

Fax Cover Sheet

Chapman Global
Medical Center



Phone: 714-288-8051

Fax: 714-589-2258

To: City of Long Beach

Fax#: 562-570-2220

From: Diane Ocampo

Claim #: 20222514

Re: Horace Burns

Date: 10/03/2023

Please see attached RFA

Chapman Global Medical Center
Workers Compensation for Dr. Le and Dr. Cheung
2617 East Chapman Ave #304
Orange, California 92869
P: 714-288-8051
F: 714-589-2258

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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 type="checkbox"/> New Request		<input checked="" 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.				
Name (Last, First, Middle): Burns, Horace				
Date of Injury (MM/DD/YYYY): 04/18/2022		Date of Birth (MM/DD/YYYY): 11/26/1958		
Claim Number: 20222514		Employer: City of Long Beach		
Name: Sunny Cheung, MD				
Practice Name:		Contact Name: Diane Ocampo		
Address: 441 Old Newport Blvd		City: Newport Beach	State: CA	
Zip Code: 92663	Phone: (714) 288-8051	Fax Number: (714) 589-2258		
Specialty:		NPI Number:		
E-mail Address: Diane.Ocampo@kpchealth.com				
Company Name: City of Long Beach		Contact Name:		
Address:		City:	State:	
Zip Code:	Phone:	Fax Number: (562) 570-2220		
E-mail Address:				
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.)
Right hip pain	M25.551	Right hip replacement		@Chapman Global Medical Center
Rt hip Osteoarthritis	M16.11	2 night hospital stay		
		Pre op labs:		CBC, BMP, PT, PTT, INR
		Pre op tests:		chest x-ray and EKG
		Medical clearance	99205	w/ Alex Dariushnia, MD
Requesting Physician Signature: <i>Sunny Cheung, MD</i> Date: 10/03/2023				
<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:		E-mail Address:	
Comments:				

PATIENT Horace Burns	FACILITY NewportCare - Newport Beach	ENCOUNTER Office Visit
DOB 11/26/1958	T (949) 491-9991	NOTE TYPE SOAP Note
AGE 64 yrs	F (949) 612-9795	SEEN BY Sunny Cheung MD
SEX Male	441 Old Newport Blvd	DATE 08/28/2023
PRN BH284350	Ste 201	AGE AT DOS 64 yrs
	Newport Beach, CA 92663	Electronically signed by Sunny Cheung MD at 08/28/2023 09:00 pm

Chief complaint

F/U IN 6 WEEKS -AG (Appt time: 8/28/2023 2:00:00 PM) (Arrival time: 2:07 PM)

Vitals for this encounter	
	08/28/23 2:32 PM
Height	78 in
Weight	277 lb
BMI	32.01

Drug Allergies

Was medication allergy reconciliation completed?

Yes, reconciliation performed

Active	SEVERITY/REACTIONS	ONSET
No drug allergies recorded		

Food Allergies

Active	SEVERITY/REACTIONS	ONSET
No food allergies recorded		

Environmental Allergies

Active	SEVERITY/REACTIONS	ONSET
No environmental allergies recorded		

Subjective

State of California Division of Workers' Compensation PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2) DWC Form PR-2
(Rev.1/1/99) (Use additional pages, if necessary)

☒ Periodic Report (required 45 days after last report)☐ Change in treatment plan☐ Discharged☐ Change in work status☐ Need for referral or consultation☐ Info. requested by: _____☐ Change in patient's condition☐ Need for surgery or hospitalization☐ Other:**Subjective complaints:**

2. EMPLOYER NAME city of long beach sanitation10. Occupation (Specific job title) **trashman drives truck**

13. Date and hour of Injury or onset of Illness: Mo. Day Yr. Hour a.m. p.m. April 18, 2022

14. Date last worked Mo. Day Yr. 12/30/22

He was rolling out a large container on a incline, had to catch it, felt a tweak in the right knee and hip, then in the last few months had worsening aching pain

He was denied right hip replacement due to no documentation of attempted weight loss. His family says he was at 290 lbs and now he is still down to 277 lbs. He was ordered water aerobics with WC, still waiting for a call back. He has not heard about the dietician yet, apparently no dietician is in network.

Horace Burns is a 64 yrs year old with right hip pain of 3 years.
but had some pain prior, kept working
The pain is located in the posterior, lateral area.

Patient does use a cane.

Patient does not use a walker.

Patient had a recent acute injury, as above .

Patient previous surgeries: none

The pain radiates to thigh, back

Patient reports the pain is 8 / 10 pain.

The pain is sharp.

The pain is dull, aching.

The pain is no burning.

The pain is no tingling, electric.

The patient's degree of disability is severe marked.

The patient has pain with activities of daily living.

The patient's pain is worse at night.

The patient has tried tylenol, ibuprofen 600 with not much relief.

The patient has no painful clicking.

Patient is able to walk about few minutes comfortably

Patient climbs stairs hard.

Putting on shoes and socks is difficult.

Aggravating factors include: walking, getting up

Relieving factors Include: nothing

Right knee:

The 7/17/23 steroid right knee via the medial portal helped a little but still has 7/10 patella pain.

Horace Burns is a 64 yrs year old with right knee pain of 2 years, had some pain prior

The pain is located in the lateral condyle, diffuse anterior patella area.

Patient had a recent acute injury, .

Patient reports feeling instability.

Patient previous knee surgeries: none

did have previous Injection 10 years ago under workers comp, helped some

The pain radiates to ankle, thigh

Patient reports the pain is 8 / 10 pain.

The pain is sharp.

The pain is dull, aching.

The pain is no burning.

The pain is tingling, electric.

The patient's degree of disability is marked.

The patient has pain with activities of daily living.

The patient's pain is worse at night.

The patient has tried tylenol, ibuprofen 600 with not much relief.

The patient has no painful clicking.

Patient reports no painful locking.

The patient has swelling.

Aggravating factors Include: can't tell

Relieving factors Include: none.

PMH: HTN

PSH: none

Meds: norvasc 2.5, hctz 25

Allg: none

Social history: no tobacco

cgars occasionally

Family history is reviewed and unremarkable

REVIEW OF SYSTEMS:.

General: No weight change, generally healthy, no change in strength or exercise tolerance.

Head: No headaches, no vertigo, no injury.

Eyes: Normal vision, no diplopia, no tearing, no scotomata, no pain.

Ears: No change in hearing, no tinnitus, no bleeding, no vertigo.

Nose: No epistaxis, no coryza, no obstruction, no discharge.

Mouth: No dental difficulties, no gingival bleeding, no use of dentures.

Neck: No stiffness, no pain, no tenderness, no noted masses.

Chest: No dyspnea, no wheezing, no hemoptysis, no cough.

Heart: No chest pains, no palpitations, no syncope, no orthopnea.

Abdomen: No change in appetite, no dysphagia, no abdominal pains, no bowel habit changes, no emesis, no melena.

GU: No urinary urgency, no dysuria, no change in nature of urine.

Gyn: No change in menses, no dysmenorrhea, no vaginal discharge, no pelvic pain.

Psychiatric: No depressive symptoms, no changes in sleep habits, no changes in thought content

Objective

19. OBJECTIVE FINDINGS (Use reverse side if more space is required.)**A. Physical examination**

right knee: limited due to hip pain

Patient walks with moderate severe limp.

Quad strength is 5/5.

The skin is intact.

The knee has no obvious deformity.

Joint effusion is slight.

The joint is not warm.

The range of motion is 10 to 90 limited by hip pain.

There is not much joint line pain.

There is no tenderness in the medial facet,

no tenderness in the lateral facet,

1+ tenderness in the medial condyle,

2+ tenderness in the lateral epicondyle,

no tenderness in the medial tibia, and

no tenderness in the lateral tibia.

seems stable varus valgus stress

The toes are intact sensation with brisk capillary refill.

right hip:

The skin is intact.

Passive Range of motion:

Flexion: 30-80 severe pain

Flexion External rotation: 0 severe pain

Flexion Internal rotation: 0 severe pain

Abduction: 0 severe pain

The patient has severe pain with logroll, pain with resisted hip flexion,

The hip joint is stable.

Hip flexor strength is 4 / 5. due to pain

The toes have brisk capillary refill with distal sensation intact.

B. X-ray and laboratory results (State if non or pending.)

3/16/23 xrays right hip shows severe concentric bone on bone arthritis with large inferior femoral head osteophyte, severe sclerosis.

4 views right knee shows not much osteophytes, and small enchondroma bone island distal femur

4/3/23 MRI right knee (coast 2 coast) reported tricompartment OA with chondral fissuring, mucinous degeneration anterior root lateral meniscus, degeneration distal popliteus with bony edema lateral condyle insertion

I see significant bony edema cystic change at LCL origin, also grade 2-3 medial chondromalacia, some mild grade 2 patella chondromalacia.

MRI right hip reported severe OA with ossified intra-articular body, also left hip arthritis too, mucinous degeneration left hamstring tendon, tendinosis right hamstring tendon, SI joint OA, liposclerosing myxofibrous tumor left femur

I agree he has severe concentric right hip arthriits, some mild left hip arthritis and looks like benign enchondroma in the left femoral neck.

20. DIAGNOSIS

Assessment

Diagnoses attached to this encounter:

Pain in right hip [ICD-10: M25.551], [ICD-9: 719.45], [SNOMED: 316921000119102]

Pain in right knee [ICD-10: M25.561], [ICD-9: 719.46], [SNOMED: 468231000124100]

Primary osteoarthritis of right hip [ICD-10: M16.11], [ICD-9: 715.15], [SNOMED: 239862000]

Sprain of lateral collateral ligament of right knee, initial encounter [ICD-10: S83.421A], [ICD-9: 844.0], [SNOMED: 35726004]

Chondromalacia, right knee [ICD-10: M94.261], [ICD-9: 733.92], [SNOMED: 63198006]

Primary osteoarthritis of right knee [ICD-10: M17.11], [ICD-9: 715.16], [SNOMED: 239862000]

Plan

Treatment Plan: (Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation, acupuncture). Use of CPT codes is encouraged. Have there been any changes in treatment plan? If so, why?

64 yrs old with

1) severe right hip pain from concentric bone on bone arthritis still painful despite 13 lbs weight loss, We discussed the diagnosis, prognosis and treatment options.

He was denied hip replacement due to no weight loss even though he has lost from 290 to 277 lbs, and also there is no dietician willing to accept worker's comp.

We will appeal for hip replacement right. If that is denied I have no options but place at MMI.

Risks and benefits of surgery were discussed with the patient and family. Risks include but are not limited to infection, bleeding, pain, neurovascular injury, tendon injury, stiffness, DVT, failure to heal, possible limb length discrepancy, failure to alleviate their pain, and risks of anesthesia. All their questions were answered to their satisfaction and they wish to proceed as planned.

He will need medical clearance for her HTN.

2) incidental left femoral neck radiolucent lesion and moderate left hip arthritls.

I had advised him to see his regular insurance regarding his left hip lesion but most likely is benign.

3) right knee lateral collateral ligament sprain and popliteus tendinitis, some moderate arthritls worsened likely from compensating for right hip worsening arthritis slightly better with steroid.

we will request for 20610 synvisc one injection 48 units.

.. Work Status: This patient has been instructed to:

modified duty: no standing or walking (fall risk), no driving

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my belief except as to information I have received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, except as noted herein, and that I believe it to be true.

I further declare under penalty of perjury that I have not violated the provisions of the California Labor Code Section 139.3. I have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount

or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation.

. Electronic Signature: Sunny Cheung

Cal. Lic # A92134

Name: Sunny Cheung

Date: 8/28/23

Address: 441 Old Newport Blvd, Newport Beach, CA 92663

Phone: 949-491-9991

Fax 949-612-9795. .

Orders

LAB ORDERS

No orders attached to this encounter.

IMAGING ORDERS

No orders attached to this encounter.

Care plan

No care plan recorded.



4/4/2023 09:56

TUCU2TXNRD48

RRD → 18774424477

3/4

Los Alamitos - Joint Venture
3771 Katella Ave. #101 Los Alamitos, CA 90720-
Phone: (866) 244-2938

Patient Name: BURNS, HORACE
DOB/Age/Sex: 11/26/1958 64 years Male
MRN: 100026667
Acct #: 74880

Diagnostic Imaging Department
Encounter Type: 9 - Non Patient
Location: LOM-JV

Magnetic Resonance Imaging

Accession #: 023-MR-23-003359
Exam Date/Time: 4/3/2023 20:12 PDT
Procedure: MRI Hip w/o Contrast Right
Ordering Provider: LOWE MD, IAN S

Report

MAGNETIC RESONANCE IMAGING OF THE RIGHT HIP AND PELVIS WITHOUT INTRAVENOUS CONTRAST 4/3/2023 1923 HOURS

REASON FOR EXAM: 64-year-old with one year of right hip pain, weakness, swelling, locking and decreased range of motion.

COMPARISON: None.

TECHNIQUE: The patient was screened for magnet safety prior to scanning. Coronal T1 and fast spin echo T2-weighted sequence with fat saturation and fat saturated axial images were obtained through the entire pelvis. In addition, small field of view coronal T1 and PD FS sequences, sagittal, axial and oblique coronal images of the right hip were obtained.

MEDICATIONS: The patient's list of medications was reviewed.

FINDINGS:

There is a small right hip joint effusion with synovial thickening. There is severe osteoarthritis in the right hip with chondral fissuring and full-thickness chondral loss throughout the acetabulum and femur most pronounced superiorly and posteriorly with osteophytes and subchondral cysts and bone marrow edema. There is no significant right hip periarthritic fluid collection or bursal distention. There is a 7 mm osteophyte intra-articular body. There is irregularity and increased signal intensity throughout the right hip labrum compatible with a degenerative tear.

There is capsular thickening with hypertrophic change and osteophytes at the pubic symphysis with subchondral fat deposition compatible with osteitis pubis with a periarthritic 1 cm cyst.

There is a small left hip joint effusion. There is osteoarthritis within the left hip with chondral fissuring and full-thickness chondral loss with osteophytes, subchondral cysts and bone marrow edema. There is no significant left hip periarthritic fluid collection or bursal distention.

There is osteoarthritis of the sacroiliac joints. There is partial ankylosis of the joints. There is mild subchondral bone marrow edema within the left sacral ala. No subchondral erosive change or synovitis is appreciated.

There is discoloration of the lumbar intervertebral discs with loss of disc height and disc signal intensity with associated endplate irregularity, fat deposition and bone marrow edema.

There is no fracture. There is no osteonecrosis.

There is a mixed signal intensity focus of marrow replacement within the intertrochanteric region of the left femur extending into the left femoral neck measuring approximately 3.5 x 2.0 cm. There is no cortical disruption, bone marrow edema or

Admitting:
Consulting:

Report Request ID: 450744559
Printed: 4/4/2023 09:50 PDT

4/4/2023 09:56

THCH2TXRRD48

RRD -> 18774424477

4/4

Los Alamitos - Joint Venture
3771 Katella Ave. #101 Los Alamitos, CA 90720-
Phone: (866) 244-2038

Patient Name:	BURNS, HORACE	Diagnostic Imaging Department
DOB/Age/Sex:	11/26/1958 64 years Male	Encounter Type: 9 - Non Patient
MRN:	100028667	Location: LOM-JV
Acct #:	74860	

Magnetic Resonance Imaging

Report

periostritis. This is compatible with a Liposclerosing myxofibrous tumor

The iliopsoas tendons are intact. The tendons of the gluteus medius and minimus muscles are unremarkable. There is tendinosis and mucinous degeneration of the left hamstring tendon with tendinosis of the right hamstring tendon. The rectus femoris and sartorius tendons are unremarkable. No solid or cystic mass is appreciated within the sciatic notch. No presacral soft tissue mass is appreciated. There is asymmetry of the piriformis muscles with the left larger than the right.

The prostate, the seminal vesicles and the urinary bladder are unremarkable.

IMPRESSION:

- SEVERE OSTEOARTHRITIS OF THE RIGHT HIP WITH AN OSSIFIED INTRA-ARTICULAR BODY
- ADDITIONAL OSTEOARTHRITIS OF THE LEFT HIP WITH ASSOCIATED FULL-THICKNESS CHONDRAL LOSS
- TENDINOSIS AND MUCINOUS DEGENERATION OF THE LEFT HAMSTRING TENDON WITH TENDINOSIS OF THE RIGHT HAMSTRING TENDON
- OSTEOARTHRITIS PUBIS
- OSTEOARTHRITIS OF THE SACROILIAC JOINTS
- LIPOSCLEROSING MYXOFIBROUS TUMOR OF THE LEFT FEMUR

Final Report

Dictated: 04/04/2023 9:06 am Dictated By: POLEK MD, VINCENT S
Electronic Signature: 04/04/2023 9:16 am Signed By: POLEK MD, VINCENT S

Admitting:
Consulting:

Report Request ID: 450744569
Printed: 4/4/2023 09:50 PDT