Nataly McClain

From: Herrera, Elsie <Elsie.Herrera@sedgwick.com>
Sent: Wednesday, March 8, 2023 6:04 PM
To: HiltonUR
Subject: RE: Juana Guillen CA (510) 781-0945 on 03/08/2023 3:48 PM

Hi:

Please process for review.

Regards,

Elsie Herrera | Claims Examiner
Sedgwick Claims Management Services, Inc.
DIRECT 925-988-1566 | EMAIL Elsie.Herrera@sedgwick.com
Fax 888-488-9559
www.sedgwick.com | Caring counts®

From: HiltonUR <HiltonUR@medexhco.com>
Sent: Wednesday, March 8, 2023 5:04 PM
To: Herrera, Elsie <Elsie.Herrera@sedgwick.com>
Cc: HiltonUR <HiltonUR@medexhco.com>
Subject: FW: Juana Guillen CA (510) 781-0945 on 03/08/2023 3:48 PM

Hi Elsie

We received this RFA for processing. How would you like us to proceed?

Thank you

Regards,
Nataly McClain

Nataly McClain | *UR Specialist*

2618 San Miguel Dr. #477
Newport Beach, CA 92660

O: (949) 221-1700, dial by first or last name
UR Fax: (949) 612-9207

nmcclain@medexhco.com | www.medexhco.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.

☑ New Request ☐ Resubmission – Change in Material Facts

☐ Expedited Review: Check box if employee faces an imminent and serious threat to his or her health

☐ Check box if request is a written confirmation of a prior oral request.

Employee Information

Name (Last, First, Middle): JUANA GUILLEN	
Date of Injury (MM/DD/YYYY): 7/11/2021	Date of Birth (MM/DD/YYYY): 12/28/1966
Claim Number: 4A2107C6289-0001	Employer: HILTON WORLDWIDE HOLDINGS, INC.

Requesting Physician Information

Name: ALBERT V. RETODO MD			
Practice Name: ALBERT V. RETODO MD INC		Contact Name: SHALANI	
Address: 24301 SOUTHLAND DRIVE SUITE 613		City: HAYWARD	State: CA
Zip Code: 94545	Phone: 510.781.0211	Fax Number: 510.781.0945	
Specialty: PHYSIATRY		NPI Number: 1831200831	
E-mail Address: SHALANI@RETODOMDINC.COM			

Claims Administrator Information

Company Name: SEDGWICK		Contact Name: FRANCIS GARCIA	
Address: PO BOX 14421		City: LEXINGTON	State: KY
Zip Code: 40512	Phone: 800.228.0454	Fax Number: 949.612.9207	
E-mail Address:			

Requested Treatment (see Instructions for guidance)

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.)
LEFT ANKLE AVULSION FRACTURE	M84.372D	1. START Ibuprofen 600 MG Oral Tablet, Take 1 tablet orally 2-3 times a day with food x 7 days PRN for flare ups then stop. 2. Refill Acetaminophen ES 500mg 1tab p.o,. 12 hrs prn pain, 60 tabs. 3. Refill Voltaren gel 1%, apply to affected body part up to 2 to 3 times a day, not to exceed 8gm per day and not to use more than 7 days consecutively. 4REQUEST follow-up with Dr. Marino for consideration of ankle surgery since conservative management have failed. Patient WOULD LIKE TO CONSIDER SURGICAL MANAGEMWENT AT THIS POINT.		FAXED FEB 0 8 2023 FAXED SCANNED
LEFT ANKLE ANTERIOR TALOFIBULAR LIGAMENT TEAR WITH JOINT EFFUSION R/O TRAUMATIC NERVE INJURY	S93.492A			
LUMBAR STRAIN/SPRAIN R/O DISC OR FACET INJURY AND LUMBAR RADICULOPATHY	S33.5XXD			

Requesting Physician Signature: Albert V. Retodo M.D. Date: 3/3/2023

Claims Administrator/Utilization Review Organization (URO) Response

☐ Approved ☐ Denied or Modified (See separate decision letter) ☐ Delay (See separate notification of delay)

☐ Requested treatment has been previously denied ☐ Liability for treatment is disputed (See separate letter)

From: RingCentral <notify@ringcentral.com>
Sent: Wednesday, March 8, 2023 3:48 PM
To: UR <ur@medexhco.com>
Subject: Juana Guillen CA (510) 781-0945 on 03/08/2023 3:48 PM

Fax Message

Dear MEDEX Managed Care, Inc.,

You have a new fax message:

From:	HAYWARD CA (510) 781-0945
Received:	Wednesday, March 08, 2023 at 3:48 PM
Pages:	6
To:	(949) 612-9207 * 0 (MEDEX Managed Care, Inc.)

To view this message, open the attachment or use RingCentral app to have instant access to all your messages on the go.

Thank you for using RingCentral!

Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

State of California
Division of Worker's Compensation
PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Check the boxes which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (ie, has reached maximum medical improvement), do not use this form. You may use DWC Forms PR-3 or PR-4. Additional Pages ☑

☑ Periodic Report (required 45 days after last report) ☐ Change in treatment plan ☐ Released from care
☐ Change in work status ☐ Need for referral or consultation ☐ Response to request for information
☐ Change in patient's condition ☐ Need for surgery or hospitalization ☑ Request for authorization
☐ Other

Patient:
Last: GUILLEN First: JUANA M.I.: ~PatientMiddleName~ Sex: ~PatientSex~
Address: 941 ROLLINS ROAD APT 2 City: BURLINGAME State: CA Zip: 94010
Date of Injury: 7/11/2021 Date of Birth: 12/28/1966
Occupation: SS#: 603132697 Phone: 650-430-7288

Claims Administrator:
Name: SEDGWICK Claim: FRANCIS GARCIA Number: 4A2107C6289-0001
Address: PO BOX 14421 City: LEXINGTON State: KY Zip: 40512
Phone: (800) 228 - 0454 FAX: (949) 612 - 9207

Employer Name: HILTON WORLDWIDE HOLDINGS, INC. **Employer Phone:**

The information below must be provided. You may use this form or you may substitute or append a narrative report.

Subjective Complaints:

03/03/23 Telemedicine visit via video with interpreter

Patients reports to have done 2 sessions of PT on her low back and complains of severe pain on her mid back after the sessions. She still complains of the same ongoing pain symptoms on her left ankle. She is currently taking her medications as prescribed and has been using her ankle support. She also reports to have been using the H-wave machine.

01/23/23: Telemedicine visit via video with interpreter

Patient has not started PT to L spine due to facility not having an earlier appointment.
She complains of ongoing left ankle pain at 6/10 and low back pain at 6/10 radiates into the LLE to the L buttock, leg and ankle. She takes Tylenol for pain once daily and provides mild pain relief. She was seen by Dr. Marino and is waiting for ankle surgery. She has an upcoming appt. Pain is managed by Voltaren gel, H wave machine, and Acetaminophen.

She wears ankle support and shoes which helps her.

She has been working up to 5 hours a day with restrictions and so far can tolerate work.

Objective Findings: (Include Significant physical examination, laboratory, imaging, or other diagnostic findings.)

03/03/23 Telemedicine visit via video with interpreter

SWELLING ON THE LATERAL MALLEOLUS

Diagnostics:

EMG/NCVS OF BLE (05/13/2022) DR. RETODO: showed Left L5 lumbar radiculopathy

Diagnoses:

1.	LEFT ANKLE AVULSION FRACTURE	ICD-10	M84.372D
2.	LEFT ANKLE ANTERIOR TALOFIBULAR LIGAMENT TEAR WITH JOINT EFF	ICD-10	S93.492D
3.	LUMBAR STRAIN/SPRAIN R/O DISC OR FACET INJURY AND LUMBAR RA	ICD-10	S33.5XXD
4.	LUMBAR RADICULOPATHY , LEFT L5	ICD-10	
5.		ICD-10	
6.		ICD-10	
7.		ICD-10	
8.		ICD-10	
9.		ICD-10	
10		ICD-10	

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

1. START Ibuprofen 600 MG Oral Tablet, Take 1 tablet orally 2-3 times a day with food x 7 days PRN for flare ups then stop.
2. Refill Acetaminophen ES 500mg 1tab p.o,. 12 hrs prn pain, 60 tabs.
3. Refill Voltaren gel 1%, apply to affected body part up to 2 to 3 times a day, not to exceed 8gm per day and not to use more than 7 days consecutively.

4. APPROVED- Request for 6 sessions of PT, 2 x /3 weeks for lumbar spine for core strengthening, hamstring stretches and teaching of home exercise program. - NEED REFERRAL
5. Advised to elevate left leg as tolerated, especially after prolonged standing or walking to decrease swelling, alternate use of ice/heat and to wear ankle support as necessary.
6. Modified work, 5 HOURS A DAY, SEE WORK SHEET.
7. Continue use of H-Wave medical device for pain management as directed

8. REQUEST follow-up with Dr. Marino for consideration of ankle surgery since conservative management have failed. Patient WOULD LIKE TO CONSIDER SURGICAL MANAGEMWENT AT THIS POINT.
9. RTC in 4 weeks.

Work Status: This patient has been instructed to:

☑ Return to *modified* work on 3/3/2023 with the following limitations or restrictions
(List all specific restrictions re: standing, sitting, bending, use of hands, etc.):

☐ Return to full duty on _____ with no limitations or restrictions.

Primary Treating Physician: (original signature, do not stamp) Date of exam: 3/3/2023
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 ? 139.3.

Due to the COVID-19 Pandemic, if unable to conduct in person appointment, this appointment may be converted to a telemedicine visit to provide continued quality care with reducing risk of exposure to the patient, staff and providers. Patient has consented to medical treatment via telehealth with the use of Google Meet/ FaceTime/Zoom. Patient understands the lack of absolute security using video conferencing technology. The patient was advised of the risks of treatment due to limited physical examination and clarity of video imaging. Explained in very rare instances, security protocols could fail, resulting in a possible breach of privacy of PHI. The patient would be notified immediately of any breach according to current HIPAA guidelines.

Signature: Albert Retodo M.D Cal. Lic. A90735/ NP 23308
Executed at: HAYWARD Date: 3/3/2023
Name: ALBERT V. RETODO M.D / EDROSE RETODO N.P Specialty: PHYSIATRY
Address: 24301 SOUTHLAND DRIVE SUITE 613 Phone: (510) 781-0211

_____ BY MAIL

I placed a true copy thereof, enclosed in a sealed envelope with postage thereon fully prepaid, in the U.S mail addressed as set forth above, pursuant to C.C.P. 1013(A) AND 2015.5.

✓ BY FACSIMILE TRANSMISSION

NADEEM MAKADA, ESQ
1340 BAYSHORE HIGHWAY
BURLINGAME,CA 94010
FAX: 650-401-8817

KELSEY PADDOCK, ESQ
P.O. BOX 12488
OAKLAND, CA 94604
FAX: 510-463-0281

On the date shown below, I served a copy thereof to above mentioned party/parties, pursuant to C.C.P. 1013(A), 2015.5 and C.R.C. 2008.

Executed on 3/8/2023 (Date) at San Ramon (City), California

L.S

For Dr. Albert V Retodo, M.D.
200 Porter Drive Suite 210
San Ramon, CA 94583

ALBERT V. RETODO, M.D., INC.
24301 Southland Drive, Suite 613
Hayward, CA 94545
Tel No.: (510) 781-0211
Fax No. : (510) 781-0945

Date of Exam: MARCH 3, 2023

Patient Name: JUANA GUILLEN DOI : 7/11/2021 Claim No. : 4A2107C6289-0001

Diagnosis: LEFT ANKLE AVULSION FRACTURE, LEFT ANKLE ANTERIOR TALOFIBULAR LIGAMENT TEAR WITH JOINT EFFUSION R/O "

WORK STATUS

Regular work effective _____

Temporary Modified work effective 3/3/2023 until NEXT APPT.

Unable to perform any work from _____ until _____

Next Appointment MARCH 24, 2023 AT 2:00PM

Activity	Hours/day	Activity	Hours /day	Weight limit
☐ Stooping		☑ Push		40 LBS
☐ Squatting		☑ Pull		40 LBS
☐ Kneeling		☑ Lifting from floor		40 LBS
☐ Climbing		☑ Lifting from waist		40 LBS
☐ Repetitive bending		☑ Lifting from shoulder		40 LBS
☐ Walking/standing		☑ Carrying		40 LBS
☐ Sitting		☐ Over shoulder reach		
☐ Driving		☐ Repetitive use of left hand		
		☐ Repetitive use of right hand		

☐ Sitting job only	☐ May work on hours/day
☐ Must wear splint on :	☐ May stand/walk min/hour
☐ No use of:	☐ Sedentary work only
☐ No bending or twisting of neck	☐ Keep dressing clean and dry
☐ Use of keyboard allowed min/hour	☐ No driving or using tools
☐ Must change position every minutes (i.e. sit/stand/walk)	☐ Attend physical therapy and doctor's appointments as scheduled

☑ Other

40 lbs weight limit of pushing, pulling, lifting and carrying, 5 hours /day work

Albert Retodo M.D. 3/3/2023

Physician/Representative Signature Date

ALBERT V RETODO

Physician/Representative Name Printed