

TIME RECEIVED  
November 7, 2023 at 11:03:06 AM PST

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11

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11/7/2023 12:56:46 PM PAGE 1/011 Fax Server

# FAX

# Concentra™

**To:** **Amber**  
Company: Tri star  
Fax: 8587158816  
Phone:

**From:** **Jessica Montenegro**  
Fax: 8665131291  
Phone: 8443412340

---

Patient: Briones, Zuleyma  
Claim #:231089027  
Recommended Provider: N/A

## NOTES:

Requesting authorization for patient to see an in-house HAND SX/ ACUP. Please provide a decision to me here in our Referrals Department by phone, fax, or email. We will coordinate scheduling for you.  
\*\*Once approved, Concentra will facilitate scheduling with an MPN approved provider. Please notify Concentra if scheduling should be completed via One Call - Concentra will facilitate the appt with One Call on your behalf. \*\*

Referral team fax: 866.513.1291

Team Email Box:JRMontenegroescobar@concentra.com

\*\*\*For P2P contact the ordering center directly, number is located at the top of the referral form\*\*

Thank you.

### \*\*\*\*\*CONFIDENTIALITY NOTICE\*\*\*\*\*

NOTICE: This facsimile and all attachments transmitted with it may contain legally privileged and confidential information intended solely for the use of the addressee. If the reader of this message is not the intended recipient, you are hereby notified that any reading, dissemination, distribution, copying, or other use of this facsimile or its attachments is strictly prohibited. If you have received this fax in error, please notify the sender and dispose the entire facsimile. Thank you.

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

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Date and time of transmission: 11/7/2023 12:56:22 PM  
Number of pages including this cover sheet: 11

**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): **Briones, Zuleyma**

Date of Injury (MM/DD/YYYY): **04/25/2023**

Date of Birth (MM/DD/YYYY): **01/20/2000**

Claim Number: **231089027**

Employer: **Laser Eye Care of Califor**

**Requesting Physician Information**

Name: **John Foster, M.D.**

Practice Name: **CMC-Los Angeles 3rd Street**

Contact Name:

Address: **420 E. 3rd St. Ste 600**

City: **Los Angeles**

State: **CA**

Zip Code: **90013**

Phone: **213-745-6106**

Fax Number: **Referral Team 866-513-1291**

Specialty: **Primary Treating Physician MD/DO**

NPI Number: **1487857488**

E-mail Address:

**Claims Administrator Information**

Company Name: **Tri-Star Risk Management**

Contact Name: **W/C CLAIMS**

Address: **PO Box 2805**

City: **Clinton**

State: **IA**

Zip Code: **52733**

Phone: **8003773487**

Fax Number: **0000000000**

E-mail Address:

**Requested Treatment (See instructions for guidance; attach 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<br>(Required)   | ICD Code<br>(Required)      | Service/Good Requested<br>(Required)                             | CPT/HCPCS<br>Code (If known) | Other Information<br>(Frequency, Duration Quantity, etc.)   |
|---|-----------------------------|--|------------------------------|---|
| Forearm tendonitis<br>Hand strain, right,<br>initial encounter      | M77.8<br>S66.911A<br>M77.01 | Hand Specialist Referral<br><br>Referral Team Fax # 866-513-1291 |                              | Body Part 1: Lower Arm, Laterality 1: Right, Body Part 2: Hand,<br>Laterality 2: Right, Body Part 3: Elbow, Laterality 3: Right, Reason<br>for referral: Evaluate and Treat                                 |
| Hand strain, right,<br>initial encounter<br>Medial epicondylitis of | S66.911A<br>M77.01          | Acupuncture Referral<br><br>Referral Team Fax # 866-513-1291     |                              | Body Part 1: Lower Arm, Laterality 1: Right, Body Part 2: Hand,<br>Laterality 2: Right, Body Part 3: Elbow, Laterality 3: Right, Total #<br>of Visits: 6, Reason for Referral Chiro/Acu: Evaluate and Treat |
|   |                             |  |                              |   |
|   |                             |  |                              |   |
|   |                             |  |                              |   |

Supervising Provider Name:

Requesting Physician Signature: *John Foster M.D.*

Date: **11/07/2023**

**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)

Authorization Number (if assigned):

Date:

Authorized Agent Name:

Signature:

Phone:

Fax Number:

E-mail Address:

Comments:

**Concentra Occupational Med Ctrs-CA**420 E 3rd St Ste 600 Los Angeles, CA 90013  
Phone: (213) 745-6106 Fax: (213) 745-6107**Service Date:** 11/07/2023**Referral Queue ID:** 941516521**Patient Referral****Patient Information:****Patient:** Briones, Zuleyma**SSN:****Address:** 1429 Vanderwell Ave  
LA PUENTE, CA 91744**Home Phone:**(626) 324-3302**Work Phone:****Ext:****DOI:** 04/25/2023**Cell Phone:**(626) 324-3302**DOB:** 01/20/2000**Employer Contact:****Employer Location:**Laser Eye Care of California**Address:** 75 Enterprise Ste 200,  
Aliso Viejo, CA 926562626**Auth. by:****Contact:** Marcus DeFelice**Role:** Human Resources Contact**Phone:** (949) 420-9322 **Ext.:****Fax:****Program:****Billing Information:****Carrier:** Tri-Star Risk Management**Address:** PO Box 2805  
Clinton, IA 527332805**Billing:** Tri-Star Risk Management**Address:** PO Box 2805  
Clinton, IA 527332805**Phone:** (800) 377-3487**Claim #:** 231089027**Fax:** (000) 000-0000**Notes:** Po Box 2805 is the billing address for all markets except in CA,IL & NV. California: Po Box 19775 is for LAPD only. Po Box 29104 is for LA Fire Dept only. Po Box 29106 is for LA Employees only. Illinois: Po Box 2803 only. NV: 2950 E Rochelle Ave.**\*\*NOTE TO THE ABOVE FACILITY OR PHYSICIAN:****Please send a copy of all reports on this patient to the payer and the center.**

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LA PUENTE, CA 91744**Home Phone:**(626) 324-3302**Work Phone:****Ext:****DOI:** 04/25/2023**Cell Phone:**(626) 324-3302**DOB:** 01/20/2000**Provider Referral Information:****Referral Status:** Pending Referral Dept**Evaluation:** Consult and treat**Priority:** Routine**REFERRAL PRESCRIPTION****Recommended Provider:****Provider Type:** Specialist**Specialty:** Acupuncturist**Referral Purpose**

| Referral Focus | Hemisphere |
|----------------|------------|
| Forearm        | Right      |
| Hand           | Right      |
| Elbow          | Right      |

**Diagnosis**

| ICD9 Code | ICD10 Code | Description  |
|-----------|------------|--|
| 726.3     | M77.8      | OTHER ENTHESOPATHIES, NOT ELSEWHERE CLASSIFIED-M77.8               |
| 726.31    | M77.01     | MEDIAL EPICONDYLITIS, RIGHT ELBOW-M77.01                           |
| 842       | S66.911A   | STRAIN OF UNSP MUSC/FASC/TEND AT WRS/HND LV, R HAND, INIT-S66.911A |

**Additional Notes:**

Auto Create - Acupuncture Referral - Total Number of Treatments: 6

**Date:** 11/7/2023**Referring Provider:** John Foster, MD**\*\*\* Provider Signature on File \*\*\*****\*\*NOTE TO THE ABOVE FACILITY OR PHYSICIAN:**

Please send a copy of all reports on this patient to the payer and the center.

**Concentra Occupational Med Ctrs-CA**420 E 3rd St Ste 600 Los Angeles, CA 90013  
Phone: (213) 745-6106 Fax: (213) 745-6107**Transcription**

|                          |  |                       |                              |
|--------------------------|--|-----------------------|------------------------------|
| <b>Patient:</b>          | Briones, Zuleyma                         | <b>Service ID # :</b> | 954685995                    |
| <b>Soc. Sec. #:</b>      |  | <b>Referral Q ID:</b> |                              |
| <b>Date of Birth:</b>    | 1/20/2000                                | <b>Age:</b>           |                              |
| <b>Service Location:</b> | CMC - LAX 3rd Street                     | <b>Injury Date:</b>   | 4/25/2023                    |
| <b>Claim Number:</b>     | 231089027                                | <b>Service Date:</b>  | 11/7/2023                    |
| <b>Diagnosis:</b>        | M77.01                                   | <b>Employer:</b>      | Laser Eye Care of California |
|                          | MEDIAL EPICONDYLITIS, RIGHT ELBOW-M77.01 | <b>Dictated By:</b>   | John Foster, MD              |

**Notes:****Reason For Visit**

**Chief Complaint:** The patient presents today with Right wrist injury follow up.

Patient stated that she has not seen any improvement since her last visit.

**Pain**

level 4/10. Self reported.

**Workers Compensation - Patient s Occupation:** LVN.

**Work Status History:** patient has been working regular duty.

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

**Medical History**

No significant past medical history.

**FAMILY HISTORY:**

The patients family history has been obtained and carefully reviewed. It has been

determined that the patients family history is noncontributory to the current injury.

**Surgical History**

1. History of No pertinent past surgical history (Z78.9)

**Allergies**

1. No Known Drug Allergies

**History of Present Illness**

**MRN:** 205126250

**Employer:** Laser Eye Care of Califor; Marcus DeFelice

**Today s Date:** 11/07/2023

**Date of Injury:** 25 Apr 2023 12:00AM

Zuleyma Briones is a 23 year female here for a follow up of an injury.

**MOI:** The patient was at work when about a month and a half ago she noticed aching

and some numbness in her R5th finger and radiates up her ulnar forearm. .

This

occurred due to a lot of data entry. For awhile she was moved to pt care with less

data entry and it improved. No she is back doing data entry again and it is back to

where it was. On initial visit the patient had moderate pain in the R 5th finger and

up the R f/a. Worse with data entry but hurts all the time.

**TxHx:** PT, TEbr, elbowSlv, Celebrex; **Dy2:** improved; **Dy10:** better R elbow pain and RRF

and RSF tingling resolved. c/o pain in L wrist and L thumb (? not in orig

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| <b>Date of Birth:</b>    | 1/20/2000                                | <b>Age:</b>           |                              |
| <b>Service Location:</b> | CMC - LAX 3rd Street                     | <b>Injury Date:</b>   | 4/25/2023                    |
| <b>Claim Number:</b>     | 231089027                                | <b>Service Date:</b>  | 11/7/2023                    |
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|                          | MEDIAL EPICONDYLITIS, RIGHT ELBOW-M77.01 | <b>Dictated By:</b>   | John Foster, MD              |

**Notes:**

complaints); she was not taking the Celebrex, as she "doesn t like meds"; not doing PT as she "knows the HEP". With resolution of R side pain and no active participation in tx program she was D/Ced to HEP and given a brace for the L side.

She is now 6-1/2 mo out from the injury. She is 1 month out from her original D/C.

Since the last visit the pain is the SAME. The patient states she only rarely has some tingling in her RSF and no pain in the R elbow. She does have pain in the R flexor muscle belly at the proximal forearm and in the distal flexor tendons of her R forearm. She also gets pain in the thenar pad of her R hand. This pain is all worse when she has to admit more patients, which involves a lot of writing. She also has to do a lot of typing at other points in her shift. Overall it has been over 6 months since she started having troubles. She had a month of treatment and has been doing the exercises, wearing her braces prn and using the meds when the pain worsens for a month since her D/C. With all of this she is still having the pains.

**Review of Systems**

Genitourinary: no missed menstrual period.  
Musculoskeletal: no joint pain.  
Integumentary: no rashes.  
Neurological: no headache.

**Vitals****Vital Signs**

Recorded: 07Nov2023 08:26AM  
Systolic: 113  
Diastolic: 77  
BP Cuff Size: Regular - Adult  
Heart Rate: 71  
Respiration: 16  
Height: 5 ft 3 in  
Weight: 120 lb  
BMI Calculated: 21.26 kg/m2  
BSA Calculated: 1.56

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**Notes:**

Vital signs were reviewed and found to be unremarkable.

**Physical Exam**

GENERAL: alert, awake, in no acute distress.

HEAD: atraumatic, no masses noted.

EYES: EOMI, PERRLA.

EARS: external appearance of ears normal, hearing normal.

NOSE: external appearance of nose normal.

MOUTH AND THROAT: oropharynx clear.

RESPIRATORY: no labored breathing.

CARDIAC: RRR.

ABDOMINAL: No distention.

SKIN: normal by inspection, good turgor.

NEUROLOGIC: no focal neurologic deficits.

PSYCHIATRIC: mood and affect normal; speech normal.

**EXAM OF THE RIGHT ELBOW:**

Inspection: gross appearance of the elbow is normal.

Elbow range of motion is normal without pain.

Palpation: 1+ tenderness to palpation at the flexor muscle belly.

Sensory and circulatory function of the elbow is normal.

Tinel s sign for ulnar nerve irritation is negative, completely.

Exam of the opposite elbow is normal.

**EXAM OF THE RIGHT WRIST:**

Gross appearance of the wrist is normal.

Wrist range of motion is normal without pain.

Palpation: 1+ tenderness noted over the distal flexor tendons of the forearm.

Grip strength is normal. 5/5 thumb opposition.

5/5 motor wrist flexion, extension, abduction, adduction, supination and pronation.

Sensation and circulatory function of the hand and wrist is normal.

Tinel s sign for median nerve compression is negative.

Finkelstein s maneuver for tenosynovitis is negative.

Exam of the opposite wrist is normal.

**EXAM OF THE RIGHT HAND:**

Inspection: gross appearance of the hand and fingers are normal.

Range of motion of the wrist, hand and fingers is normal without pain.

Palpation: There is mild tenderness to palpation over the thenar pad.

Sensation: intact to light touch in the hand and 2pt discrimination in all digits.

Motor: 5/5 grip strength, thumb opposition, abduction/adduction of all the interossei muscles.

Circulatory function of the hand is normal with brisk capillary refill.

Exam of the opposite hand is normal.

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| <b>Date of Birth:</b>    | 1/20/2000                                | <b>Age:</b>           |                              |
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|                          | MEDIAL EPICONDYLITIS, RIGHT ELBOW-M77.01 | <b>Dictated By:</b>   | John Foster, MD              |

**Notes:****Functional Restoration and Status of Healing**

Zuleyma Briones is approximately 75% of the way toward meeting the physical requirements of her job.

**ASSESSMENT**

1. Medial epicondylitis of right elbow (M77.01)
2. Forearm tendonitis (M77.8)
3. Hand strain, right, initial encounter (S66.911A)
4. Cubital tunnel syndrome on right (G56.21)

**Plan**

1. Acupuncture Referral Physician Referral See Referral Comment! Done: 07Nov2023

Ordered;For: Forearm tendonitis, Hand strain, right, initial encounter, Medial epicondylitis of right elbow; Ordered By: Foster, John C Performed: Due: 21Nov2023

Laterality 3 : Right

Body Part 3 : Elbow

Laterality 2 : Right

Body Part 2 : Hand

Laterality 1 : Right

Body Part 1 : Lower Arm

Total # of Visits : 6

2. Hand Specialist Referral Physician Referral See Referral Comment! Done: 07Nov2023

Ordered;For: Forearm tendonitis, Hand strain, right, initial encounter, Medial epicondylitis of right elbow; Ordered By: Foster, John C Performed: Due: 21Nov2023

Laterality 3 : Right

Body Part 3 : Elbow

Laterality 2 : Right

Body Part 2 : Hand

Laterality 1 : Right

Body Part 1 : Lower Arm

Reason for referral : Evaluate and Treat

NO MEDICATIONS WERE PRESCRIBED OR DISPENSED FOR THIS ENCOUNTER.

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**Notes:****Discussion/Summary****Date of Injury:** 25 Apr 2023 12:00AM

Zuleyma Briones is a 23 year female here for a follow up of an injury.

**MOI:** The patient was at work when about a month and a half ago she noticed aching

and some numbness in her R5th finger and radiates up her ulnar forearm. .

This

occurred due to a lot of data entry. For awhile she was moved to pt care with less

data entry and it improved. No she is back doing data entry again and it is back to

where it was. On initial visit the patient had moderate pain in the R 5th finger and

up the R f/a. Worse with data entry but hurts all the time.

**TxHx:** PT, TEbr, elbowSlv, Celebrex; **Dy2:** improved; **Dy10:** better R elbow pain and RRF

and RSF tingling resolved. c/o pain in L wrist and L thumb (? not in orig complaints); she was not taking the Celebrex, as she "doesn t like meds"; not doing

PT as she "knows the HEP". With resolution of R side pain and no active participation in tx program she was D/Ced to HEP and given a brace for the L side.

She is now 6-1/2 mo out from the injury. She is 1 month out from her original D/C.

Since the last visit the pain is the SAME. The patient states she only rarely has

some tingling in her RSF and no pain in the R elbow. She does have pain in the R

flexor muscle belly at the proximal forearm and in the distal flexor tendons of her

R forearm. She also gets pain in the thenar pad of her R hand. This pain is all

worse when she has to admit more patients, which involves a lot of writing. She also

has to do a lot of typing at other points in her shift. Overall it has been over 6

months since she started having troubles. She had a month of treatment and has been

doing the exercises, wearing her braces prn and using the meds when the pain worsens

for a month since her D/C. With all of this she is still having the pains.

-Referral to Hand Specialist.

-Order Acupuncture 6 visits. (per pt request)

-Continue braces prn.

-Continue Meds prn

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| <b>Service Location:</b> | CMC - LAX 3rd Street                     | <b>Injury Date:</b>   | 4/25/2023                    |
| <b>Claim Number:</b>     | 231089027                                | <b>Service Date:</b>  | 11/7/2023                    |
| <b>Diagnosis:</b>        | M77.01                                   | <b>Employer:</b>      | Laser Eye Care of California |
|                          | MEDIAL EPICONDYLITIS, RIGHT ELBOW-M77.01 | <b>Dictated By:</b>   | John Foster, MD              |

**Notes:**

- Return To Work LD
- Return To Clinic 11/20/23

Chaperone was declined

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.

**Activity Status and Restrictions****Treatment Status:**

Returning for follow-up: 11/20/23  
Anticipated date of MMI: 12/16/2023  
Activity Status

Return to full work/activity today.  
Activity Status Comment: may use braces as needed.

**State Form - Clinician**

Request for Authorization - CA: New Request  
California PR2 - Clinician:

This is a PR-2 dictation due to a change in the patient's treatment and/or restrictions. Reason(s) PR-2 statement is being submitted at this time:  
Need for  
referral or consultation

**Signatures**

**Documented By: John Foster, MD**  
**Documented On: 11/7/2023 9:06 AM**

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Phone: (213) 745-6106 Fax: (213) 745-6107

**Transcription**

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| <b>Patient:</b>          | Briones, Zuleyma     | <b>Service ID # :</b> | 954685995                                |
| <b>Soc. Sec. #:</b>      |                      | <b>Referral Q ID:</b> |  |
| <b>Date of Birth:</b>    | 1/20/2000            | <b>Age:</b>           |  |
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| <b>Claim Number:</b>     | 231089027            | <b>Dictated By:</b>   | John Foster, MD                          |
| <b>Diagnosis:</b>        | M77.01               |                       | MEDIAL EPICONDYLITIS, RIGHT ELBOW-M77.01 |

**Notes:**

Electronically signed by : John Foster, M.D.; Nov 7 2023 9:06AM PST -  
Author

**Documented By: John Foster, MD**  
**Documented On: 11/7/2023 9:06 AM**