

FAX

TO: ASHLET MOORE

FROM: JOANNE JIMENEZ

FAX: 859-550-2170

FAX: 714-428-2310

PHONE:

PHONE: 714-428-6711

SUBJECT: ESCATEL

DATE: 3/1/2023

COMMENTS:

CLAIM NUMBER- 189363353-001

HERE IS THE REPORT/RFA AND WORK NOTE

Thank you

Joanne Jimenez
Practice Coordinator
Worker's Compensation
First California Physician Partners
O: 714-428-6711
F: 714-428-2310
Joanne.Jimenez@Tenethealth.com
www.FCPPWorkersComp.com

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): ESCATEL, MARIA				
Date of Injury (MM/DD/YYYY): 09/28/2020		Date of Birth (MM/DD/YYYY): 01/20/1969		
Claim Number: 189363353-001		Employer: RUBY BROTHERS		
Requesting Physician Information				
Name: MICHAEL RUBINSTEIN, MD.				
Practice Name: FULLERTON ORTHOPEDIC		Contact Name: JOANNE JIMENEZ		
Address: 680 LANGSDORF DR # 103		City: FULLERTON	State: CA	
Zip Code: 92831	Phone: (714) 428-6711	Fax Number: (714) 428-2310		
Specialty: ORTHOPEDIC SURGEON		NPI Number:		
E-mail Address: JOANNE.JIMENEZ@TENETHEALTH.COM				
Claims Administrator Information				
Company Name: BROADSPIRE		Contact Name: ASHLEY MOORE		
Address: P. O BOX 14352		City: LEXINGTON	State: KY	
Zip Code: 40512	Phone:	Fax Number: (859) 550-2170		
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.)
Bilateral CTS	G56.02	FOLLOW UP	99215	DR RUBINSTEIN
Compression bilateral median nerve at elbows		EMG/NCV		Bilateral upper extremities
Requesting Physician Signature: Michael Rubinstein, M.D. (electronically signed)			Date: 03/01/2023	
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:		E-mail Address:	
Comments:				

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ESCATEL, Maria (id #928121, dob: 01/20/1969)**

Patient

Name	ESCATEL**, MARIA (54yo, F) ID# 928121	Appt. Date/Time	02/28/2023 02:20PM
DOB	01/20/1969	Service Dept.	SCA_Fullerton Ortho Surgery
Provider	MICHAEL RUBINSTEIN, MD		
Insurance	Med Worker's Comp: BROADSPIRE Employer Name : RUBY BROTHERS Case # : 189363353-001 Case Injury Date : 09/28/2020 Prescription: EXPRESS SCRIPTS - The payer is currently unavailable. Please try again later. Prescription: MAGELLAN-CALIFORNIA MEDICAID - Member is eligible.		

Chief Complaint

Follow Up

Patient's Care Team

Insurance Adjuster (Worker's Comp): ASHLEY MOORE: Ph (628) 212-0844, Fax (859) 550-2170

Patient's Pharmacies

CVS/PHARMACY #9495 (ERX): 220 EAST COMPTON BLVD, COMPTON, CA 90220, Ph (310) 604-1747, Fax (310) 604-0631

Vitals

2023-02-28 14:29

BMI: 30.2

Ht: 5 ft 1 in (154.94 cm)

Wt: 160 lbs (72.57 kg)

Pain Scale: 5

Pain Scale Numeric
Type:Body Surface Area: 1.77 m²

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

albuterol sulfate HFA 90 mcg/actuation aerosol inhaler	01/04/23	filled
atorvastatin 40 mg tablet	11/29/22	filled
fenofibrate micronized 200 mg capsule	11/29/22	filled
FLUoxetine 20 mg capsule	12/19/22	filled
gabapentin 100 mg capsule	11/29/22	filled
ibuprofen 600 mg tablet TOME UNA TABLETA CADA SEIS HORAS CUANDO SEA NECESARIO	01/17/23	filled
Jardiance 25 mg tablet	11/29/22	filled
levothyroxine 50 mcg tablet	11/29/22	filled
Nova Max Glucose Test strips	11/29/22	filled
penicillin V potassium 500 mg tablet	10/13/22	filled
promethazine-DM 6.25 mg-15 mg/5 mL oral syrup TOME UNA CUCHARADITA POR V A ORAL TRES VECES AL D A CUANDO SEA NECESARIO	01/09/23	filled

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ESCATEL, Maria (id #928121, dob: 01/20/1969)**

*TS 010923, stop 12/30/2022

QUEtiapine 25 mg tablet

12/19/22 filled

TechLITE Lancets 28 gauge

11/29/22 filled

Vaccines

None recorded.

Problems**Reviewed Problems**

- Extensor tenosynovitis of wrist - Onset: 09/20/2022, Right
- Ex-smoker - Onset: 11/11/2022
- Compression of right median nerve at elbow - Onset: 07/26/2022
- Compression of left median nerve at elbow - Onset: 07/26/2022
- Bilateral carpal tunnel syndrome - Onset: 07/26/2022

Family History**Reviewed Family History**

Unspecified Relation

- Diabetes mellitus
- Hypertensive disorder
- Family history of cancer
- Diabetes mellitus

Brother

Mother

Social History**Reviewed Social History****Substance Use**

Do you or have you ever smoked tobacco?: Former smoker

When did you quit smoking?: 6-10 years since last cigarette

How many years have you smoked tobacco?: 10

Do you or have you ever used any other forms of tobacco or nicotine?: No

What was the date of your most recent tobacco screening?: 02/28/2023

What is your level of alcohol consumption?: Occasional

How many days in the past year have you consumed 4 or more drinks? : 4

Do you use any illicit or recreational drugs?: No

What is your level of caffeine consumption?: Moderate

Education and Occupation

What is your occupation?: Cocinera

Activities of Daily Living

Are you blind or do you have difficulty seeing?: No

Are you deaf or do you have serious difficulty hearing? : No

Which of your hands is dominant?: Right

Diet and Exercise

What is your exercise level?: Moderate

Advance Directive

Is blood transfusion acceptable in an emergency?: Yes

Gender Identity and LGBTQ Identity

Gender identity: Identifies as Female

Sexual orientation: Straight or heterosexual

Surgical History**Reviewed Surgical History**

• Orthopedic Surgery

• Hand Surgery

s/p right CTR 12/21/2021

Past Medical History**Reviewed Past Medical History**

Diabetes (Insulin Dependent): Y

HPI

The 54 year old RHD female accompanied by Spanish translator returns for bilateral hands. The patient is having ongoing wrist and elbow pain, bilaterally. Patient has been going back to work on modifications but yet complains of the pain in the wrists, proximal forearms, and elbows, bilaterally. The pain is worse whenever she uses her hands, such as with grasping, gripping, lifting, pushing, or pulling. There is a degree of tingling and numbness which has not improved despite completing therapy.

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Although she had right carpal tunnel release in December 2021, she is having continued tingling and numbness. She does not feel that the surgery was helpful.

She is currently on work restrictions and does not believe she can do any more than what she is currently doing and would like to stay on the same restrictions.

Patient is diabetic. Her blood sugar is not controlled because she is not consistent with her diabetes medication.

HISTORY, AS RELATED BY PATIENT:

This 53-year-old woman sustained an industrial injury to her bilateral arms on 9/28/2020 due to repetitive activities. She reported issues with bilateral hand numbness, tingling, and pain, bilateral medial elbow pain, and left thumb popping and pain. Patient saw Dr. Christopher Katcherian who treated her bilateral arms. She was diagnosed with bilateral carpal tunnel syndrome, bilateral medial epicondylitis, and left trigger finger, flexor tenosynovitis. She says that she had hand-based therapy and completed 14 sessions which she had done over a year ago. Then she underwent right carpal tunnel release surgery on 12/17/2021. She is still having issues in both arms however Dr. Katcherian has closed his office therefore she was referred for transfer of care and presents today for evaluation and treatment of her bilateral arm conditions.

JOB TITLE: Cook at McDonald's

ROS

Patient reports **diabetes** but reports no glandular or hormone problem, no thyroid disease, no excessive thirst, and no excessive urination. She reports no recent weight change, no decreased appetite, no fever, no sweats, and no fatigue/malaise. She reports no headaches. She reports no difficulty hearing/ringing in ears. She reports no sinus pain, no nosebleeds, and no nasal discharge. She reports no problems with teeth and gums. She reports no heart trouble, no chest pain, no palpitations, no SOB, and no swelling of feet, ankles, or hands. She reports no wheezing, no cough, and no difficulty breathing. She reports no abdominal pain, no appetite changes, no change in bowel movement, no nausea, no vomiting, no diarrhea, no constipation or painful bowel movements, no rectal bleeding or blood in stool, and no Ulcer (stomach). She reports no kidney disease. She reports no rash/mole change, no itching or rash, no changes in hair or nails, no changes in skin color, and no varicose veins. She reports no headaches, no dizziness/lightheadedness, no numbness, no memory loss, and no loss of coordination. She reports slow to heal after cuts - no, no bleeding or bruising tendency, no anemia, no blood clots, no blood transfusion, and no enlarged glands. She reports Penicillin or antibiotics - no, Morphine, Demerol or other narcotics - no, and Other drugs/medications - no. She reports no HIV. She reports no problems with sleep and no memory loss or confusion.

Additionally reports; Musculoskeletal: see HPI

Physical Exam

Constitutional: General Appearance: healthy-appearing, well-nourished, and normal body habitus. Level of Distress: NAD.

ENMT: Hearing: no hearing loss.

Lungs: Respiratory effort: no dyspnea. Inspection: normal.

Cardiovascular System: Edema Right: none. Edema Left: none. Varicosities Right: no varicosities and capillary refill test normal. Varicosities Left: no varicosities and capillary refill test normal.

Neurologic: Ambulation: no limitations. Coordination: finger-to-nose movement normal. Brachioradialis Reflex Right: normal (2). Brachioradialis Reflex Left: normal (2). Sensation on the Right: normal ulnar nerve distribution, radial nerve distribution, median nerve distribution, at the dorsal 1st web space, and distal extremities and C6 normal, C7 normal, C8 normal, C5 normal, T1 normal, and T2 normal. Sensation on the Left: C7 normal and normal; normal ulnar nerve distribution, radial nerve distribution, median nerve distribution, at the dorsal 1st web space, and distal extremities; and C6 normal, C8 normal, C5 normal, T1 normal, and T2 normal. Special Tests on the Right: **Tinel's sign at the median nerve positive (mild), carpal compression test positive, and Phalen's test positive** and Allen's test negative, Froment's sign negative, key pinch test negative, Finkelstein's test negative, TFCC grind test negative, ECU subluxation test negative, Wartenberg's sign absent, no subluxation of the EDC at the MCP joint, quadrigia absent, intrinsic normal, and extrinsic normal; **POSITIVE COMPRESSION OF THE**. Special Tests on the Left: Finkelstein's test negative and negative; **Tinel's sign at the median nerve positive and carpal compression test positive**; and Allen's test negative, Froment's sign negative, key pinch test negative, Phalen's test negative, TFCC grind test negative, ECU subluxation test negative, Wartenberg's sign absent, no subluxation of the EDC at the MCP joint, quadrigia absent, intrinsic normal, and extrinsic normal. Biceps Reflex Right: normal (2). Biceps Reflex Left: normal on the left (2). Triceps Reflex Right: normal (2). Triceps Reflex Left: normal (2).

Psychiatric: Orientation: oriented to person, place, and time. Mood and Affect: normal mood and affect and active and alert.

Wrists: Inspection Right: no erythema, induration, swelling, warmth, or mass and normal wrist appearance; **2.5 cm scar at the base of the palm from prior CTR**. Inspection Left: no erythema, induration, swelling, warmth, or mass and normal wrist appearance. Palpation of the Radial Aspect Right: no tenderness of the distal forearm, the radial styloid process, the navicular, the trapezoid, the capitate, the first metacarpal, the extensor tendon, the flexor carpi radialis, or the palmaris longus and **tenderness of the tubercle of radius and the pollicis longus abductor tendon**. Palpation of the Radial Aspect Left: no tenderness of the distal forearm, the radial styloid process, the navicular, the trapezoid, the tubercle of radius, the capitate, the first metacarpal, the flexor carpi radialis, or the palmaris longus and **tenderness of the pollicis longus abductor tendon and the pollicis brevis extensor tendon**. **TENDERNESS FIRST DORSAL COMPARTMENT, DORSAL WRIST**. Palpation of the

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Ulnar Aspect Right: no tenderness of the lunate, the triquetral, the lunotriquetral joint, the hook of hamate, the pisotriquetral joint, the pisiform, the extensor tendon, the flexor carpi ulnaris, or the canal of guyon; **TENDERNESS DORSAL WRIST, TFC, FIRST DORSAL COMPARTMENT, AND INTO THE PALM; TENDERNESS DRUJ.** Palpation of the Ulnar Aspect Left: no tenderness of the ulnar styloid process, the lunate, the triquetral, the lunotriquetral joint, the hook of hamate, the pisotriquetral joint, the pisiform, the extensor tendon, the flexor carpi ulnaris, or the canal of guyon. Active Range of Motion Right: flexion normal, extension normal, pronation normal, supination normal, radial motion normal, ulnar motion normal, and thumb motion normal. Active Range of Motion Left: flexion normal, extension normal, pronation normal, radial motion normal, ulnar motion normal, and thumb motion normal. Passive Range of Motion Right: flexion normal, extension normal, pronation normal, supination normal, ulnar motion normal, radial motion normal, and thumb motion normal. Passive Range of Motion Left: flexion normal, extension normal, pronation normal, supination normal, radial motion normal, ulnar motion normal, and thumb motion normal. Strength Right: extension 5/5, flexion 5/5, pronation 5/5, supination 5/5, radial deviation 5/5, ulnar deviation 5/5, grip 5/5, and interossei 5/5. Strength Left: extension 5/5, flexion 5/5, pronation 5/5, supination 5/5, radial deviation 5/5, ulnar deviation 5/5, thumb 5/5, grip 5/5, and interossei 5/5. Stability Right: Bunnell-Littler test negative, lunotriquetral ballottement test negative, Watson's scaphoid shift test negative, and pivot shift test of midcarpal joint negative. Stability Left: Bunnell-Littler test negative, lunotriquetral ballottement test negative, Watson's scaphoid shift test negative, and pivot shift test of midcarpal joint negative.

Skin: Right Upper Extremity: normal. Left Upper Extremity: normal.

Hands and Digits: Inspection Right: no atrophy, swelling, warmth, mass, or erythema and normal attitude and **swan neck deformity (little finger from old injury)**. Inspection Left: no deformities, atrophy, swelling, warmth, mass, or erythema and normal attitude. Soft Tissue Palpation Right: no tenderness of the soft tissue; **thickening of the fascia between the middle and distal palmar crease**. Soft Tissue Palpation Left: no tenderness of the soft tissue. Thumb Right: no tenderness of the first metacarpal or the thumb, no subluxation of the CMC joint or pain with CMC grind test, normal passive range of motion and active range of motion, and **tenderness at the A1 pulley**. Thumb Left: no subluxation of the CMC joint, pain with CMC grind test, or tenderness of the thumb and normal A1 pulley. Index Finger Right: normal A1 pulley, active range of motion, and passive range of motion and no tenderness of the second metacarpal or the index finger. Index Finger Left: normal A1 pulley, passive range of motion, and active range of motion and no tenderness of the second metacarpal or the index finger. Middle Finger Right: normal A1 pulley, active range of motion, and passive range of motion and no tenderness at the third metacarpal or of the middle finger. Middle Finger Left: normal A1 pulley, active range of motion, and passive range of motion and no tenderness of the third metacarpal or the middle finger. Ring Finger Right: normal A1 pulley, active range of motion, and passive range of motion and no tenderness of the fourth metacarpal or the ring finger. Ring Finger Left: normal A1 pulley, active range of motion, and passive range of motion and no tenderness of the fourth metacarpal or the ring finger. Little Finger Right: normal A1 pulley and active range of motion, no tenderness of the fifth metacarpal or the little finger, and **passive DIP extension (60deg.)**. Little Finger Left: normal A1 pulley, active range of motion, and passive range of motion and no tenderness of the fifth metacarpal or the little finger. Stability Right: no general instability. Stability Left: no general instability. Strength Right: thumb strength 5/5, grip 5/5, and interossei 5/5.

Lymph Nodes: Inspection/Palpation Right: no axillary LAD or supraclavicular LAD. Inspection/Palpation Left: no axillary LAD or supraclavicular LAD.

Elbows: Inspection Right: no deformity, induration, redness, swelling, or warmth and normal carrying angle; **3 CM ESCHAR OVER THE MEDIAL ELBOW FROM RECENT BURN INJURY**. Inspection Left: no deformity, induration, redness, swelling, or warmth and normal carrying angle. Bony Palpation Right: no tenderness of the olecranon bursa, the ulnar trochlear, the biceps insertion, the coronoid process and head of radius, or the radiocapitellar and **tenderness of the medial epicondyle and the lateral epicondyle**. Bony Palpation Left: no tenderness of the lateral epicondyle, the olecranon bursa, the ulnar trochlear, the biceps insertion, the coronoid process and head of radius, or the radiocapitellar and **tenderness of the medial epicondyle**. Soft Tissue Palpation Right: no tenderness of the ulnar nerve, the flexor carpi radialis, the annular ligament of the radius, the brachioradialis, the radial collateral ligament, the ulnar collateral ligament, the extensor carpi radialis brevis, the extensor carpi radialis longus, or the antecubital fossa and **tenderness of the pronator teres; TENDERNESS OVER THE LACERTUS FIBROSUS; PAIN WITH COMPRESSION OF THE PRONATOR; PAIN MEDIAL ELBOW WITH RESISTED MIDDLE FINGER FLEXION**. Soft Tissue Palpation Left: no tenderness of the ulnar nerve, the annular ligament of the radius, the brachioradialis, the radial collateral ligament, the ulnar collateral ligament, the extensor carpi radialis brevis, the extensor carpi radialis longus, or the antecubital fossa and **tenderness of the pronator teres; TENDERNESS OVER THE LACERTUS FIBROSUS; PAIN WITH COMPRESSION OF THE PRONATOR; PAIN MEDIAL ELBOW WITH RESISTED MIDDLE FINGER FLEXION**

TENDERNESS OVER THE RADIAL TUNNEL . Active Range of Motion Right: flexion normal, extension normal, pronation normal, and supination normal. Active Range of Motion Left: flexion normal, extension normal, pronation normal, and supination normal. Passive Range of Motion Right: flexion normal, extension normal, pronation normal, and supination normal. Passive Range of Motion Left: flexion normal, extension normal, pronation normal, and supination normal. Stability Right: no dislocation, laxity, or subluxation and ligamentous instability test negative. Stability Left: no dislocation, laxity, or subluxation and ligamentous instability test negative. Strength Right: flexion 5/5, extension 5/5, pronation 5/5, and supination 5/5. Strength Left: flexion 5/5, extension 5/5, pronation 5/5, and supination 5/5.

MRI of the right wrist from Expert MRI 10/7/2022 demonstrate mild subluxation of the 1st metacarpal bone relative to the trapezium. Dorsal subluxation distal ulna. Mild widening of the pisotriquetral joint space. Cortical cysts in the scaphoid, lunate, triquetrum, and hamate. Small focal bone edema along the ulnar margin of the lunate. Tear of the TFCC. Scapholunate ligament tear. Fluid surrounding the ECRB and ECRL tendons.

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X-rays: 3 views each of the bilateral wrists taken 7/26/2022 demonstrate normal appearing carpus, no aspects of instability between the scapholunate or lunotriquetral articulations are appreciable, there is no instability pattern noted. No arthritic changes present around the CMC joint of thumb. Ulnar variance is 1 mm negative, bilaterally. Bony deformity of the right little finger distal phalanx consistent with chronic mallet injury.

IMPRESSION:

Normal bilateral wrists and left hand, chronic right little finger mallet injury

Grip Strength (kg):

Right: 0,0,0

Left: 0,0,0

Assessment / Plan

1. Bilateral carpal tunnel syndrome -

s/p right CTR 12/21/2021

G56.03: Carpal tunnel syndrome, bilateral upper limbs

2. Compression of right median nerve at elbow -

Pronator syndrome

G56.11: Other lesions of median nerve, right upper limb

3. Compression of left median nerve at elbow -

Pronator syndrome

G56.12: Other lesions of median nerve, left upper limb

4. Bilateral medial epicondylitis of elbows

M77.01: Medial epicondylitis, right elbow

M77.02: Medial epicondylitis, left elbow

5. Extensor tenosynovitis of wrist- Right

M65.831: Other synovitis and tenosynovitis, right forearm

6. Body mass index 30+ - obesity

Z68.30: Body mass index [BMI] 30.0-30.9, adult

- APRENDA ACERCA DEL PESO SALUDABLE - [LEARNING ABOUT HEALTHY WEIGHT]
- INDICE DE MASA CORPORAL: INSTRUCCIONES DE CUIDADO - [BODY MASS INDEX: CARE INSTRUCTIONS]
- A HEALTHY LIFESTYLE: CARE INSTRUCTIONS

Discussion Notes

DISABILITY: Modified work of no lifting greater than 10 pounds or repetitive power gripping or torquing with the bilateral hands. No rotational activities with the bilateral hands. Return in 6 weeks.

DISCUSSION:

She is presenting with ongoing and worsening symptoms in both arms. SYmptoms include pain, tingling, and numbness in both hands, proximal forearms, and elbows. She had right carpal tunnel release done in December 2021 but yet there was no improvement in her symptoms. Given her history with diabetes and the ongoing issues in the right wrist post surgery, she is made aware that there is nothing surgically that would be beneficial for her. We have no record of recent nerve study for this patient therefore request is made to obtain an updated nerve study because of the multiple of areas she is having symptoms. Therefore the request is as follows:

1. EMG/NCS of the bilateral upper extremities.

Discussion was had about making the patient at maximum medical improvement with permanent and stationary status and future medical. However this will be postponed until she has the updated nerve studies.

If it was found to be necessary, diet and exercise was reviewed, for which the patient was educated on their BMI issues, as indicated based upon BMI. If this was felt to be an issue they would be recommended to follow-up with their primary treating physician in order to ensure optimal healthy living.

Smoking education was discussed and given, if indicated.

Preventative:

Counseling:

Care goal follow-up plan:

Above normal BMI follow-up - dietary management, education, guidance and counseling

SMOKING:

Patient counseled on the dangers tobacco use whether they were a smoker or nonsmoker in regards to orthopedic issues

This medical record was dictated using Transcription and/or Dragon Medical software. It may contain inherent spelling or dictation inaccuracies due to the system. Please do not hesitate to contact our office for clarification or questions regarding the contents of this document.

Thank you for referring this patient for evaluation.

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ESCATEL, Maria (id #928121, dob: 01/20/1969)**

Sincerely,
Michael P. Rubinstein, M.D., F.A.C.S.
Member, American Academy of Orthopaedic Surgeons
Member, American Society for Surgery of the Hand
Member, Arthroscopy Association of North America
Clinical Professor of Orthopaedics, University of California at Irvine
Member, American Orthopaedic Society for Sports Medicine

MPR:vm

DT: 07/20/09

cc: Chart

DISCLOSURE STATEMENT:

In accordance with Labor Code Section 4628(3)(c) and Article 25, Rule 10978, this patient's history and other clerical data were obtained by myself and one or more of the following staff members: Rose Wadkins

The above-named patient was first interviewed by my medical secretary, and a full history was taken. During the physical examination, which was conducted solely by myself, I discussed and/or confirmed the pertinent aspects of this history with the patient and/or by review of the available records.

The time spent face-to-face with the injured worker was in compliance with IMC regulations. I prepared the report in draft form, which was then reviewed by my assistant for the purpose of ensuring completeness, proper spelling and sentence structure. The report was then typed in final form and thoroughly reviewed by me before affixing my signature. By my signature on the report, and this affidavit, I certify that this report represents the work product of myself and my staff in the manner described, and expresses exclusively my professional opinion, findings, and conclusions on the matters discussed in the report.

DECLARATION:

Pursuant to AB 3660, 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 knowledge and belief, except as to information that I indicated 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 and, except as noted herein, that I believe it to be true. I further declare under penalty of perjury that to the best of my knowledge, I believe there has not been a violation of Labor Code Section 139.3. I have not referred the patient to a clinical laboratory, diagnostic procedures, physician or home infusion therapy, rehabilitation, psychodiagnostic testing or radiation oncology for either treatment or medical purposes if that physician or member of the physician's immediate family has a financial interest with the person and/or entity receiving this referral.

The report has been signed on this day, _____ in the County of Orange.

Jesselyne Notomihardjo scribing for Michael Rubinstein MD. , signed by Jesselyne Notomihardjo

Date: 2/28/2023

Time: 3:55 PM

I, Michael Rubinstein MD, performed the above service scribed on my behalf and I confirm the accuracy of the documentation written by the scribe.

FACE-TO-FACE TIME - 20 minutes

NON FACE-TO-FACE TIME - 10 minutes

TOTAL TIME - 30 minutes

Return to Office

- Linda Luong, PA-C for Established Patient 15 at SCA_Fullerton Ortho Surgery on 04/11/2023 at 02:45 PM

Encounter Sign-Off

Encounter signed-off by Michael Rubinstein, MD, 02/28/2023.

Encounter performed by Michael Rubinstein, MD

Encounter scribed for Michael Rubinstein, MD by Jesselyne Notomihardjo

Encounter signed by Jesselyne Notomihardjo as scribe at 02/28/2023 at 3:54pm

Encounter reviewed & signed by Michael Rubinstein, MD on 02/28/2023 at 5:04pm

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ESCATEL**, Maria (id #928121, dob: 01/20/1969)



SCA_Fullerton Ortho Surgery
680 Langsdorf Suite 103
FULLERTON, CA 92831-3702
Phone: (714) 879-0050
Fax: (714) 879-0249

Return to Work / School**Patient:** Escatel**, Maria**Date:** 02/28/2023**DOB:** 01/20/1969**Patient ID:** 928121**Address:** 14700 W South Atlantic Ave/Apt A
Compton, CA 90221

Was seen in my office on: 02/28/2023

DISABILITY: Modified work of no lifting greater than 10 pounds or repetitive power gripping or torquing with the bilateral hands. No rotational activities with the bilateral hands. Return in 6 weeks.

Sincerely,

Electronically Signed by: MICHAEL RUBINSTEIN, MD