

Kings Industrial Occ. Med. Ctr, Inc. Reedley

923 G Street
Reedley, CA 93654
Phone: 559-637-4426
Fax: 559-637-4429

November 07, 2023

Notification of Workers' Compensation Referral

SUMMIT Physical Therapy
921 G Street
Reedley CA 93654

Phone: 559-638-9200
Fax: 559-638-9208

Referral Date:	11/7/2023	Patient Phone:	254-350-4112
Patient Name:	Mendoza, Eleazar	Cell Phone:	
DOB:	1/9/1947	Address:	13540 1st
Date of Injury:	5/24/2021		Parlier, CA 93648
Patient ID:	900-04-0976		
Diagnosis:	1. Sprain of ligaments of lumbar spine, subsequent encounter (S33.5XXD). 2. Contusion of lower back and pelvis, subsequent encounter (S30.0XXD).		
Reason for Referral:	Physical therapy for the lumbar spine 2x4.		
Current Work Capacity:	Return Full		
Referred By:	Eric Sorensen, M.D.		

Employer: Wawona Packing LLC DBA Gerawan
7108 N Fresno St Suite 450
Fresno, CA 93720

Co. Contact Person: Crystal Mercado
Company Phone: 559-312-2873
Company Fax:

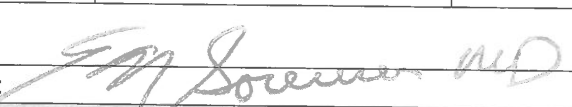
Workers' Comp. Ins.: Tristar
P.O. BOX 2805
Clinton IA 52733
Claim Number: 21850760

Ins. Contact Person:
Insurance Phone: 559-432-1260
Insurance Fax: 559-432-1267
Insurance Email:



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="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): Mendoza, Eleazar				
Date of Injury (MM/DD/YYYY): 05/24/2021			Date of Birth (MM/DD/YYYY): 01/09/1947	
Claim Number: 21850760			Employer: Wawona Packing LLC DBA Gerawan	
Requesting Physician Information				
Name: Eric Sorensen, M.D.				
Practice Name: Kings Industrial Occ. Med. Ctr, Inc. Reedley			Contact Name: Irene	
Address: 923 G Street,			City: Reedley	State: CA
Zip Code: 93654	Phone: (559) 637-4426		Fax Number: (559) 637-4429	
Specialty:			NPI Number:	
E-mail Address:				
Claims Administrator Information				
Company Name: Tristar			Contact Name:	
Address: P.O. BOX 2805			City: Clinton	State: IA
Zip Code: 52733	Phone: (559) 432-1260		Fax Number: (559) 432-1267	
E-mail Address:				
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.)
Sprain of ligaments	S33.5XXD	Physical therapy for the lumbar		2x4
Contusion of lower b	S30.0XXD	spine		
Requesting Physician Signature:  Date: 11/07/2023				
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:				

Kings Industrial Occupational Medical Center, Inc.

923 G Street Reedley, CA 93654 559-637-4426 559-637-4429

Patient: Eleazar Mendoza
Company: Wawona Packing LLC DBA Gerawan
Physician: Airean Raguindin, NP
Insurance: Tristar

Date of Birth: 1/9/1947
Injury Date: 5/24/2021
Exam Date: 11/1/2023
Claim #: 21850760

PATIENT DESCRIPTION OF ACCIDENT

Patient states that he fell off the last step on a ladder landing on his left hip and hurting his lower back.

CHIEF COMPLAINT

Low back pain.

DEMOGRAPHICS

Eleazar Mendoza is a 76 year-old Male, Employee of Wawona Packing LLC DBA Gerawan, and Picker.

HISTORY OF PRESENT ILLNESS

Patient states that he fell off the last step on a ladder landing on his left hip and hurting his lower back.

07/29/2021: Patient states his pain is a 10 out of 10. He has not worked for the last couple of days due to increase pain. Patient is using a walker to ambulate.

08/19/2021: Patient states he feels better and physical therapy is helping. He is on modified work and feels he is still unable to do his regular work.

09/02/2021: Patient states he feels better and that physical therapy is helping. Patient is on modified work and feels he is still not able to do his regular work.

01/23/2023: Patient had a QME done by Lonnie Powell DC. Per the QME patient is P and S status effective date 12/27/2022. According to the QME the patient has work restrictions. Patient is limited to sedentary work and no work from height. Future medical care also reports formal care should be for acute flare ups and managed by Primary Treating Physician. His care should include physician visits for medication management, with a type of medication left to the discretion of the Primary Care Physician. Other forms of care can consist of short courses of physical therapy, modalities and operative intervention should the patient's deteriorate to the point that an Orthopedic Surgeon indicates that surgery is warranted.

REVIEW OF SYSTEMS

Musculoskeletal: Positive for joint stiffness. Negative for bruises, joint pain, joint swelling, muscle cramping, muscle pain, and muscle weakness.

Neurological: Negative for numbness, and weakness.

PAST FAMILY AND SOCIAL HISTORY

Previous Work Injuries:

over 10 years broken ribs.

Alcohol Use:

He states he consumes six alcoholic drinks per week.

Menstrual History:

N/A

Tetanus Immunization:

Unknown.

Tobacco Use:

4-5 cigarittes a day.

Previous Surgery:

Previous Surgery None.

Hobbies:

Hobbies None.

Language:

Spanish.

Marital Status:

Marital Status Married.

Prior Motor Vehicle Accident or Personal Injuries:

. None.

Past or Present Medical History:

None.

Work History:

2 years.

CURRENT MEDICATIONS

None.

ALLERGIES

None.

VITAL SIGNS

Weight (lbs): 203.

Height (inches): 67.

BMI: Obese (31.8).

Blood Pressure: 140/88.

Respiratory Rate (per min): 16.

Pulse Rate (per min): 71.

Temperature (°F) 97.3.

Pulse Oximetry: 98.

Pain Scale (out of 10): 10.

EXAMINATION

Objective: Patient's vital signs are within normal limits. Patient is alert and oriented times 3. Patient is in no distress.

SUBJECTIVE

Patient had a QME done on 01/23/2023 by Lonnie Powell DC. He states his pain is a 10 out of 10. Patient states nothing has changed.

ASSESSMENT

Low back strain.

DIAGNOSIS

1. Sprain of ligaments of lumbar spine, subsequent encounter (S33.5XXD).
2. Contusion of lower back and pelvis, subsequent encounter (S30.0XXD).

TREATMENT PLAN

An RFA is being submitted to the insurance company for Physical Therapy 2 times a week for 4 weeks for the lumbar spine.

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Eleazar Mendoza
1/9/1947
11/1/2023

Work status is sedentary work and no work from height per QME.

Patient was also encouraged to continue with any self care at home which includes strengthening, walking, stretching exercises and the use of over the counter medication when appropriate.

A prescription was sent in for Ibuprofen 800 mg q 8 hours PRN for pain to CVS in Reedley.

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MEDICAL CAUSATION

The cause of this problem is related to work activities.

RECOMMENDED WORK STATUS

Eleazar's recommended work status is Regular Duty. The effective date for this work status is 11/1/2023. This work status designation ends 11/22/2023.

RECOMMENDED ACTIVITY RESTRICTIONS

General: Regular Duty.

IMAGING STUDIES

XRAY - Lumbar Spine: In office. Anterior liping is noted. No acute fractures or dislocations. Good disc space.