02/10/1983**Claim Number: **22G44K510994**Employer: **AAA Auto Club Enterprises****Requesting Physician Information**Name: **Ashima Gore, PA**Practice Name: **CMC-Santa Ana Warner**

Contact Name:

Address: **3100 W. Warner Ave.**City: **Santa Ana**State: **CA**Zip Code: **92704**Phone: **714-546-4233**Fax Number: **Referral Team 866-513-1291**Specialty: **Primary Treating Physician MD/DO**NPI Number: **1184210775**

E-mail Address:

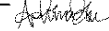
**Claims Administrator Information**Company Name: **CCMSI**Contact Name: **W/C CLAIMS**Address: **17015 N Scottsdale Rd Ste 325**City: **Scottsdale**State: **AZ**Zip Code: **85255**Phone: **8002525059**Fax Number: **0000000000**

E-mail Address:

**Requested Treatment (See instructions for guidance; attach additional pages if necessary)**

List each specific requested medical services, goods, 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.)
Lumbar sprain, initial encounter Shoulder strain, right,	S33.5XXA S46.911A S43.402A	Acupuncture Referral Referral Team Fax # 866-513-1291		Body Part 1: Shoulder(s), Laterality 1: Bilateral, Body Part 2: Lower Back Area, Laterality 2: Bilateral, Body Part 3: Upper Back Area, Laterality 3: Bilateral, Total # of Visits: 6, Reason for

Supervising Provider Name: **Kathy Le, M.D.**Requesting Physician Signature: Date: **12/29/2022****Claims Administrator/Utilization Review Organization (URO) Response**

☐ Approved ☐ Denied or Modified (See separate decision letter) ☐ Delay (See separate notification of delay)  
☐ Requested treatment has been previously denied ☐ Liability for treatment is disputed (See separate letter)

Authorization Number (if assigned):

Date:

Authorized Agent Name:

Signature:

Phone:

Fax Number:

E-mail Address:

Comments:

**Concentra Health Systems**

Patient Chart Copy for Pierette Marie Muzac

MRN: 233246310

DOB: 10-Feb-1983

Data accurate as of: 12/30/2022 11:58 AM Central Standard Time

**Patient Name:**Pierette Marie Muzac**MRN:**233246310**DOB:**10-Feb-1983**Date of Visit:**29-Dec-2022**Owner:**Gore,Ashima**Document Type:**WC Recheck**Site Name:**7406 Valencia RBO**Discussion/Summary**

patient is here for a recheck on her TS, LS and BL shoulders; DOI: 07 Dec 2022 1:30PM.

6/6 PT done at 95% of goal

Referral to acupuncture to help with pain, inflammation and speed the healing process.

On full duty

Follow up in 2 weeks for a recheck on tolerance of duty, treatment and progression.

Chaperone was declined

A comprehensive discussion was held with the patient to review the diagnosis and overall treatment plan and objectives. The patient verbally acknowledged their understanding of all items discussed, and was afforded an opportunity to get clarification and/or ask additional questions regarding the proposed treatment(s). Patient was instructed to keep their scheduled appointments for follow-up and/or return to Concentra.

Treatment and Case management is supervised by Dr. Allen Wang, MD who reviews my decision-making on patient care.

**Functional Restoration and Status of Healing**

Pierette Marie Muzac is at functional goal, not at end of healing.

**ASSESSMENT**

1. Lumbar sprain, initial encounter (S33.5XXA)
2. Shoulder strain, right, initial encounter (S46.911A)
3. Thoracic sprain (S23.9XXA)
4. Sprain of left shoulder, initial encounter (S43.402A)

**Plan**

1. Acupuncture Referral Physician Referral See Referral Comment! Done: 29Dec2022  
Ordered;For: Lumbar sprain, initial encounter, Shoulder strain, right, initial encounter, Sprain of left shoulder, initial encounter, Thoracic sprain; Ordered By: Gore, Ashima Performed: Due: 12Jan2023  
Laterality 3 : Bilateral  
Body Part 3 : Upper Back Area  
Laterality 2 : Bilateral  
Body Part 2 : Lower Back Area  
Laterality 1 : Bilateral  
Body Part 1 : Shoulder(s)  
Total # of Visits : 6  
Reason for referral : Evaluate and Treat

**Patient Name:**Pierette Marie Muzac**MRN:**233246310**DOB:**10-Feb-1983**Date of Visit:**29-Dec-2022**Owner:**Gore,Ashima**Document Type:**WC Recheck**Site Name:**7406 Valencia RBO

NONE OF THE PATIENT'S MEDICATIONS FOR THIS ENCOUNTER WERE DISPENSED IN THE CENTER.

**Activity Status and Restrictions****Treatment Status:**

Returning for follow-up: 14 days

Anticipated date of MMI: 02/01/23

**Activity Status**

Return to full work/activity today.

**Reason For Visit****Chief Complaint:** The patient presents today with f/u on lower back injury. Pt states she is better. Self reported.

Workers Compensation - Patient's Occupation: prev noted.

Work Status History: patient has been working regular duty.

**Chaperone was offered:** Patient declined the presence of a chaperone**History of Present Illness**

Pierette Marie Muzac is a 39 year female here for a follow up of an injury sustained on 07 Dec 2022 1:30PM. Since the last visit the pain is the SAME. The patient continues to have moderate dull pain in the mid back and lower back. pt reports that her shoulders feel better. pt has finished PT with improvement.

**Past Medical History**

- History of Back pain (M54.9)

**Surgical History**

1. History of Uterine myomectomy

**Family History**

1. Family history unknown (Z78.9)

**Social History**

- Never a smoker
- Social alcohol use (Z78.9)

**Allergies**

No Known Allergies

Recorded By: Martinez, Jesus; 12/8/2022 10:48:01 AM

**Current Meds**

1. Acetaminophen Extra Strength 500 MG Oral Tablet; TAKE 2 TABLET Every 6 hours;

**Patient Name:**Pierette Marie Muzac**MRN:**233246310**DOB:**10-Feb-1983**Date of Visit:**29-Dec-2022**Owner:**Gore,Ashima**Document Type:**WC Recheck**Site Name:**7406 Valencia RBO

Therapy: 08Dec2022 to (Evaluate:13Dec2022) Requested for: 08Dec2022; Last Rx:08Dec2022 Ordered

2. Cyclobenzaprine HCl 10 MG Oral Tablet; TAKE 0.5 TABLET Bedtime;

Therapy: 08Dec2022 to (Evaluate:16Dec2022) Requested for: 08Dec2022; Last Rx:08Dec2022 Ordered

3. Gabapentin CAPS;

Therapy: (Recorded:08Dec2022) to Recorded

4. Meloxicam 15 MG Oral Tablet; TAKE 1 TABLET DAILY AS NEEDED;

Therapy: 08Dec2022 to (Evaluate:15Dec2022) Requested for: 08Dec2022; Last Rx:08Dec2022 Ordered

### Review of Systems

**Genitourinary:** no missed menstrual period.

**Musculoskeletal:** joint pain, muscle pain and back pain.

**Integumentary:** no rashes.

**Neurological:** no headache.

### Vitals

Recorded: 29Dec2022 03:31PM	
Temperature	98 F
Systolic	136
Diastolic	86
BP Cuff Size	Large - Adult
Heart Rate	80
Respiration	16
Height	5 ft 3 in
Weight	250 lb
BMI Calculated	44.29 kg/m2
BSA Calculated	2.13

### Vitals Review

Vital signs were reviewed and found to be unremarkable.

### Physical Exam

**Constitutional:** General: alert, awake, in no acute distress

Head: atraumatic, no masses noted.

Eyes: EMOI

Ears, nose, mouth and throat: external appearance of ears and nose normal, hearing normal.

Respiratory: no labored breathing.

Skin: normal by inspection, dry.

Neurologic: no focal neurologic deficits.

Psychiatric: mood and affect normal; speech normal.

**Bilateral Shoulder:** Appearance normal. No deformity. No tenderness. Full range of motion. Strength normal. No signs of impingement.

**Thoracic Spine:** Appearance is normal. Tenderness in the thoracic spine, in the left paraspinal and in the right paraspinal. Full range of motion. Right side bending painful. Normal motor tone.

Neurologic: Sensation is intact to light touch in all dermatomes tested. The muscles tested display no weakness. No muscle atrophy is present. Vascular: The pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally. Special tests deferred.

**Patient Name:**Pierette Marie Muzac**MRN:**233246310**DOB:**10-Feb-1983**Date of Visit:**29-Dec-2022**Owner:**Gore,Ashima**Document Type:**WC Recheck**Site Name:**7406 Valencia RBO

**Lumbosacral Spine:** Appears normal. Tenderness present in level lumbar spine, left paraspinal and right paraspinal . Full range of motion. Right Thoracolumbar Sidebending painful. Normal motor tone. Neurologic: Sensation is intact to light touch in all dermatomes tested. The muscles tested display no weakness. No muscle atrophy is present. Vascular: The pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally., Special tests deferred.normal EHL strength right, normal heel/toe gait and normal EHL strength left

**State Form - Clinician****Request for Authorization - CA: New Request****California PR2 - Clinician:**

**This is a PR-2 dictation due to a change in the patient's treatment and/or restrictions. Reason(s)  
PR-2 statement is being submitted at this time: Need for referral or consultation**

**Signatures**

Electronically signed by : Ashima Gore, PA; Dec 29 2022 4:28PM PST - Author