

Kings Industrial Occ. Med. Ctr, Inc. Reedley

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

October 31, 2023

Notification of Workers' Compensation Referral

Peter Simonian
729 N. Medical Center Drive W.
Suite 101
Clovis CA 93611

Phone: 559-439-7633
Fax: 559-439-7632

Referral Date:	10/31/2023	Patient Phone:	559-596-5418
Patient Name:	Gonzalez*, Fernando	Cell Phone:	
DOB:	4/20/1960	Address:	1829 E. Meadow Lane
Date of Injury:	1/4/2023		Dinuba, CA 93618
Patient ID:	900-06-2258		
Diagnosis:	1. Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, subsequent encounter (S46.912D). 2. Strain of muscle, fascia and tendon of lower back, subsequent encounter (S39.012D).		
Reason for Referral:	Orthopedic consult and treat with Dr simonian for the lt shoulder		
Current Work Capacity:	Limited Duty		
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:	23901302		
Ins. Contact Person:			
Insurance Phone:	559-432-1260		
Insurance Fax:	559-432-1267		
Insurance Email:			



Kings Industrial Occupational Medical Center, Inc.

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

Patient: Fernando Gonzalez*
Company: Wawona Packing LLC DBA Gerawan
Physician: Victoria Lopez, FNP
Insurance: Tristar

Date of Birth: 4/20/1960
Injury Date: 1/4/2023
Exam Date: 10/27/2023
Claim #: 23901302

DEMOGRAPHICS

Fernando Gonzalez* is a 63 year-old Male, Employee of Wawona Packing LLC DBA Gerawan, and General Laborer.

CHIEF COMPLAINT

Left shoulder and low back pain.

PATIENT DESCRIPTION OF ACCIDENT

Patient states that he was using pruning shears with both hands while cutting a branch, he felt a pop in his left shoulder and low back.

HISTORY OF PRESENT ILLNESS

01/25/2023; Patient states that he was using pruning shears with both hands while cutting a branch, he felt a pop in his left shoulder and low back.

01/25/2023: New injury, PR-1. Chief complaint left shoulder and low back. Claimed body parts, left shoulder and low back. Mechanism of injury, patient was pruning, he was cutting a thick branch, his arms were overhead, he was tilted to the left to angle the shears when he cut the thick branch, he felt a pop in his left shoulder and his low back. He was then seen at Adventist ER in Reedley. He was seen on 01/17/2023. It looks like an x-ray of the left shoulder was obtained which showed a chronic fracture. Patient reports a fracture about 40 years ago, which is probably what we are seeing. No other acute findings. He also had a CT of the lumbar spine without contrast. This has shown spondylolisthesis noted L5. Grade 1 spondylolisthesis with anterior listhesis L5 on S1. Otherwise, no acute fracture. Some degenerative disc findings between L1 down to L5. No other acute findings.

03/23/2023: Patient is going to start physical therapy for the left shoulder.

03/24/2023: Patient has his last session of physical therapy for his back.

05/18/2023: Patient had an MRI of the left shoulder done at Visalia Imaging and Open MRI. Impression: Chronic massive rotator cuff tear of the supraspinatus and infraspinatus tendons. Long head biceps tenosynovitis. Age appropriate SLAP II lesion of the posterior superior labrum. Moderate to advanced AC joint osteoarthritis.

06/04/2023: Patient had an MRI of the lumbar spine done at Visalia Imaging and Open MRI. Impression: Chronic bilateral L5 pars defects. Multilevel discogenic changes and facet arthropathy contributing to neural foraminal narrowing. No central canal stenosis. Endplate changes at L4-L5. If the patient has chronic vertebrogenic low back pain for at least 6 months that has not responded to conservative care, patient may be a candidate for basivertebral nerve ablation. This could be confirmed with an anesthetic discogram. Consider referral to interventional radiology.

08/09/2023: Patient has an appointment with Pacific Spine and Pain in Visalia.

08/25/2023: The patient saw Dr. Thaxter for the left shoulder on 08/23 where he is pending authorization or approval for surgery at this time. He no showed to his Dr. Sorensen appointment on 08/09, they rescheduled him for 09/06 at 12:30.

09/06/2023: Patient was seen by Pacific Spine and Pain. It looks like they are submitting for injections and his injection will be 12/14/2023.

REVIEW OF SYSTEMS

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

Neurological: Negative for numbness.

PAST FAMILY AND SOCIAL HISTORY

Previous Work Injuries:

None.

Alcohol Use:

None.

Menstrual History:

Male.

Tetanus Immunization:

Unknown.

Tobacco Use:

10 cigarettes daily.

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:

4 years.

CURRENT MEDICATIONS

Naproxen, and Walmart- Dinuba.

ALLERGIES

NKDA.

VITAL SIGNS

Weight (lbs): 138.

Height (inches): 62.

BMI: Overweight (25.2).

Blood Pressure: 158/72.

Respiratory Rate (per min): 16.

Pulse Rate (per min): 68.

Temperature (°F) 97.3.

Pulse Oximetry: 98.

Pain Scale (out of 10): 7.

EXAMINATION

Kings Industrial Occ. Med. Ctr, Inc. Reedley
Fernando Gonzalez*
4/20/1960
10/27/2023

Objective: Vital signs, blood pressure is a little bit elevated at 158/72. He is alert and oriented times 3. Patient is pleasant.
Interpretation assisted by San Andres.

SUBJECTIVE

Patient was denied surgery with Dr. Thaxter for the left shoulder. He is having injections done for the back pain on 12/14/2023. Patient states his pain is a 7 out of 10. He states nothing else has changed.

ASSESSMENT

1. Low back strain with a CT finding of spondylolisthesis L5-S1. 2. Left shoulder strain.

DIAGNOSIS

1. Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, subsequent encounter (S46.912D).
2. Strain of muscle, fascia and tendon of lower back, subsequent encounter (S39.012D).

TREATMENT PLAN

Patient is to follow up in 6 weeks.

An RFA is being submitted to the insurance company for consultation and treatment with an Orthopedic Specialist for the left shoulder, second opinion.

Work status is unchanged.

VL.

MEDICAL CAUSATION

The cause of this problem is related to work activities.

RECOMMENDED WORK STATUS

Fernando's recommended work status is Restricted Duty. The effective date for this work status is 10/27/2023. This work status designation ends 12/8/2023.

RECOMMENDED ACTIVITY RESTRICTIONS

General: No overhead work with the left arm. Limit frequent bending & stooping. No walking on uneven grounds.

PRESCRIPTIONS

naproxen 500 mg tablet. Amount: 90. Instructions: take 1 tablet (500 mg) by oral route 2 times per day with food. Refills: 1. 5/31/23.

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"/> 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.	<input type="checkbox"/> Resubmission – Change in Material Facts
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Employee Information

Name (Last, First, Middle): Gonzalez*, Fernando	
Date of Injury (MM/DD/YYYY): 01/04/2023	Date of Birth (MM/DD/YYYY): 04/20/1960
Claim Number: 23901302	Employer: Wawona Packing LLC DBA Gerawan

Requesting Physician Information

Name: Victoria Lopez, FNP/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: 1689250987
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.)
Strain of unspecifie	S46.912D	Orthopedic consult and treat with Dr		
Strain of muscle, fa	S39.012D	Simonian for the lt shoulder		

Requesting Physician Signature: 	Date: 10/31/2023
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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:		