

TIME RECEIVED  
November 7, 2023 at 3:58:12 PM PST

REMOTE CSID

DURATION  
139

PAGES  
6

STATUS  
Received

NOV/07/2023/TUE 04:43 PM

FAX No.

P. 001/006

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

**FAXED**  
NOV 10 2023  
BY: [Signature]

Attach the Doctor's First Report of Occupational Injury or Illness, Form DSR 50210a, 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
Expedited Review: Check box if employee faces an imminent and serious threat to his or her health	
Check box if request is a written confirmation of a prior oral request.	

**Employee Information**

Name (Last, First, Middle): <b>Martins, Jacob</b>	Date of Birth (MM/DD/YYYY): <b>09/24/2003</b>
Date of Injury (MM/DD/YYYY): <b>08/31/2023</b>	Employer:
Claim Number: <b>231105048</b>	

**Requesting Physician Information**

Name: Francis Glaser, MD		
Practice Name: Sierra Pacific Orthopedic	Contact Name: Skyler	
Address: 1630 E Hemdon Ave, Suite 202	City: Fresno	State: ca
Zip Code: 93720	Phone: (559) 440-9524	Fax Number: (559) 440-1318
Specialty: Orthopedic Surgeon	NPI Number: 1124001318	
E-mail Address: sodeneal@spoc-ortho.com		

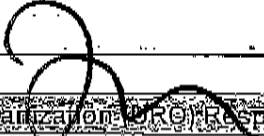
**Claims Administrator Information**

Company Name: <b>WC Tristar</b>	Contact Name: <b>Mathew Valdez</b>
Address: <b>PO Box 2805</b>	City: <b>Clinton</b> State: <b>IA</b>
Zip Code: <b>52733</b>	Phone: <b>559-432-1260</b> Fax Number: <b>559-432-1267</b>
E-mail Address:	

**Requested Treatment (see instructions for guidance; attached 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.)
Displaced Fr of Medial Malleolus of Left tibia	S8252XD	Ankle Stirrup	L4350	Dispensed in office

Requesting Physician Signature: 	Date: <b>11/7/23</b>
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**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:
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Authorized Agent Name:	Signature:
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Phone:	Fax Number:	E-mail Address:
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Comments:
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**Sierra Pacific Ortho Medical Gro**

1630 E Herndon Ave  
Fresno, CA 93720-3391  
(559) 256-5200

Part No. 3072

LOT 042421

LAIR LAKE STIRRUP

Sugg  
HCPCS L4350

18984120977

LAST NAME Martins		FIRST NAME Jacob	MIDDLE NAME	SSN 609-39-5368	DOB 04/24/2003	AGE 20 yrs.	SEX M	MEDICAL RECORD 319725	CREATE DATE 11/03/23	SEQ NO 254	
PATIENT ADDRESS 1429 W Bella Oaks Way Hanford, CA 93230			PHONE (H) (W)		APPOINTMENT Date: 11/03/23 Time: 10:15 A		DETAILS 4wks rc lt ankle, W WB LEFT ANKLE XRAYs PER LOV				
INSURANCE INFORMATION WC Tristar			GROUP NAME		GROUP NUMBER 231105048		POLICY NUMBER 609395368		EVENT REC 10:15AM		
RENDERING PHYSICIAN NAME Garcia, Joann		REFERRING PHYSICIAN NAME Sorensen, Eric		REFERRING location			LAST PRIMARY DX After Care Days Left 12/06/2023		ENCOUNTER 5353587		
AMOUNT OF LAST PAYMENT \$14.23		DATE OF LAST PAYMENT 10/25/2023		CHART BALANCE \$3,960.60		PATIENT INS BALANCE \$3,960.60		PATIENT SELF BALANCE \$0.00		Appt Reason: Lt Ankle Primary Care Physician None	

NEW PATIENT		ESTABLISHED PATIENT		CONSULTATION - ALL	
<input type="checkbox"/> 99201	Level I	<input type="checkbox"/> 99211	Level I	<input type="checkbox"/> 99241	Level I
<input type="checkbox"/> 99202	Level II	<input type="checkbox"/> 99212	Level II	<input type="checkbox"/> 99242	Level II
<input type="checkbox"/> 99203	Level III	<input type="checkbox"/> 99213	Level III	<input type="checkbox"/> 99243	Level III
<input type="checkbox"/> 99204	Level IV	<input type="checkbox"/> 99214	Level IV	<input type="checkbox"/> 99244	Level IV
<input type="checkbox"/> 99205	Level V	<input checked="" type="checkbox"/> 99215	Level V	<input type="checkbox"/> 99245	Level V
		<input type="checkbox"/> 99024	Post Op Visit		
<b>INDUSTRIAL REPORTS</b>		<b>CAST/BRACE/PROCEDURE</b>		<b>INJECTION/PROCEDURE</b>	
<input type="checkbox"/> WC007	Initial Report	<input type="checkbox"/> 29345	Long Leg	<input type="checkbox"/> 20550	Tendon/plantar fascia
<input type="checkbox"/> WC002	Supplemental Report	<input type="checkbox"/> 29405	Short Leg	<input type="checkbox"/> 20600	Small Joint
<input type="checkbox"/> -93	Interpreter	<input type="checkbox"/> 29425	Short Leg WB	<input type="checkbox"/> 20605	Ankle, Wrist, Elbow
<input type="checkbox"/> 99361	Case Manager	<input type="checkbox"/> 29515	Short leg splints/Jones	<input type="checkbox"/> 20610	Shoulder, Knee, Hip
<input type="checkbox"/> 99999	Misc Forms / Records	<input type="checkbox"/> Q4038	Fiberglass / Webril	<input type="checkbox"/> 64450	Peripheral Nerve
		<input type="checkbox"/> A6449	Ace	<input type="checkbox"/> 64455	Neuroma injection
<b>X-rays</b>		<input type="checkbox"/> L4361	Cam walker	<input type="checkbox"/> 0232T	ACP
<input type="checkbox"/> 70030	Orbit 1V	<input type="checkbox"/> L4386	Cam walker - hinged	<input type="checkbox"/> J1040	Depo Medrol (80mg)
<input type="checkbox"/> 73590	Tib / Fib 2V R L Bi	<input type="checkbox"/> L4350	Ankle stirrup PacMed	<input type="checkbox"/> J1030	Depo Medrol (40 mg)
<input type="checkbox"/> 73600	Ankle 2V R L Bi	<input type="checkbox"/> L1902	ASO brace	<input type="checkbox"/> J3490	Marcaine
<input type="checkbox"/> 73610	Ankle 3V R L Bi		Elastic ankle sleeve		
<input type="checkbox"/> 73620	Foot 2V R L Bi	<input type="checkbox"/> A6531	Stockings	<input type="checkbox"/> 20670	Pin removal
<input type="checkbox"/> 73630	Foot 3V R L Bi	<input type="checkbox"/> L3260	PO shoe Pac Med	<input type="checkbox"/> 20680	Screw removal
<input type="checkbox"/> 73650	Heel 2V R L Bi	<input type="checkbox"/> L4396	Plantar fascia splint		
<input type="checkbox"/> 73660	Toe(s) 2V R L Bi			<input type="checkbox"/> 29550	Toe Strapping
				<input type="checkbox"/> A4450	Tape
				<input type="checkbox"/> A6443	Gauze
<input type="checkbox"/>	MRI			<input type="checkbox"/> L2999	Hapad - HP
<input type="checkbox"/>	CT				Toe straightener - HT
<input type="checkbox"/>	Bone scan bilateral feet and ankles, rule out				Toe spacer - TS
<input type="checkbox"/>	UTZ Right leg, rule out DVT			<b>ADDITIONAL DIAGNOSIS</b>	
<input type="checkbox"/>	UTZ Left leg, rule out DVT				
<input type="checkbox"/>	EMG/NCV bilateral lower extremities			<b>RETURN APPOINTMENT</b>	
<input type="checkbox"/>	rule out tarsal tunnel syndrome				
<input type="checkbox"/>	rule out perhiperal neuropathy				
<input type="checkbox"/>	rule out radiculopathy				
<input type="checkbox"/>	Refer to			COWAN [Signature]	
<input type="checkbox"/>	1/12/2022			WK NOTE DME PT SCRIPT	

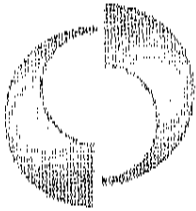
PLAN CO-PAY  
\$0.00

TODAY'S CHARGES

TODAY'S PAY/ADJ  
\$0.00

TODAY'S ENDING BALANCE

TIME PRINTED  
11/03/23 10:11 AM



**SIERRA PACIFIC  
ORTHOPEDICS**

The Strength of Experience.

11/03/2023 10:15 AM

WC Tristar  
PO Box 2805  
Clinton, IA 52733280

Re: Jacob Martins  
DOB: 04/24/2003  
DOS: 11/03/2023 10:15 AM  
Claim:  
DOI: 08/31/2023

Dear Adjuster,

Jacob Martins was seen in the office today. The following is a summary of today's visit and my recommendation(s).

**Diagnosis:**

Closed displaced fracture of medial malleolus of left tibia,

Surgery Date: 09/07/2023 Days Postop: 57

**History of Present Illness:**

**1. Post Operative Follow up Visit**

The patient feels better. The patients post-operative pain is minimal. The patients weight bearing status has been full weight bearing. The patient has been using a removable cast. The patient has been compliant with the treatment plan. Patient is currently not working. He is doing PT which has been beneficial. He still notes some weakness but feels it is improving.

**Past Medical History: (Reviewed, updated)**

Disease	Onset Date
Alcohol use	
tobacco/recreational drug use	

**Past Surgical History:**

Management	Date
wisdom teeth extraction	

**Medication Reviewed:**

Medication Name	Sig Desc	Elsewhere
IBUPROFEN		Y
hydrocodone 10 mg-acetaminophen 325 mg tablet	take 1 tablet by oral route every 6 hours as needed for pain	N

**Allergies:**

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			

**Family History:** (Reviewed, updated)**Social History:** (Reviewed, updated)

Preferred language is English.

MARITAL STATUS/FAMILY/SOCIAL SUPPORT

Marital status: Single

**Physical Exam:**

The operative site is clinically well aligned. The wound(s) is/are well healed. The site has minimal swelling. The involved region has no tenderness. There is no calf tenderness. The involved region is neurovascularly intact. The operative site is stable. The post-operative range of motion is acceptable at this point. Strength is 5-/5.

**Diagnostics:**

Date	Study	Result/Report
11/03/2023	X-ray exam of ankle, 3 Views LT	Healing and well aligned medial malleolus ankle fracture with good hardware position, mortise and syndesmosis intact

**Assessment/Plan:**

#	Detail Type	Description
1.	Assessment	Displaced fracture of medial malleolus of left tibia, subsequent encounter for closed fracture with routine healing (S82.52xD).
	Plan Orders	The patient had the following order(s) completed today: X-ray exam of ankle, 3 Views . Obtained on 11/03/2023, on LT, Result details: Healing and well aligned medial malleolus ankle fracture with good hardware position, mortise and syndesmosis intact. Refer to Physical Therapist. Clinical information/comments: Physician Goals include., ROM and strengthening Physical Therapist to evaluate and treat. Twice per week for a duration of 6 weeks. This referral is good for 12 visits.
2.	Assessment	Encounter for other specified aftercare (Z51.89).
	Impression	Left medial malleolus ankle fracture-ORIF 9/7/23; Discussion - I reviewed the pertinent radiographs and/or diagnostic studies with the patient. Continue current plan of care. Relevant warning signs of potential problems were explained. The patient is recovering well.
	Patient Plan	FWB with boot as needed. Ankle stirrup brace dispensed. Warnings signs for swelling and pain discussed. The patient will continue physical therapy protocol and/or home exercise program. Fu 6 weeks with WB xrays of ankle.

**PHYSICAL THERAPY ORDERS:**

Reason	Description
Refer to Physical Therapist	Physician Goals include., ROM and strengthening Physical Therapist to evaluate and treat. Twice per week for a duration of 6 weeks. This referral is good for 12 visits.

The patient was checked out at 10:55 AM by Hidei Xiong.

I have not violated Labor Code Section 139.3 and the contents of this report are true and correct to the best of my knowledge. This statement is made under penalty of perjury. Dated 11/03/2023 12:32 PM, Fresno County California.

on 11/3/2023.

on 11/3/2023.

Encounter submitted for review by Joann Garcia FNPC on 11/03/2023 10:54 AM.

Visit details reviewed and approved by supervising provider Francis E. Glaser MD on 11/03/2023.

*Electronically signed by: Francis E. Glaser MD 11/3/2023*

*Document generated by: Francis Glaser*

*Portions of the record may have been created with voice recognition software. Occasional wrong-word or 'sound-a-like' substitutions may have occurred due to the inherent limitations of voice recognition technology. Read the chart carefully and recognize, using context, where substitutions have occurred.*

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Acera Pacific Orthopedics

1540 East Marston Ave. Fresno, Ca 93720