

ALTMAN AND BLISTEN  
(818)995-3419  
UR FAX:

State of California, Division of Workers' Compensation

Gordon &amp; Gordon

**REQUEST FOR AUTHORIZATION**

(310)276-7004

DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input type="checkbox"/> New Request		<input 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.		D.O.S: 7/14/2022	
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.			
<b>Employee Information</b>			
Name: RAMIREZ, Norma			
DOI: 6/19/2021, CT: --		Date of Birth MM/DD/YYYY: 12/07/1968	
Claim Number: 189559257-001		Employer: Mc Donalds	
<b>Requesting Physicians Information</b>			
Name: Arthur Harris M.D.			
Practice Name: Arthur Harris M.D.		Contact Name: UR Dept.	
Address: 3800 E Cesar E Chavez Ave		City: Los Angeles	State: CA
Zip Code: 90063	Phone: 323-264-6296	Fax Number: (323) 570-0985	
Specialty: Orthopedic Surgeon		NPI #: 1841341807	TIN #: 95-4895183
Utilization Review Department E-mail Address: urdepartment@atlantishealthmgmt.com			
<b>Claims Administrator Information</b>			
Company Name: Broadspire		Contact Name:	
Address: P.O. Box 14352		City: LEXINGTON	State: KY
Zip Code: 40512	Phone:	Fax Number: (770)777-6447	
E-mail Address:			
<b>Requested Treatment (see instructions for guidance; attached 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 separate sheet if the space below is insufficient.			
Diagnosis (Required)	ICD Code (Required)	Service/Good Requested (Required)	CPT/HCPCS
Sprain of ligaments of lumbar spine, subsequent encounter	S33.5XXXD	Req. auth pain mgmt.	Lumbar Spine
Radiculopathy, lumbar region	M54.16	cont P.T. 2x3 for L/S & Bil. Hips	
Unspc sprain of right hip, subq enc	S73.101D	Meds Celebrex 200mg	#30dH
Unspc sprain of left hip, subq enc	S73.102D		
<input type="checkbox"/> (if checked off) We are requesting authorization for the use of an interpreter.			
Requesting Physician Signature:			Date: Aug 8, 2022
<b>Claims Administrator/Utilization Review Organization (URO) Response</b>			
<input type="checkbox"/> Approved <input checked="" 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: 08/17/2022	
Authorized Agent Name:		Signature: [Signature]	
Phone: 628-333-7906	Fax Number: 859-550-2170	E-Mail Address: marie.krueger@choosebroadspire.com	
Comments: 1. Lumbar spine not an accepted body part 2. Addtl PTx6 bilat hips previously denied on 7/8/22 and valid for 12months, unless there is a change in the injured worker's condition.			

**Arthur S. Harris, M.D.***Orthopedic Surgeon**QME•IME•AME*

July 14, 2022

Broadspire  
P.O. Box 14352  
Lexington, KY 40512  
Attn: Marie Krueger, Adj.

Patient's Name : RAMIREZ, Norma  
Date of Service : July 14, 2022  
Claim # : 189559257-001  
Employer : McDonalds  
Date of Birth : December 7, 1968  
Date of Injury : June 19, 2021  
File # :

**PRIMARY TREATING ORTHOPEDIC PHYSICIAN'S NARRATIVE**  
**PROGRESS REPORT**

This Special narrative report is reimbursable under the Official Medical Fee Schedule because one of the following: There was an unexpected or significant change in the patient's condition or the treatment plan; there is a change in patient care or status, submitted records were reviewed or specific questions were answered.

*The visit was conducted with a Certified Spanish Language interpreter: Pedro, Pano QRT#006585.*

**SUBJECTIVE COMPLAINTS:**

The patient is having flare-ups lower back pain with episodes of spasms without obvious cause and is continuing with her self-treatment. She has continued complaints of mechanical spine pain limited motion episodes of locking up and giving away with less frequent less troublesome range of pain numbness and tingling in the lower extremities. She complaints of more localized discomfort in both hips. She has not been able to increase activity level or return to work as light duty is not available to her.

There have been no significant changes in the claimant's overall health otherwise.

**GAIT:**

The patient walks with a markedly antalgic gait due to her lower back pain. She unable to heel and toe walk due to back pain.

3800 E. Cesar E. Chavez Avenue, Los Angeles, CA 90063 • Tel: (323) 264-6296 • Fax: (323) 264-6297

RAMIREZ, Norma

July 14, 2022

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**LUMBAR SPINE EXAMINATION:**

On examination of the lumbar spine, there is tenderness to palpation in the upper, mid and lower paravertebral muscles. On range of motion, flexion is 20 degrees with 15 degrees right lateral bending, 15 degrees left lateral bending, 20 degrees right lateral rotation, 20 degrees left lateral rotation and 10 degrees extension. There is increased pain with lumbar motion. Straight leg raising and rectus femoris stretch sign do not demonstrate any nerve irritability.

**PELVIS EXAMINATION:**

On examination of the pelvis, there is no tenderness to palpation and no pain with compression/distraction of the pelvis. There is a negative Fabere sign.

**HIP EXAMINATION:**

On examination of the right hip, there is diffuse tenderness to palpation. There is no irritability. The patient has pain with resisted straight leg raising and axial compression. There is a positive FADER and negative Trendelenburg sign. Range of motion: Flexion 100 degrees, Extension 0 degrees, Abduction 20 degrees, Adduction 30 degrees, External Rotation 25 degrees and Internal Rotation 15 degrees.

On examination of the left hip, there is diffuse tenderness to palpation. There is no irritability. The patient has pain with resisted straight leg raising and axial compression. There is a positive FADER and negative Trendelenburg sign. Range of motion: Flexion 100 degrees, Extension 0 degrees, Abduction 30 degrees, Adduction 30 degrees, External Rotation 30 degrees and Internal Rotation 20 degrees.

**KNEE EXAMINATION:**

On examination of the right knee, there is no soft tissue swelling, instability or effusion. There is no tenderness to palpation. There is no pain with McMurray's maneuver. There is no patellofemoral irritability. There is satisfactory quadriceps/hamstring strength. The range of motion is satisfactory.

On examination of the left knee, there is no soft tissue swelling, instability or effusion. There is no tenderness to palpation. There is no pain with McMurray's maneuver. There is no patellofemoral irritability. There is satisfactory quadriceps/hamstring strength. The range of motion is satisfactory.

RAMIREZ, Norma  
July 14, 2022  
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**ANKLE EXAMINATION:**

On examination of the right ankle, there is no soft tissue swelling, tenderness, effusion or instability. There is satisfactory range of motion without discomfort.

On examination of the left ankle, there is no soft tissue swelling, tenderness, effusion or instability. There is satisfactory range of motion without discomfort.

**VASCULAR LOWER OF THE LOWER EXTREMITIES:**

There are intact distal pulses with good capillary fill.

**NEUROLOGIC EXAMINATION OF THE LOWER EXTREMITIES:**

There is patchy, decreased sensation in the bilateral lower extremities without motor weakness or reflex asymmetry.

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**DIAGNOSES:**

1. Lumbar spine strain.
2. Lumbar radicular syndrome.
3. Right hip strain with labral tear and mild degenerative joint disease.
4. Left hip strain with labral tear and mild degenerative joint disease.
5. Lumbar disc herniation L4-L5-S1.

**DISCUSSION AND TREATMENT:**

*All treatment recommendations are pursuant to the Medical Treatment Utilization Standards pursuant to Labor Code 5307.27; Utilization Review Guidelines that include but not limited to Labor Code 4600, 4610, and 4610.5; and California Code of Regulations 9792.6, 9792.6.1, 9792.7, 9792.8, et al,*

I have once again discussed the clinical course of the above condition with the patient and all questions have been answered. I have instructed the patient in soft tissue modalities, exercise, and participation in activity as tolerated and appropriate and judicious use of medications. Based on the patient's subjective complaints and objective findings I have recommended continued medical treatment in accordance with MTUS and ACOEM Practice Guidelines in order to cure and relieve the effects of the industrial injury and promote functional restoration.

I have instructed the patient in soft tissue modalities, exercises for range of motion and strengthening, and their importance.

RAMIREZ, Norma

July 14, 2022

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We are requesting authorization for pain management evaluation to discuss lumbar spine epidural injections.

I have discussed options for the hips and the patient will continue with conservative care.

We are requesting authorization for six additional physical therapy visits for lumbar spine and bilateral hips.

I have reviewed with the patient the results of their recent diagnostic studies.

I have prescribed the following medications with instructions for their appropriate and judicious use including Celebrex 200mg #30.

~~The use of this medication is consistent with MTUS Guidelines and is included on the~~  
MTUS Drug List with references in guidelines for use for multiple musculoskeletal disorders.

**OUTSIDE MEDICAL RECORDS:**

Right knee MRI June 26, 2022 demonstrates inter meniscal degeneration meniscus without tear.

**FOLLOW-UP:**

The patient will be seen by me in four weeks' time.

**WORK RESTRICTIONS:**

The patient is limited to sedentary type work. If light duty is not available, she will be placed on temporary total disability for six weeks' time.

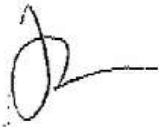
**DISCLOSURE:**

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). We are requesting authorization for the providing of transportation (as the patient's medical condition and/or use of medications prevents use of personal or public transportation) interpreting services, treatment and diagnostic testing. Furthermore, we are requesting information regarding the status of the case and the providing of available

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medical records (this will avoid redundant testing and guide us in providing appropriate treatment for the patient.) Any denial for requested services should be provided within 5 working days or a maximum of 14 days after which it shall be presumed authorized per current statutes.

Sincerely,



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Arthur S. Harris, M.D.  
Orthopedic Surgeon  
QME, AME, IME: State of California

July 14, 2022  
Date

ASH/car

cc: Gordon & Gordon  
280 S. Beverly Dr., Ste. 316  
Beverly Hills, CA 90212

cc: Altman and Blisten  
16255 Ventura Blvd., Ste. 1110  
Encino, CA 90063



Re: Norma Ramirez v McDonalds / Broadspire  
Claim: 189559257-001  
WCAB No.: Unassigned

**PROOF OF SERVICE BY FACSIMILE AND BY MAIL**  
(1013a/2015.5 C.C.P.)  
WCAB RULE SECTION 10514(a)

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am employed in the county of Los Angeles, State of California. I am over the age of 18 and not a party to the within action. My business address is 3800 E. Cesar E. Chavez Ave, Los Angeles CA 90063. On August 8, 2022, I served the foregoing documents described as:

**Medical Report(s) Dated 07/14/22**

On the interested parties in said action, by transmitting via facsimile or electronic services and placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States Mail at Los Angeles, California,

~~On the interested parties in said action by transmitting via facsimile or electronic services~~  
address the document(s) listed below on this date between the hours of 8:00 a.m. and 5:00 p.m. The transmission was reported as complete and without error by the transmitting facsimile machine,

I am aware that on motion of the party served, by mail is presumed invalid if the postal cancellation date or postage meter date on the envelope is more than one day after the date of deposit for mailing contained in this affidavit.

Broadspire  
P.O. Box 14352  
Lexington, KY 40512

Gordon & Gordon  
280 S. Beverly Dr., Ste. 316  
Beverly Hills, CA 90212

Altman and Blisten  
16255 Ventura Blvd., Ste. 1110  
Encino, CA 90063

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct,

Executed on August 8, 2022, at Los Angeles, California.

*S.O.F. Lisa Marquez*