


State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

LF

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): OEHLHOF, JOSEPH				
Date of Injury (MM/DD/YYYY): 03/28/2022			Date of Birth (MM/DD/YYYY): 05/15/1976	
Claim Number: 140820			Employer: SAN BERNARDINO COUNTY FIRE DEPT.	
Requesting Physician Information				
Name: PHILIP CONWISAR MD				
Practice Name:			Contact Name:	
Address: 4835 VAN NUYS BLVD. #210			City: SHERMAN OAKS	State: CA
Zip Code: 91403	Phone: (818) 784-1354		Fax Number: (818) 784-5705	
Specialty: ORTHOPEDIC SURGEON			NPI Number: 1699883926	
E-mail Address:				
Claims Administrator Information				
Company Name: CITY OF SAN BERNARDINO			Contact Name: LAURIE FOSTER, MS.	
Address: 222 W HOSPITALITY LANE			City: SAN BERNARDINO	State: CA
Zip Code: 92415	Phone: (909) 386-8655		Fax Number: (909) 386-8711	
E-mail Address:			(818) 708-1705	
Requested Treatment (see instructions for guidance; attached 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 (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
ARTHRALGIA	M25.521	MRI OF RT ELBOW	73221	
Requesting Physician Signature: 			Date: 10/19/2023	
Claims Administrator/Utilization Review Organization (URO) Response				
<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:				

Risk Management 2023-10-20 13:00:48

PHILIP H. CONWISAR, M.D.*A Professional Corporation***Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery***Diplomate, American Board of Orthopaedic Surgery**Fellow, American Academy of Orthopaedic Surgeons*

September 21, 2023

County of San Bernardino-Risk Management Division
222 W. Hospitality Ln., 3rd Floor
San Bernardino, CA 92415

Att: Laurie Foster, Claims Examiner

RE: **OEHLHOF, JOSEPH**
D/I: CT March 28, 2022
OCC: Firefighter Paramedic
EMP: San Bernardino County
Fire Department
D/E: September 21, 2023
CLAIM #: 140820
WCAB #: ADJ16171280

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2
REVIEW OF MEDICAL RECORDS
REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient is evaluated by telemedicine. Consent was given for telemedicine examination. He continues to have persistent pain in his low back and right elbow that can be severe at times. His low back pain is the most severe at this time. He has been authorized for chiropractic therapy for his low back which is pending scheduling. He had an updated MRI of the lumbar spine on August 8, 2023. We reviewed this today. He continues to have persistent pain in his right elbow that feels like something is catching and locking in his elbow.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

LUMBAR SPINE EXAMINATION

The contour is normal.

There is restricted range of motion with pain on range of motion.

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Neurologic exam appears to be intact to the lower extremities. Neurologic examination is limited in a telemedicine examination.

RIGHT ELBOW EXAMINATION

There is no swelling.

There is full range of motion.

The pain is located laterally in the area of the radial humeral joint.

X-RAY EXAMINATION:

X-rays of the right elbow obtained on 8/8/23 at Advanced Imaging were personally reviewed. There is normal alignment. There are no acute abnormalities. There is no acute fracture or dislocation. There is moderate osteoarthritis with degenerative osteophytes.

X-rays of the lumbar spine obtained on 04/04/2022 are interpreted by the radiologist as showing mild early degenerative changes in the lower lumbar spine. There is a mild scoliosis.

X-rays of the lumbar spine obtained on 03/28/2022 are interpreted by the radiologist as showing muscle spasm without acute traumatic injury.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine obtained on 8/8/23 is interpreted by the radiologist as showing minimal central canal stenosis seen at L4-L5, secondary to a 4mm. broad based disc protrusion. There is a 3.5mm. broad based disc protrusion at L5-S1 with mild bilateral lateral recess stenosis seen without associated central canal stenosis.

MRI of the lumbar spine was obtained on 04/04/2022 is interpreted by the radiologist as showing 4mm. disc protrusion at L5-S1 with mild disc space narrowing. There is mild bilateral foraminal stenosis and mild facet hypertrophy. There is a 3mm. disc protrusion at L4-5 with an annular tear. There is minimal lateral recess stenosis and mild facet hypertrophy. There is a mild scoliosis.

REVIEW OF MEDICAL RECORDS:

05/27/2022: Kamran Aflatoon, D.O. - Spine Surgical Consultation.

08/22/2022: David Wood, M.D. - Primary Treating Physician Initial Report.

This concludes the Review of Medical Records.

DIAGNOSES:

1. LUMBAR DISC PROTRUSIONS, L4-5, L5-S1.

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2. LUMBAR SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
3. MINIMAL LUMBAR SPINAL STENOSIS, L4-L5.
4. RIGHT ELBOW ARTHRALGIA, RULE OUT LATERAL EPICONDYLITIS VERSUS INTRAARTICULAR DERANGEMENT.
5. MODERATE DEGENERATIVE JOINT DISEASE, RIGHT ELBOW.

DISCUSSION/TREATMENT PLAN:

Based on the history as stated by the patient and physical examination, it is with reasonable medical probability the patient's usual and customary work activities caused injuries to the lumbar spine and right elbow. The mechanism is consistent with the diagnoses. He is symptomatic; he requires medical treatment.

The patient has been authorized for chiropractic therapy for the lumbar spine. This is pending scheduling and will be scheduled in the near future.

He has persistent pain in his right elbow with a catching and locking sensation. He is indicated for an MRI of the right elbow to evaluate for internal derangement. Please authorize.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient will remain at temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on September 21, 2023 by telemedicine. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information 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 herein, that I believe it to be true.

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.



Ann Bonner, PA-C

OEHLHOF, JOSEPH

September 21, 2023

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Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: September 21, 2023 Los Angeles County, California

AB/jt

cc: Straussner, Sherman, Lonne, Treger & Helquist
Benjamin Helquist, Attorney at Law
14555 Sylvan Street
Sherman Oaks, CA 91411