

# Request for Authorization Form

RFA date:

4/19/2023



Received date:

4/21/2023



MPN:

Medex HCO

Accepted Body Part:

Left Shoulder & Chemical Burns to Trunk

Treatment request  
(include time and frequency):

Op tx proximal humeral fx, w/internal fixation  
surgery: Greater tuberosity ORIF: Post-op PT

Other instructions  
(indicate if you want UR review,  
authorization or deferral):

Please send to UR

App attorney:

N/A

Defense attorney:

N/A

4/21/2023 12:08:29 PM (GMT-04:00)

FROM: <RightFax@cfins.com>  
TO: ORANGE.INBOX.SHAREDMAILBOX@CFINS.COM  
SENT: Friday, April 21, 2023 12:08:27 PM Eastern Daylight Time  
SUBJECT: A fax has arrived from  
ATTACHMENTS: 000698A0.PDF;

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A fax has arrived from

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**Concentra**

Improving the health of America's workforce, one patient at a time

**La Mesa  
37184****7862 El Cajon Blvd  
La Mesa, CA 91942  
619-697-3093****CONCENTRA FAX - 619-697-3135**

<b>To:</b>	<b>NANCY TURIOS</b>	<b>From:</b>	<b>Elhdel H.</b>
<b>Fax:</b>	<b>877-622-6911</b>	<b>Pages:</b>	<b>24</b>
<b>Phone:</b>	<b>714-244-1270</b>	<b>Date:</b>	<b>04/21/2023</b>
<b>Re:</b>	<b>EUGENIA PEREZ</b>	<b>Claim#</b>	<b>PZC006676</b>

**Comments:**

**Dr. Brereton is requesting STAT surgery for Ms. Eugenia Perez.  
Please review documents.**

**If you have any questions, please contact me.**

**Thank you,**

**Notice of Confidentiality**

*The information contained in this fax transmission is intended only for the individual(s) named above. Such information is confidential and may be legally privileged. If you have received this fax transmission in error, please notify me immediately by using the telephone number provided above so that I may arrange for this fax transmission to be returned to me or destroyed. If the recipient of this fax transmission is not the individual(s) named above, such recipient is hereby notified that this fax transmission may not be copied, disseminated, distributed or otherwise disclosed to others.*

*If unable to contact the sender of this fax, please contact the Concentra Privacy Hotline, at 800-819-5571.*

**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.				
<b>Employee Information</b>				
Name (Last, First, Middle): <b>Perez, Eugenia</b>				
Date of Injury (MM/DD/YYYY): <b>04/10/2023</b>		Date of Birth (MM/DD/YYYY): <b>07/26/1978</b>		
Claim Number: <b>PZC006676</b>		Employer: <b>Job Options Inc</b>		
<b>Requesting Physician Information</b>				
Name: <b>Daniel Brereton, D.O.</b>				
Practice Name: <b>CMC-La Mesa</b>		Contact Name:		
Address: <b>7862 El Cajon Blvd</b>		City: <b>La Mesa</b>	State: <b>CA</b>	
Zip Code: <b>91942</b>	Phone: <b>619-697-3093</b>	Fax Number: <b>Referral Team Fax#: (866)-513-1291</b>		
Specialty: <b>Hand Surgeon</b>		NPI Number: <b>1487093951</b>		
E-mail Address:				
<b>Claims Administrator Information</b>				
Company Name: <b>Crum &amp; Forster c/o Conduent Program</b>		Contact Name: <b>Claims Adjuster</b>		
Address: <b>PO Box 14801</b>		City: <b>Lexington</b>	State: <b>KY</b>	
Zip Code: <b>40512</b>	Phone: <b>7142441023</b>	Fax Number: <b>0000000000</b>		
E-mail Address:				
<b>Requested Treatment (See instructions for guidance; attach additional pages if necessary)</b>				
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.)
Closed 4-part fracture of surgical neck of left humerus, Initial	S42.242A	Op Tx proximal humeral Fx, w internal fixation - 23615 STAT		Body Part 1: Shoulder(s), Laterality 1: Left Surgery Center SCSD 4910 Directors Place SD
Closed 4-part fracture of surgical neck of left humerus, Initial	S42.242A	Greater Tuberosity ORIF-23615 STAT		Body Part 1: Shoulder(s), Laterality 1: Left
Closed 4-part fracture of surgical neck of left humerus, Initial	S42.242A	Post-Op Therapy Referral		Frequency: 2 x week, Duration: 6 weeks, Body Part 1: Shoulder(s), Laterality 1: Left
Closed 4-part fracture of surgical neck of left humerus, Initial	S42.242A	Norco 5/325 #30		
Closed 4-part fracture of surgical neck of left humerus, Initial	S42.242A	Simple Arm Sling		
Supervising Provider Name:				
Requesting Physician Signature: <u>Daniel S. Brereton, D.O.</u>				Date: <b>04/19/2023</b>
<b>Claims Administrator/Utilization Review Organization (URO) Response</b>				
<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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Claim Number: <b>PZC006876</b>			Employer: <b>Job Options Inc</b>	
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Zip Code: <b>91942</b>	Phone: <b>619-697-3093</b>		Fax Number: <b>Referral Team Fax#: (866)-513-1291</b>	
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<b>Claims Administrator Information</b>				
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Closed 4-part fracture of surgical neck of left humerus, Initial	S42.242A	CBC (INCLUDES DIFF/PLT) - 8399	85025	
Closed 4-part fracture of surgical neck of left humerus, Initial	S42.242A	COMPREHENSIVE METABOLIC PANEL - 10231	80053	
Closed 4-part fracture of surgical neck of left humerus, Initial	S42.242A	PARTIAL THROMBOPLASTIN TIME, ACTIVATED - 763	85730	
Closed 4-part fracture of surgical neck of left humerus, Initial	S42.242A	PROTHROMBIN TIME-INR - 8847	85610	
Supervising Provider Name:				
Requesting Physician Signature: <u>Daniel S. Brereton, D.O.</u>				Date: <b>04/19/2023</b>
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Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

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Specialty: <b>Hand Surgeon</b>			NPI Number: <b>1487093951</b>	
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<b>Closed 4-part fracture of surgical neck of left humerus, initial</b>	<b>S42.242A</b>	<b>In-house EKG complete</b> <b>Referral Team Fax # 866-513-1291</b>	<b>93000</b>	
Supervising Provider Name:				
Requesting Physician Signature: <b>Daniel S. Brereton, D.O.</b>				Date: <b>04/19/2023</b>
<b>Claims Administrator/Utilization Review Organization (URO) Response</b>				
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<input type="checkbox"/> <b>Requested treatment has been previously denied</b> <input type="checkbox"/> <b>Liability for treatment is disputed (See separate letter)</b>				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

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Zip Code: <b>91942</b>	Phone: <b>619-537-5636</b>	Fax Number: <b>619-537-5636</b>		
Specialty: <b>Hand Surgeon</b>		NPI Number: <b>1487093951</b>		
E-mail Address:				
<b>Claims Administrator Information</b>				
Company Name: <b>Crum &amp; Forster c/o Conduent Program</b>		Contact Name: <b>Claims Adjuster</b>		
Address: <b>PO Box 14801</b>		City: <b>Lexington</b>	State: <b>KY</b>	
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Diagnosis (Required)	ICD Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (if known)	Other Information (Frequency, Duration Quantity, etc.)
Closed 4-part fracture of surgical neck of left humerus, Initial	S42.242A	X-Ray, chest; single view, frontal	71045	
Supervising Provider Name:				
Requesting Physician Signature: <i>Daniel S. Brereton, D.O.</i>			Date: <b>04/19/2023</b>	
<b>Claims Administrator/Utilization Review Organization (URO) Response</b>				
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Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				



**SimonMed**  
*See Tomorrow Today*

**SimonMed Southern CA Encinitas**  
499 N El Camino Real C100  
Encinitas, CA 92024  
Phone: (760)334-4065

### DIAGNOSTIC IMAGING REPORT

Patient: Perez, Eugenia Sex F DOB: 07/26/1978 Age: 44

Diag. Imaging#: 8637792

Status:

Referring Physician: LEONARD COSTANTINI D.O.

CC Physician:

EXAM #35988353 - 04/12/2023 9:30 AM -CT SHOULDER WITHOUT CONTRAST (LEFT)

INDICATION: Fall at work 4/10/2023, fracture, pain

COMPARISON: None.

TECHNIQUE: Axial images of the left shoulder were obtained with multiplanar reformations. 3-D volume rendered images were acquired on an independent work station under concurrent physician supervision. CT scan done according to ALARA (As Low As Reasonably Achievable) for bone detail.

Count of known previous CT and cardiac nuclear medicine studies performed in the last 12 months: 0

FINDINGS: Transverse surgical neck fracture proximal humerus with apex anterior convex angulation and impaction, 14 mm medial cortical override with 7 mm fracture margin separation, 16 mm posterior cortical override with 6 mm fracture margin separation. Humeral head is posterior medially rotated relative to the diaphysis. Comminuted fractures of the greater tuberosity with coronal and sagittal plane components, less than 1 cm fracture margin separation or displacement. Vertically oriented sagittal plane fracture extends to the greater tuberosity to the lateral aspect of the lesser tuberosity. Nondisplaced fracture medial aspect lesser tuberosity.

Joint effusion/hemarthrosis.

Slight inferomedial rotation of the humeral head relative to the central glenoid.

Coracohumeral and acromiohumeral distances are maintained. Type II nonhooked acromion process.

Mild acromioclavicular joint arthrosis with subchondral microcysts.

Left clavicle, scapula, glenoid and coracoid process are intact.

Glenoid vault depth is 2.3 cm. 0 degrees glenoid retroversion.

IMPRESSION: Findings are of indeterminate age unless specified below.

1. Acute fracture proximal humerus, impacted surgical neck fracture with apex anterior convex angulation at the fracture site, posterior inferomedial rotation humeral head, and greater and lesser tuberosity fractures.

dd:04/12/2023 3:53 PM

Reported by: Silberman, Randy M.D.

Electronically signed by: SILBERMAN, RANDY





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**SimonMed Southern CA Encinitas**  
499 N El Camino Real C100  
Encinitas, CA 92024  
Phone: (760)334-4065

### **DIAGNOSTIC IMAGING REPORT**

**Patient:** Perez, Eugenia Sex :F DOB: 07/26/1978 Age: 44  
**Diag. Imaging#:** 8637792

**Status:**

**Referring Physician:** LEONARD COSTANTINI D.O.

**CC Physician:**

**EXAM #35988353 - 04/12/2023 9:30 AM -CT SHOULDER WITHOUT CONTRAST (LEFT)**

Thank you for your kind referral. If you require further assistance, please contact our Radiologist Hotline at 855-RAD-TALK(855-723-8255).

**7184 La Mesa**

7862 El Cajon Blvd  
La Mesa, CA 91942  
(619) 697-3093

Patient: Perez, Eugenia  
922 S. Sunshine Ave  
EL CAJON, CA 92020

Age/Sex/DOB: 44 yrs F 26-Jul-1978  
EMRN: 118448110  
OMRN: 118448110  
Home: (619) 647-3405  
Work:

**Results**

Lab Accession # RSTW2246513120  
Ordering Provider: Costantini, Leonard R  
Performing Location: RAMSOFT

Collected: 4/11/2023 2:23:00PM  
Resulted: 4/11/2023 3:23:00PM  
Verified By: Costantini, Leonard R  
Auto Verify: N

**X-Ray, Left shoulder: complete, minimum of 2 views**

Stage: Final

Ordering Provider Comments: Fx of humeral head and proximal shaft

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Flag Reference Range</u>
-------------	---------------	--------------	-----------------------------

X-ray Result :

PATIENT NAME  
PEREZ, EUGENIA  
DATE OF BIRTH  
07/26/1978  
DATE OF EXAM  
04/11/2023 14:59  
MRN

118448110  
REFERRING PHYSICIAN  
COSTANTINI, LEONARD R

INDICATION:

EXAM: LEFT SHOULDER X-RAY SERIES

HISTORY: Shoulder pain. Fall injury. Decreased range of motion.

TECHNIQUE: 3 views

COMPARISON: None available.

FINDINGS:

There are acute comminuted fractures through the proximal humeral metaphysis, humeral head, humeral neck regions, with involvement of the greater tuberosity and the superior articular surface communication (without discernible articular cortical bone step-off).

There is no joint subluxation or dislocation seen. No evidence for inflammatory or degenerative arthritis is seen. The glenohumeral joint and acromioclavicular joint are intact. No focal bone erosion or sclerosis is seen. No soft tissue emphysema, radiodense soft tissue abnormality or foreign body is seen. No incidental apical lung infiltrate, contusion, or pneumothorax is seen.

Patient: Perez, Eugenia

EMRN: 118448110

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Flag Reference Range</u>
-------------	---------------	--------------	-----------------------------

IMPRESSION:

1. Acute comminuted fractures through the proximal humeral metaphysis, humeral head, humeral neck regions, with involvement of the greater tuberosity and the superior articular surface communication (without discernible articular cortical bone step-off).
2. No joint subluxation or dislocation seen.
3. No radiodense soft tissue abnormality or foreign body seen.
4. Consider follow-up evaluation with CT as clinically warranted or if symptoms persist or worsen.

Electronically Signed by:

MCALLISTER, ASHFORD MD

Date/Time Read:

4/11/2023 7:23:15 PM

American Board Certified Radiologist  
of Premier Radiology Services

# Concentra<sup>®</sup>

7184 La Mesa  
7862 El Cajon Blvd,  
La Mesa, CA, 91942  
(619) 697-3093

Patient: Eugenia Perez      DOB: 07/26/1978  
MRN: 118448110

Encounter Date: 04/19/2023

INITIAL      ORTHOPAEDIC UPPER EXTREMITY SURGEON      EVALUATION

ATTENDING/REFERRING/REQUESTING: Leonard R Costantini

DATE OF INJURY: 04/10/2023

Dear Claims Adjuster/Examiner,

Per your agreement and authorization, Eugenia Perez was referred to the undersigned by Leonard R Costantini for initial orthopedic upper extremity subspecialty surgeon/physician examination, evaluation and management.

The following is a report of my examination, findings, diagnosis/impression, prognosis, work status and treatment recommendations with respect to this injury. This report also includes any requests for authorizations with respect to this injury.

Insurance Provider: Crum and Forster.

She has a left proximal humerus fracture.

Translator: Not required.

## JOB HISTORY:

She works as an EMS lead, stating that she is involved in waxing and stripping floors.

## HISTORY OF PRESENT INJURY:

Ms. Perez is a 44-year-old female, who sustained an injury on April 10, 2023. She states she was working on a floor when she slipped, falling on her left shoulder and having immediate pain on her left shoulder. At that time, she was lying on the floor that they are treating with a chemical used to strip the floor and due to her inability to take get up from the fall for a short period of time, she sustained chemical burns along her body, which she states are being treated at UCSD. At this point, she states no surgery is planned, but there is a possibility for skin grafting in the future.

The only orthopedic injury she sustained was a left proximal humerus fracture. She denies any numbness or weakness within the extremity, but does have pain and bruising within her shoulder.

## CURRENT COMPLAINTS:

Pain is 6/10, sharp and throbbing in nature.

*Patient: Eugenia Perez*

*Encounter Date: 04/19/2023 2:04PM*

*MRN: 118448110*

**PAST MEDICAL HISTORY:**

High blood pressure, diabetes.

**PAST SURGICAL HISTORY:**

C-section.

**MEDICATIONS:**

Acetaminophen, ibuprofen and had been taking an antibiotic.

**SOCIAL HISTORY:**

Hobbies, enjoys reading. She is single. She smokes.

**FAMILY HISTORY:**

Diabetes and high blood pressure.

**REVIEW OF SYSTEMS:**

**Constitutional:** The patient denies fever, weakness, fatigue or appetite loss. There has been no significant weight loss or gain.

**Skin:** The patient has no skin problems. There are no pigmentation changes or discoloration. There are no tumors, lumps or cysts.

**Head:** The patient denies frequent or severe headaches.

**Eyes/Vision:** The patient denies eye injury, infection or pain. The patient denies blurred, double or decreased vision, eye itching, burning or tearing and light sensitivity.

**Ears, Nose, Throat, Mouth:** The patient denies ear pain, infection, discharge or decreased or loss of hearing. The patient denies sinus problems, recurrent throat problems, or voice change.

**Cardiovascular:** The patient denies chest pain, heart palpitations, shortness of breath, swelling of the feet or ankles or varicose veins.

**Respiratory:** The patient denies chronic cough, shortness of breath, wheezing or coughing of blood.

**Gastrointestinal:** The patient denies frequent indigestion or reflux, nausea or vomiting, vomiting of blood, or abdominal pain. The patient denies change in bowel habits, frequent constipation or diarrhea, blood in stools or hemorrhoids.

**Genitourinary:** The patient denies painful or difficulty urination, blood in the urine, or kidney infection/stones.

**Musculoskeletal:** The patient denies musculoskeletal problems with the exception of those associated with this injury.

**Neurologic:** Denies seizures, numbness, weakness and problems with balance. The patient denies neurologic problems with the exception of those associated with this injury.

**Psychiatric:** The patient denies depression, nervousness, mood swings or sleep disturbances. The patient denies alcoholism or drug abuse treatment.

**Endocrine:** The patient denies increased thirst and appetite or excessive urination. The patient denies excessive fatigue.

*Patient: Eugenia Perez*

*Encounter Date: 04/19/2023 2:04PM*

*MRN: 118448110*

**Hematologic:** The patient denies bleeding gums, easy bruising or spontaneous nose bleeding. The patient denies easy bleeding or bleeding that is hard to stop.

**ACTIVITIES OF DAILY LIVING:**

Per the information provided by the patient, I spent an additional 8 to 10 minutes reviewing and evaluating the activities of daily living and the patient's responses to each activity, in order to establish a baseline of their activity abilities. In addition, I personally discussed the results with the patient and provided instruction, education and advice, including activity modifications and any environmental modifications to assist with those where the patient was experiencing any difficulty. The results of the evaluation are as follows:

The patient is able to:

Dress yourself including shoes: No

Wash and dry yourself: No

Take a bath: No

Get on and off the toilet: No

Cut your food: No

Lift a full cup to your mouth: No

Make a meal: No

Write a note: Yes

Type a message on your computer: Yes

Use a telephone: Yes

Work outdoors on flat ground: No

Climb up 1 flight of stairs (10 steps): Yes

Stand: Yes

Sit: Yes

Recline: Yes

Rise from a chair: Yes

Run errands: No

Light housework: No

Feel what you touch: Yes

Open car doors: Yes

Turn faucets on and off: Yes

Get in and out of a car: Yes

Sleep: Yes

Engage in sexual activity: No

**PHYSICAL EXAMINATION:**

**General Appearance:** In general, the patient is a well-developed, well-nourished female, of overweight build and has no gross deformities and is well kempt and pleasant and cooperative with today's physical examination.

The patient is alert and oriented and in no acute distress.

The patient exhibits normal respiratory effort with no apparent respiratory difficulty.

**Vital Signs:** Blood pressure is 122/88, pulse 77, respirations 16, temperature 98.1.

**Cardiovascular:** Cardiovascular wise, there are 2+ distal radial pulses with warm well perfused digits and brisk capillary refill throughout all tested distal extremities.

**Lymphatics:** Lymphatic wise, there are no noted areas of epitrochlear or axillary lymphadenopathy.

**Neurologic and psychologic:** Neurologic and psychologic testing show intact gross coordination with sensation intact to light touch throughout all tested distal extremities (with any exceptions detailed below). The patient is

Patient: *Eugenia Perez*

Encounter Date: **04/19/2023 2:04PM**

MRN: **118448110**

awake, alert and oriented x4 with mood and affect appropriate for the given situation.

Musculoskeletal: Musculoskeletal wise, the patient has an intact painless gait. Inspection, palpation, stability, range of motion and strength testing of the head and neck, spine, ribs, pelvis and of bilateral upper extremities and of bilateral lower extremities is otherwise normal to exam and per the patient's report.

Focused Examination of the Left Shoulder: Demonstrates skin is intact. There is some ecchymosis. Motor strength is normal. Sensory examination is normal. Vascular examination is normal. No special tests.

Skin: Skin exam via inspection and palpation shows no scars, rashes or lesions.

#### DIAGNOSTIC STUDIES:

We have x-rays from 04/11/2023, 3 views of the left shoulder, which demonstrate acute comminuted fracture to the proximal humerus metaphysis, humeral head and neck regions with involvement of the greater tuberosity. There is a CT scan from SimonMed of the left shoulder, which demonstrates acute fracture of the proximal humerus, impacted surgical neck fracture with apex anterior convex angulation at the fracture site, posterior, inferior, medial rotational humeral head and greater and lesser tuberosity fractures. No evidence of fracture within the humeral head.

#### IMPRESSION/DIAGNOSIS:

A discussion was held with the patient in which the diagnosis were explained in detailed layman's terms. It is my opinion that the patient suffers from left comminuted proximal humerus fracture.

#### RECOMMENDATIONS:

1. At this point upon evaluating the fracture of the patient's humeral head, this is displaced and angulated most at the surgical neck, but also a fracture within the greater and lesser tuberosity. I have discussed with her treatment options for this. This is something that I would recommend surgery for. The risks, benefits and alternatives have been discussed. She states she understands, wishes to proceed and has consented to proceed. I have also discussed with her at length nonsurgical options for this, the risks and benefits of that and she states that she would like to proceed with surgery.
  2. Request authorization for left proximal humerus fracture, open reduction and internal fixation.
  3. Request authorization for postoperative sling.
  4. Request authorization for postoperative physical therapy 2 times a week for 6 weeks to begin approximately 2 to 3 weeks after surgery.
  5. Request authorization for postoperative pain medication Norco and ibuprofen.
  6. The patient will follow up with me after surgery.
- She will remain off work.

The risks, benefits and alternatives to the above treatment plan were explained in detail to the patient who vocalized understanding. All questions were answered to the patient's satisfaction. No guarantees were made with any of my treatment nor are they ever and the patient understood this as well.

#### CAUSATION:

In reviewing the patient's history and medical records and examination today, it appears that the patient did sustain an injury to the left shoulder arising out of and caused by the industrial exposure of 04/10/2023.

#### APPORTIONMENT:

This is 100% work place caused injury.

#### MAXIMAL MEDICAL IMPROVEMENT:

Anticipated date of MMI is \_\_\_\_\_.

Thank you very much for allowing me the pleasure of seeing this injured worker/patient today in orthopedic hand

Patient: *Eugenia Perez*

Encounter Date: **04/19/2023 2:04PM**

MRN: **118448110**

and upper extremity subspecialty examination, evaluation and management. I appreciate all of your referrals and your confidence in my expertise. Please feel free to give me a call (858) 492-5410 or email me with any questions about the overall musculoskeletal care of any of your patients at any time, especially for those patients with problems of the shoulder and elbow, which is my area of fellowship training/subspecialty expertise within my specialty of Orthopedic Surgery.

In general, for Concentra patients, I am available for peer-to-peer review, general case review and direct conversations regarding patient care on Mondays from 0730 to 1800. I invite other physicians, claims examiners/adjusters, case managers and any other personnel involved in the management of this claim to contact me. Otherwise, messages can be left with staff at the Concentra Kearny Mesa or Santee locations, and I will return calls and emails regarding injured worker/patient care at my earliest convenience, with the expectation that time spent on these tasks will be appropriately reimbursed.

Sincerely,

**DISCLOSURE:**

The conclusions and opinions expressed in this report, based on my personal evaluation of the patient and any records available to me, at the date and location on the claim, pursuant to Section 5307.6 of the CA Labor code.

In compliance with Labor Code Section 4628(b), Section 4628(j), Section 5703(a)(2) and Regulations 9795, I declare under penalty of perjury that the information 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 have 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.

I further declare under penalty of perjury that I have not violated the provisions of California Labor Code Section 139.3 with regard to the evaluation of this patient or the preparation of this report.

Daniel S. Brereton, DO  
Orthopaedic Upper Extremity Surgeon

DSB/AQuity  
DD: 04/19/2023 16:12:23  
DT: 04/19/2023 18:30:51  
Job #: 990767007/990767007

cc: Leonard R Costantini

**Bill Review/Payer Notice:**

This encounter is a New Specialty E & M Service. The patient was previously treated by a Primary Care Physician. As a different specialty, we are entitled to payment for a New Patient evaluation as defined by the Taxonomy code distinction by the National Uniform Claim Committee, related to specialty code 70: A multi-specialty group (193200000X) is a business group of one or more individual practitioners who practice within different areas of specialization.

When a patient sees a new specialty within the same group practice for the first time, they are considered a New Patient to that Specialty.

Please process this claim in accordance with the applicable guidelines as stated above.



*Patient: Eugenia Perez**Encounter Date: 04/19/2023 2:04PM**MRN: 118448110*

Concentra

This encounter was coded with the E & M Guidelines adopted by the current year state fee schedule.

The work value of this encounter meets the Medical Decision Making (MDM) criteria for complexity of the E/M code. The injury necessitates a thorough assessment and determination of the threat to ongoing harm to bodily function or exacerbation of the injury, and/or due to the consideration of multiple treatment options. The work value was credited with AMA's definition that the final diagnosis for a condition does not determine the complexity or risk, as an extensive evaluation maybe required to reach the conclusion that the signs or symptoms do not represent a highly morbid condition. Symptoms that could potentially represent a high morbidity condition may drive overall MDM, even when the ultimate diagnosis is not highly morbid. Multiple problems of a lowest severity may, in the aggregate, create a higher clinical risk or impact return to work due to their cumulative effects.

We also request consideration for the Workers Compensation unique work values, as supported by the ACOEM recommendations, including assessment of causation, apportionment, work status, disability status, functional capacity, applicability of relevant treatment and or disability duration guidelines as well as coordination of care for the treatment of the work-related condition.

# Concentra®

7184 La Mesa  
7862 El Cajon Blvd,  
La Mesa, CA, 91942  
(619) 697-3093

Patient: Eugenia Perez DOB: 07/26/1978  
MRN: 118448110

Encounter Date: 04/11/2023

## Discussion/Summary

Eugenia Perez is a 44 year female here for an Initial evaluation of a left shoulder injury sustained on 10 Apr 2023 5:42PM. The patient is employed as an EMS Lead. MOI: The patient was at work when she accidentally slipped and fell on left shoulder, seen at VA ER and diagnosed with a fracture, also was burned by pain-pain<sup>3</sup> stripper from sitting in wet clothes after injury while awaiting to be seen at ER. Pain is located in left shoulder and trunk/abdomen/groin. Associated occasional numbness/tingling of left arm depending on position of left shoulder, numbness/tingling not progressive. Denies symptoms of infection with chemical burns. PE notable for LUE NVI, ROM/strength deferred due to comminuted fracture, left hand sensation intact, pulses 2+, motor intact. Chemical burns noted, no signs of infection<sup>3</sup> at ER<sup>1</sup> ER

<sup>1,3</sup> this time. Findings consistent with left humerus fracture comminuted and articular involvement; as well as chemical burns. Anticipate slower recovery due to extent of injuries. Close follow up needed to ensure proper disposition.

### <sup>3</sup> PLAN

-Tylenol and Ibuprofen for pain/inflammation

-Ice therapy 10min 4-5 times a day for pain/inflammation

<sup>1</sup> -Continue <sup>2</sup> constant <sup>3</sup> sling use

<sup>2</sup> -STAT CT scan due to findings on x-ray, phone consulted Ortho, Dr. Brereton who recommended obtaining STAT CT imaging for further disposition recommendations. STAT scheduling company contacted and patient is scheduled for 0930 tomorrow

-ASAP Ortho referral placed for further evaluation and treatment. Patient has comminuted fracture of humeral head/neck with articular involvement, will likely need surgery <sup>1</sup> ASAP

<sup>1,3</sup> ASAP. Will schedule with Dr. Brereton next Wednesday if appropriate to wait pending CT scan results

<sup>3</sup> -ASAP Wound care referral placed, as patient was burned by pain thinner, currently being see by VA burn <sup>2</sup> center<sup>2,3</sup> center, encouraged to continued care <sup>3</sup> until TOC to WC wound care authorized <sup>2</sup> provider<sup>2,3</sup> provider, to avoid increased risk of infection and/or negative outcomes from lapse in wound care. Patient is high risk with comorbidities of DM type I

-I educated the patient about the signs and symptoms of infection and ask the patient if there are any of these signs, the patient must return to the clinic or go to the emergency room immediately. I advised the patient to keep the wound clean and dry. The patient is to call the clinic if there are any of the following symptoms: fever to 101F or greater, increasing redness, increasing pain, discharge. These could be signs of infections and the patient may need to be evaluated sooner than their scheduled appointment. <sup>3</sup>

<sup>2</sup> -Follow up tomorrow for close follow up and to review CT scan results if completed

-Discussed work restrictions, off work until follow up tomorrow

-ER/Return precautions given, all questions answered<sup>1</sup>

Chaperone was declined

A direct, interactive exchange with the patient occurred, regarding:<sup>1</sup> case complexity, testing and treatment options<sup>1</sup> potential barriers to recovery<sup>1</sup>

Patient: *Eugenia Perez*

Encounter Date: **04/11/2023 1:53PM**

MRN: **118448110**

The risk/possibility of re-injury was discussed and the patient was instructed on ways to avoid re-injury including restrictions and job modifications.<sup>1</sup>

Expectations and timeline for recovery, reaching functional improvement, return to work and anticipated MMI date.<sup>1</sup>

Call to the employer to discuss work status, prognosis, and diagnosis.<sup>1</sup>

70 total minutes was spent in evaluation and treatment time for the patient as outlined in the medical record. This encounter is being coded based on both face to face and non-face to face total treatment time.<sup>1</sup>

History and mechanism of injury were obtained directly from the patient, unless otherwise noted, and appear to be consistent with presenting symptoms and physical exam.

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 No. 139.3.

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.

<sup>1</sup> Amended By: Costantini, Leonard R.; Apr 11 2023 4:57 PM PST

<sup>2</sup> Amended By: Costantini, Leonard R.; Apr 11 2023 5:01 PM PST

<sup>3</sup> Amended By: Costantini, Leonard R.; Apr 11 2023 5:25 PM PST

#### Assessment

1. Humerus head fracture, left, closed, initial encounter (S42.292A)
2. Chemical burn of trunk, initial encounter (T21.40XA)

#### Plan

1. Start: Acetaminophen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 4 TO 6 HOURS AS NEEDED  
Rx By: Costantini, Leonard R; Dispense: 7 Days ; #:40 Tablet; Refill: 0;  
For: Chemical burn of trunk, initial encounter, Humerus head fracture, left, closed, initial encounter; DAW = N; Verified Transmission to CONCENTRA - LA MESA; Last Updated By: System, SureScripts; 4/11/2023 4:12:02 PM
2. Start: IBU 800 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY AFTER MEALS  
Rx By: Costantini, Leonard R; Dispense: 7 Days ; #:21 Tablet; Refill: 1;  
For: Chemical burn of trunk, initial encounter, Humerus head fracture, left, closed, initial encounter; DAW = N; Verified Transmission to CONCENTRA - LA MESA; Last Updated By: System, SureScripts; 4/11/2023 4:12:02 PM

*Patient: Eugenia Perez**Encounter Date: 04/11/2023 1:53PM**MRN: 118448110*

3. Start: Lidocaine 5 % External Patch (Lidoderm); APPLY 1 PATCH TO THE AFFECTED AREA AND LEAVE IN PLACE FOR 12 HOURS, THEN REMOVE AND LEAVE OFF FOR 12 HOURS  
Rx By: Costantini, Leonard R; Dispense: 10 Days ; #:10 Patch; Refill: 0;  
For: Humerus head fracture, left, closed, initial encounter; DAW = N; Print Rx
4. CT Scan, Left Shoulder; without contrast material; Requested for:11Apr2023;  
Perform:Outside Radiology; Due:12Apr2023;Ordered; Stat;  
For:Humerus head fracture, left, closed, initial encounter; Ordered By:Costantini, Leonard R;
5. Orthopedic Specialist Referral Physician Referral See Referral Comment! Done: 11Apr2023  
Ordered ASAP;  
For: Humerus head fracture, left, closed, initial encounter; Ordered By: Costantini, Leonard R Performed: Due: 18Apr2023  
Laterality 1 : Left  
Body Part 1 : Shoulder(s)  
Reason for referral : Evaluate and Treat
6. Wound Care Referral Physician Referral See Referral Comment! Done: 11Apr2023  
Ordered ASAP;  
For: Chemical burn of trunk, initial encounter; Ordered By: Costantini, Leonard R  
Performed: Due: 18Apr2023  
Laterality 1 : Bilateral  
Body Part 1 : Abdomen Including Groin  
Reason for referral : Evaluate and Treat
7. X-Ray, Left shoulder; complete, minimum of 2 views; Requested for:11Apr2023;  
Perform:RAMSOFT; Due:18Apr2023;Ordered;  
For:Shoulder injury, left, initial encounter; Ordered By:Costantini, Leonard R;  
Are you pregnant? : Unk

ALL THE PATIENT'S MEDICATIONS FOR THIS ENCOUNTER WERE DISPENSED IN THE CENTER.

### Activity Status and Restrictions

**Treatment Status:**

Returning for follow-up: 1 day afternoon

Anticipated date of MMI: 06/01/2023

**Activity Status**

No work.

### Reason For Visit

**Chief Complaint:** The patient presents today with LT shoulder PL 6/10, DOI: 04/10/2023 @ 5:42 PM, pt states she was mopping the floor and slipped on water. Self reported.

Workers Compensation - Patients Occupation: EMS Lead.

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

Patient: Eugenia Perez

Encounter Date: 04/11/2023 1:53PM

MRN: 118448110

## Occupational History

### Occupational History

Type of job / Job title: EMS Lead

Major job functions: constant walking, constant use of arms/hands, mops/strips and waxes floors

Length of time at this job: 4.5 year(s). Average weekly work hours: 40.

Recent overtime: No

## History of Present Illness

Eugenia Perez is a 44 year female here for an initial evaluation of a left shoulder injury sustained on 10 Apr 2023 5:42PM. The patient is employed as an EMS Lead, which requires constant walking, constant use of arms/hands, mops/strips and waxes floors. The patient was at work when she accidentally slipped and fell on left shoulder, seen at VA ER and diagnosed with a fracture, also was burned by pain-paint <sup>2</sup> stripper from sitting in wet clothes after injury while awaiting to be seen at ER.

Currently the patient has pain located left shoulder:

~~Description:~~

~~Intensity:~~

shoulder, abdomen/groin

Description: sharp, burning, throbbing

Intensity: 6/10

<sup>1</sup> Worse with:

with: pressure, movement of left arm

<sup>1</sup> Better with:

with: rest, sling use

<sup>1</sup> Associated Symptom: occasional numbness/tingling-numbness/tingling, chemical burn abdomen/groin, swelling;

Denies fever/chills, redness, discharge, weakness, <sup>1</sup>

Prior injury of left shoulder: denies

<sup>1</sup> Amended By: Costantini, Leonard R.; Apr 11 2023 4:55 PM PST

<sup>2</sup> Amended By: Costantini, Leonard R.; Apr 11 2023 5:24 PM PST

## Past Medical History

- History of Diabetes type I (E10.9)

## Surgical History

- History of Cesarean Section

## Family History

- Family history of Diabetes mellitus

## Social History

- Current every day smoker (F17.200)
- Currently working
- No alcohol use
- No drug use

## Allergies

No Known Drug Allergies

*Patient: Eugenia Perez**Encounter Date: 04/11/2023 1:53PM**MRN: 118448110***Review of Systems**

**Constitutional:** Reviewed and found to be negative.  
**Eyes:** Reviewed and found to be negative.  
**Cardiovascular:** Reviewed and found to be negative.  
**Respiratory:** Reviewed and found to be negative.  
**Gastrointestinal:** Reviewed and found to be negative.  
**Genitourinary:** Reviewed and found to be negative and pregnancy not suspected.  
**Musculoskeletal:** Joint pain.  
**Integumentary:** Reviewed and found to be negative.  
**Neurological:** Reviewed and found to be negative.  
**Psychiatric:** Reviewed and found to be negative.  
**Hematologic and Lymphatic:** Reviewed and found to be negative.

**Vitals**

	Recorded: 11Apr2023 02:18PM
Temperature	98.6 F
Systolic	137
Diastolic	77
BP Cuff Size	Regular - Adult
Heart Rate	89
Respiration	18
Height	5 ft 3 in
Weight	270 lb
BMI Calculated	47.83 kg/m2
BSA Calculated	2.2

**Vitals Review**

Vital signs were reviewed and found to be unremarkable.

**Physical Exam**

**Constitutional:**<sup>1</sup> Well appearing and well nourished<sup>1</sup>. In no acute distress<sup>1</sup>.

**Abdomen:**<sup>1</sup> . (Large trunk burn wounds without surround erythema/induration, no discharge)<sup>1</sup>.

**Left<sup>1</sup> Shoulder:**<sup>1</sup> Appears with <sup>1</sup> swelling<sup>1</sup>. Tenderness <sup>1</sup> in the anterior shoulder<sup>1</sup>, in the lateral shoulder<sup>1</sup>, in the superior shoulder<sup>1</sup> and in the posterior shoulder<sup>1</sup>. Range of motion deferred<sup>1</sup> <sup>1</sup>. Deferred<sup>1</sup> <sup>1</sup>.

**Neurologic:** Bilateral deep tendon reflexes are 2/4. Sensation is intact to light touch in all dermatomes. The muscles display no weakness. **Vascular:** The pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally.<sup>1</sup>. Distal NVI<sup>1</sup>. Special tests deferred.<sup>1</sup> <sup>1</sup>.

<sup>1</sup> Amended By: Costantini, Leonard R.; Apr 11 2023 4:55 PM PST

**Signatures**

Electronically signed by : Leonard Costantini, D.O.; Apr 11 2023 4:14PM PST - Author

Electronically signed by : Leonard Costantini, D.O.; Apr 11 2023 5:03PM PST - Author

Electronically signed by : Leonard Costantini, D.O.; Apr 11 2023 5:33PM PST - Author

## STATE OF CALIFORNIA

## DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Within 5 days of your initial examination, for every occupational injury or illness, send two copies of this report to the employer's workers' compensation insurance carrier or the insured employer. Failure to file a timely doctor's report may result in assessment of a civil penalty. In the case of diagnosed or suspected pesticide poisoning, send a copy of the report to Department of Industrial Relations, P.O. Box 420603, San Francisco, CA 94142-0603, and notify your local health officer by telephone within 24 hours.

## 1. Insurer Name and Address

Crum &amp; Forster c/o Conduent Program, PO Box 14801, Lexington, KY, 405124801

## 2. Employer Name

Job Options-San Diego

## 3. Address No. and Street

3465 Camino Del Rio S Ste 300 San Diego, CA 92108-3908

## City

San Diego

## Zip Code

92108-3908

## 4. Nature of business (e.g. food manufacturing, building construction, retailer of women's clothes.)

Job Options Inc

## 5. Patient Name (first Name, middle initial, last name)

Eugenia

Perez

## 6. Sex

Female

## 7. Date of Birth

07/26/1978

## 8. Address No. and Street

922 S. Sunshine Ave

## City

EL CAJON

## Zip Code

92020

## 9. Phone Number

(619) 647-3405 (H)

## 10. Occupation (Specific job title)

EMS Lead

## 11. Social Security Number

xxx-xx-5418

## 12. Address No. &amp; Street Where Inj. Occurred

3465 Camino Del Rio S Ste

## City Where Injury Occ. County

San diego

San diego

## 13. Date and hour of injury or onset of illness

04/10/2023 05:42 PM

## 14. Date last worked

04/10/2023

## 15. Date and hour of 1st exam or treatment

04/11/2023 03:53 PM

## 16. Have you or your office previously rendered treatment

No

Patient please complete this portion, if able to do so. Otherwise, doctor please complete immediately, inability or failure of a patient to complete this portion shall not affect his/her rights to workers' compensation under the California Labor Code.

## 17. Describe how the accident or exposure happened. (Give specific object, machinery or chemical. Use reverse side if more space is required.)

LT shoulder PL 6/10, DOI: 04/10/2023 @ 5:42 PM, pt states she was mopping the floor and slipped on water.

## 18. SUBJECTIVE COMPLAINTS

## Occupational History

## Occupational History

Type of job / Job title: EMS Lead

Major job functions: constant walking, constant use of arms/hands, mops/strips and waxes floors

Length of time at this job: 4.5 year(s). Average weekly work hours: 40.

Recent overtime: No

## History of Present Illness

Eugenia Perez is a 44 year female here for an initial evaluation of a left shoulder injury sustained on 10 Apr 2023 5:42PM. The patient is employed as an EMS Lead, which requires constant walking, constant use of arms/hands, mops/strips and waxes floors. The patient was at work when she accidentally slipped and fell on left shoulder, seen at VA ER and diagnosed with a fracture, also was burned by paint stripper from sitting in wet clothes after injury while awaiting to be seen at ER.

Currently the patient has pain located left shoulder, abdomen/groin

**19. Objective Findings****A. Physical Examination****Vitals Review**

Vital signs were reviewed and found to be unremarkable.

**Physical Exam**

**Constitutional:** well appearing and well nourished. in no acute distress.

**Abdomen:** . (Large trunk burn wounds without surround erythema/induration, no discharge ).

**Left Shoulder:** Appears with swelling. Tenderness in the anterior shoulder, in the lateral shoulder, in the superior shoulder and in the posterior shoulder. Range of motion deferred. Deferred.

**Neurologic:** Bilateral deep tendon reflexes are 2/4. Sensation is intact to light touch in all dermatomes. The muscles display no weakness.

**Vascular:** The pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally. Distal NVI. Special tests deferred.

**Signatures**

Electronically signed by : Leonard Costantini, D.O.; Apr 11 2023 4:14PM PST - Author

Electronically signed by : Leonard Costantini, D.O.; Apr 11 2023 5:03PM PST - Author

**B. X-ray and laboratory results (State if none or pending.)**

Pending



STATE OF CALIFORNIA **DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS**20. **DIAGNOSES**(if occupational illness specify etiologic agent and duration of exposure.) Chemical or toxic compounds involved? 

1. Humerus head fracture, left, closed, initial encounter	ICD-10	S42.292A
2. Chemical burn of trunk, initial encounter	ICD-10	T21.40XA
3. _____	ICD-10	_____
4. _____	ICD-10	_____
5. _____	ICD-10	_____
6. _____	ICD-10	_____
7. _____	ICD-10	_____
8. _____	ICD-10	_____
9. _____	ICD-10	_____
10. _____	ICD-10	_____
11. _____	ICD-10	_____
12. _____	ICD-10	_____

21. Are your findings and diagnosis consistent with patient's account of injury or onset of illness? 

If "no," please explain below:

22. Is there any other current condition that will impede or delay patient's recovery? 

If "yes," please explain below:

23. **TREATMENT RENDERED** (Use reverse side if more space is required.)

X-Ray, Left shoulder; complete, minimum of 2 views, CT Scan, Left Shoulder; without contrast material, Orthopedic Specialist Referral, Wound Care Referral, Acetaminophen 500 MG Oral Tablet, IBU 800 MG Oral Tablet, Lidocaine 5 % External Patch

24. If further treatment required, specify treatment plan/estimated duration.

25. If hospitalized as inpatient, give hospital name and location

Date admitted

Estimated length of stay

26. **WORK STATUS** - Is patient able to perform usual work? ☐ Yes ☒ No

If "no", date when patient can return to

Regular work

Modified work

Specify restrictions

STATE OF CALIFORNIA  
DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Physician Signature: (original signature, do not stamp)

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.

Physician signature Leonard R. Costantini, D.O.Cal. License Number: 20A17054Executed at: CMC - La MesaDate (mm/dd/yyyy): 04/11/2023Physician Name Leonard Costantini, D.O.

Specialty: \_\_\_\_\_

Physician address: 7862 El Cajon Blvd La Mesa, CA 91942Phone Number 619-697-3093

Any person who makes or causes to be made any knowingly fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

PRIVACY NOTICE: The Administrative Director is authorized to maintain the records of the Division of Workers' Compensation (DWC). (Cal. Lab. Code § 126.) The Information Practices Act of 1977 and the Federal Privacy Act require the Administrative Director to provide this notice to individuals who submit information to the DWC pertaining to a workers' compensation claim. (Cal. Civ. Code § 1798.17; Public Law 93-579.)

The principal purpose for requesting information from injured workers, dependents, lien claimants, physician, employers or their representatives is to administer the California workers' compensation system. Each form shows which fields are required to be completed for DWC to process the form. If a required field in a form is incomplete or unreadable, the DWC may return the form to the individual for correction or may reject the form. Providing a social security number is required on this form pursuant to Labor Code § 6409. If you do not provide your security number, the DWC may return the form to you for correction or reject the form. If you do not have a social security number, indicate this in the space provided for the injured worker's social security number. As permitted by law, social security numbers are used to help properly identify injured workers and to conduct statistical research as allowed under the Labor Code.

As authorized by law, information furnished on this form may be given to: you, upon request; the public, pursuant to the Public Records Act; a governmental entity, when required by state or federal law; to any person, pursuant to a subpoena or court order pursuant to any other exception in Civil Code § 1798.24.

An individual has a right of access to records containing his/her personal information that are maintained by the Administrative Director. An individual may also amend, correct, or dispute information in such personal records. (Cal. Civ. Code §§ 1798.34-1798.3.) You may request a copy of the DWC's policies and procedures for inspection of records at the address below. Copies of the procedures and all records are ten cents (\$0.10) per page, payable in advance. (Cal. Civ. Code § 1798.33.) Requests should be sent to: Division of Workers' Compensation- Medical Unit, P.O. Box 71010, Oakland, CA 94612. Tel: (510) 286-3700 or (800) 794.6900. Fax: (510) 622-3467.