

TIME RECEIVED
May 20, 2024 at 2:28:44 PM PDT

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DURATION
767

PAGES
11

STATUS
Received

From: Ashley Dike

Fax: 14077681405

To:

Fax: (562) 506-0355

Page: 1 of 11

05/20/2024 5:15 PM



The Leading Work Comp Pharmacy

FAX

☒ URGENT ☒ FOR REVIEW ☒ REPLY ☐ COMMENT ☐ SHRED

TO: ACIG UR

FROM: EZ Scripts

FAX: (972) 687-0602

PAGES: 11

PHONE: (972) 702-9004

DATE: May 17, 2024

RE: Sandra Ramirez - 2230359939

CC:

Hello,

I work for the pharmacy that dispenses medications for Sandra Ramirez's claim 2230359939. I need to preauthorize Tramadol 50mg as prescribed by Dr. Dushi Parameswaran. This is an N drug on the Texas Drug Formulary.

Patient Name: Sandra Ramirez

Claim Number: 231090292 DOI: 04/13/2023

Medication: Tramadol 50mg

Attached:

-Medical Records

-Script

Jennifer Tommey

Billing Supprt Specialist

Phone: 321-200-1547

Fax: 321-200-1547

Email: JenniferT@ezrxmeds.com



March 11, 2024

RE: Sandra Zavala Ramirez

DOB: 3/21/1964

CHIEF COMPLAINT: Left knee pain.

HISTORY: The patient is a 59-year-old female community ambulator who sustained a work-related injury on 4/13/23. Per patient, while lifting a heavy object, she did a twisting motion to place the object down when she felt a “pop” in her left knee. She continued to work full duty after the accident, stopping in September of 2023 and restarting in January of 2023, where she now works light duty. Currently she rates her left knee pain a 4 to 7/10 on a pain scale from 1 to 10. She admits to having intermittent left knee pain at night, with prolonged standing, and with excessive movements. She has completed approximately 14 sessions of formal rehab therapy thus far. She denies any pain or problems with her left knee prior to the accident.

PAST MEDICAL HISTORY: Denies.

PAST SURGICAL HISTORY: Denies.

CURRENT MEDICATIONS: Meloxicam, methocarbamol, and BC Powder.

ALLERGIES: Denies.

SOCIAL HISTORY: Negative for smoking, drinking, or illicit drug usage.

FAMILY HISTORY: Noncontributory.

REVIEW OF SYSTEMS: As noted above.

PHYSICAL EXAMINATION: Height 5 feet 4 inches. Weight 168 pounds. Blood pressure 157/98. Pulse 67. She is alert and oriented x 3. She appears to be in mild distress at this time.

Examination demonstrates she walks with a slightly antalgic gait on the left. There is no effusion present about the left knee at this time. Actively she has full extension and 120 degrees of knee flexion. Her knee is stable to varus and valgus stress testing at 0 and 30 degrees. She has a negative Lachman’s, posterior drawer sign, and McMurray’s sign. She has 4+/5 resisted knee flexion and knee extension strength. She does not have anterior retinacular tenderness to palpation.

There is no lateral joint line tenderness to palpation. However, there is medial joint line tenderness to palpation. There is no patellofemoral crepitus noted with knee range of motion. She is otherwise neurovascularly intact in her left lower extremity.

IMAGING STUDIES: Images performed with Texas MRI of College Station on 5/11/23, with results as follows.



March 11, 2024

Page 2

RE: Sandra Zavala Ramirez

DOB: 3/21/1964

MRI of the left knee without contrast. Impression: Medial meniscus horizontal tear of the posterior horn through anterior body extending to the tibial articular surface. MCL grade 1 sprain without evidence of tear. ACL diffuse anterior cruciate ganglion cystic changes with regional proximal tibial intraosseous ganglion cystic changes. Medial compartment mild osteoarthritis. Patellar medial pole grade 4 chondromalacia. Moderate suprapatellar joint effusion. Focal popliteal cyst measuring 2 cm. Mild anterior knee soft tissue swelling. – Read by Dr. Chad Porter.

ASSESSMENT: This is a 59-year-old female community ambulator status post a work-related injury with a left knee medial meniscus tear and osteoarthritis. (S83.232, S83.92XA, M83.232A, M22.42)

PLAN: Nonoperative and operative treatments were discussed with the patient.

We feel that she has failed conservative treatment consisting of rest, ice, activity modifications, pain medications/anti-inflammatory medications, chiropractic treatment, and a home exercise program. She continues to have left knee pain, swelling, mechanical symptoms, and feelings of instability.

Operative treatment has been recommended consisting of left knee examination, arthroscopy, possible chondroplasty, partial medial meniscectomy. The risks and benefits of surgery, which include but are not limited to infection, bleeding, damage to nerves or blood vessels, DVT, PE, stiffness, the need for revision surgery, and death were all discussed with the patient. The patient understands these risks and wishes to proceed with surgery. Informed consent and medical clearance will be obtained.

She will require approximately six weeks to two months of postoperative rehab to regain left knee range of motion, strength, and ambulation. We will see her on the day of her left knee surgery.

Shelby Gunby, FNP

I have seen and examined the patient and agree with the assessment and plan.

A. Dushi Parameswaran, MD

DP:kc D: 3/11/2024 T: 3/12/2024 #2337

TRISTAR MANAGED CARE

PO Box 10220
Santa Ana, CA 92711-1967
Phone: 714-565-7640
FAX: 562-506-0355
EMAIL: tmc.casemgmt@tristargroup.net

New Fax Message	
To:	Dushi Parameswaran
Fax Number:	18326156724
From:	Linda Solis
Date:	04-12-2024 2:06 PM
Subject:	Certified letter for referral no 1074012
No of Pages with Cover:	4



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TRISTAR

4/12/2024

Dushi Parameswaran
5090 Richmond Ave #1003
Houston TX 77056

RE: Claimant: Sandra Zavala Ramirez
Claimant Phone: 832-228-2171
Employer: Rogers-O'Brien Construction Company - TX ACIG
Date of Injury: 4/13/2023
Claim No.: 231090292
Referral #: 1074012
Provider NPI:
URA #: 05321

Dear Dushi Parameswaran

We have been asked to review the medical necessity and appropriateness of your request for treatment for the above claimant. Our review includes the frequency, duration, and type of treatment requested. After review of information received, it has been determined that the requested treatment is appropriate and has been recommended for certification.

Authorized Medical Service	Request Dates	Provider(s)
Diagnosis: S83.92xA: Sprain of unspecified site of left knee, initial encounter Request: 1. Arthroscopy, Knee, Surgical; Debridement/Shaving Of Articular Cartilage (Chondroplasty) 29877 Quantity: 1	Received by TRISTAR Managed Care: 3/19/2024 Determination: 4/12/2024 Authorization Period: From: 4/12/2024	Requesting Provider: Dushi Parameswaran Facility/Hospital: Townsen Memorial Surgical Center

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**TRISTAR****To: 10/9/2024**

The above procedure has been authorized by TRISTAR Managed Care, and is valid for sixty (60) days from the date of this letter

Should there be any changes in the requested length of stay or procedure date, please contact TRISTAR Managed Care. Any additional authorization will need to be obtained from TRISTAR Managed Care.

"Preauthorization is based solely on medical necessity. Confirmation with the claims examiner is strongly recommended. The carrier has the right to dispute charges not related to the compensable injury".

Should you have any questions after reviewing this information, please feel free to contact Linda Solis at 855-626-7827 Ext 3413.

Sincerely,

Linda Solis
Medical Case Manager

cc by Fax:

Dushi Parameswaran

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TRISTAR

cc by Fax:

Townsen Memorial Surgical Center

cc by US Mail:

Sandra Zavala Ramirez

8534 Findlay

Houston, TX 77017

CONFIDENTIALITY: This document is confidential and may contain information that is privileged and confidential, and/or ii) protected from disclosure by various federal and state laws, including the HIPAA Privacy Rule (45 C.F.R., Part 164). This information is intended to be used solely by the entity or individual(s) to whom it is addressed. If you are not the intended recipient,) please be advised that any disclosure, use, dissemination, forwarding, printing, or copying of this document without the sender's written permission is strictly prohibited and may be unlawful, ii) please notify the sender immediately by mail, fax or call the sender at (855) 626-7827, and iii) destroy or return this document. Thank you.



SURGERY SCHEDULING/PHYSICIAN ORDER FORM

- ☐ TOWNSEN MEMORIAL HOSPITAL – HUMBLE Office: 281-369-9001 Return via fax: 866-499-1008
☐ TOWNSEN MEMORIAL SURGERY CENTER – SPRING Office: 346-386-6700 Return via fax: 346-386-6701
☒ TOWNSEN MEMORIAL SURGERY CENTER - MED CENTER Office: 346-200-9400 Return via fax: 346-200-9499

Surgeon: A. Dushi Parameswaran, MD Asst Surgeon: _____

Surgery Date/Time: Friday, 05/14/2024 @ 1100 Duration of Procedure: 60 minutes
Tues, 05/28/2024 @ 1300

Type of Service (Mark one): ☐ INPATIENT (HOSPITAL ONLY, estimated length of stay _____) ☒ OUTPATIENT ☐ 23 HR OBSERVATION

Patient Name: Ramirez, Sandra Zavala DOB: 03/21/1964 Contact Phone #'s: 832-228-2171

Pre-op Diagnosis: left knee medial meniscus tear and osteoarthritis ICD: S83.92XA, M83.232A, M22.42

Procedure/Consent: left knee examination, arthroscopy, possible chondroplasty & any indicating procedures

CPT Code(s): 29877

Cell Saver (Mark one): ☐ YES ☒ NO

Neuromonitoring (Mark one): ☐ YES ☒ NO

C-Arm Required (Mark one): ☐ YES ☒ NO

C-Arm Size (Mark one): ☐ LARGE ☐ SMALL

Special Equipment/Implants: _____ Rep: _____

Operative Position: ☐ PRONE ☒ SUPINE ☐ BEAN BAG ☐ LATERAL DECUBITUS

Operative Table: ☐ JACKSON ☐ WILSON FRAME ☒ REGULAR ☐ BEACH CHAIR ☐ MAYFIELD

Inpatient Physical Therapy required? ☐ YES ☒ NO

Type of Anesthesia	<input checked="" type="checkbox"/> General <input type="checkbox"/> MAC <input type="checkbox"/> Local <input type="checkbox"/> IV Sedation <input type="checkbox"/> Other:		
Nerve Block	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Type:	
Diet	<input checked="" type="checkbox"/> NPO after Midnight <input type="checkbox"/> Other:		
Labs	<input type="checkbox"/> CBC	<input type="checkbox"/> CMP	<input type="checkbox"/> BMP
	<input type="checkbox"/> PT/INR	<input type="checkbox"/> PTT	<input type="checkbox"/> U/A
	<input type="checkbox"/> LIPID PANEL	<input type="checkbox"/> HbA1C	<input type="checkbox"/> 1 Stat ABG
	<input type="checkbox"/> Type & Cross _____ Units PRBC		
	<input checked="" type="checkbox"/> Other: <u>per anesthesia protocol</u>		
Diagnostics	<input type="checkbox"/> EKG	<input type="checkbox"/> CXR	
Circulation Devices	<input checked="" type="checkbox"/> Ted hose <input checked="" type="checkbox"/> SCD's		
DME Needed	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Provided by:	<input type="checkbox"/> Surgeon <input checked="" type="checkbox"/> Hospital
	Equipment Needed: <u>crutches</u>		
Surgeon Clearance Requests	<input type="checkbox"/> Medical Clearance By patient's PCP	<input type="checkbox"/> Cardiology Clearance By patient's cardiologist	<input checked="" type="checkbox"/> Per Anesthesia Request
Allergies	NKA		I.V.F.: <input type="checkbox"/> LR @ 30mL/hr <input type="checkbox"/> NS @ 30 mL/hr
Medications	<input type="checkbox"/> Levofloxacin (Levaquin) 500mg IVPB		<input type="checkbox"/> Levofloxacin (Levaquin) 750mg IVPB
	<input checked="" type="checkbox"/> Cefazolin (Ancef) 2G IVPB		<input type="checkbox"/> Cefazolin (Ancef) 1G IVPB
	<input type="checkbox"/> Clindamycin 600mg IVPB		<input type="checkbox"/> Other:
	<input checked="" type="checkbox"/> Other: <u>shave left knee in pre-op</u>		

Physician Signature: _____ Date: 05/03/2024 Time: 1717



AA Orthopedics, PLLC
A Dushi Parameswaran, MD
7205 Fannin #110A
Houston, TX 77030
P)832-318-0381 F)832-615-6724
DEA: FP1311149 NPI: 1801059977

Patient Name: Ramirez, Sandra DOB: 03/21/1964
Address: 8534 Findlay St Houston, TX 77017 — 832-228-2171

Rx

Tylenol #3 Tab

Q6H PRN Breakthrough Pain #40

no refills

Physician Signature: _____

Date: 05/15/2024



AA Orthopedics, PLLC
A Dushi Parameswaran, MD
7205 Fannin #110A
Houston, TX 77030
P)832-318-0381 F)832-615-6724
DEA: FP1311149 NPI: 1801059977

Patient Name: Ramirez, Sandra

DOB: 03/21/1964

Address: 8534 Findlay St Houston, TX 77017 — 832-228-2171

Rx

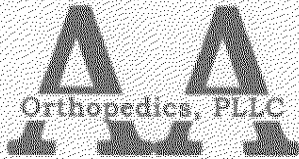
Tramadol 50 mg tab

Q6H PRN Pain #40 - (1) one refill

Physician Signature: _____

A handwritten signature in black ink, appearing to be 'A. Dushi Parameswaran', is written over a horizontal line.

Date: 05/15/2024



AA Orthopedics, PLLC
A Dushi Parameswaran, MD
7205 Fannin #110A
Houston, TX 77030
P)832-318-0381 F)832-615-6724
DEA: FP1311149 NPI: 1801059977

Patient Name: Ramirez, Sandra DOB: 03/21/1964
Address: 8534 Findlay St Houston, TX 77017 --- 832-228-2171

Rx

- Meloxicam 7.5 mg
i PO QD
Disp: Thirty (30) tablets
1(one) refill

Physician Signature: _____

A handwritten signature in black ink, consisting of a large, stylized 'D' followed by a horizontal line.

Date: 05/15/2024