



LOMA LINDA UNIVERSITY
MEDICAL CENTER

RFA
AD

Date: 04/19/2023
To: Adrian Duenas
Fax: 9093868711
Subject: CL# 143104
From: Nickie Garcia
Company:
Pages: 9
Message: RFA

Risk Management 2023-04-27 10:34:29



LOMA LINDA UNIVERSITY
MEDICAL CENTER

Date: 03/29/2023
To: Brent Williams
Fax: 9093868711
Subject: CL# 143104
From: Nickie Garcia
Company:
Pages: 8
Message: RFA

Risk Management 2023-04-27 10:34:29

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LLUHS Dept of Occupational Medicine Center

328 Commercial Rd, Suite 101
San Bernardino CA 92408-3766

Phone: 909-558-6222

Fax: 909-796-8284

Patient: Anyluz Jaimes Sanchez
MRN: 7219336 **Phone:** Home Phone 661-886-8332
Birthdate: 05/10/1996 **Mobile:** 661-886-8332
Sex: F **Address:** 27000 W Lugonia Ave Apt 16302
Redlands CA 92374

Primary cvg: WORKERS COMP
WORKERS' COMPENSATION
GENERIC

Ambulatory referral to Physical Therapy

Order Date: Mar 29, 2023

Associated Dx: Strain of extensor muscle at forearm level (S56.519A)

Dx Display Text:

Referred to Specialty: Physical Therapy

Reason for Referral: Outpatient Physical Therapy

Referred to Department: MCORC ORTHO PT

Referral Priority: Routine

Treatments per Week: 1-2

Date to be Seen: 1 Week

Reason for Referral or Urgency of Appt: bilateral forearm strain

Prerequisites Prior to Visit: None

Number of Visits: 6

DEPARTMENT PHONE NUMBER: 909-558-6144

Patient Instructions:

Please deliver report/results to the requesting provider and the patient's PCP.

Entered by: Underwood, Charity, MD
Requested by: Juma, Haltham A. MD
(E-Sig. Mar 29, 2023, 10:17 AM)

PCP: Rosalie Ramos, MD
11234 Anderson St Westerly C
Loma Linda CA 92354

LIC #: A106369
NPI #: 1578700332
DEA #: FJ1209611

Phone: 909-558-6688
Fax: 909-558-6656

Sanchez, Anyluz Jaimes

MRN: 7219336

Juma, Haitham A, MD
Physician
Specialty: Occupational Medicine

Progress Notes
Signed

Encounter Date: 3/29/2023

**STATE OF CALIFORNIA DIVISION OF WORKERS' COMPENSATION - PRIMARY
PHYSICIAN'S PROGRESS REPORT (PR-2)**

Change in treatment plan

Patient:

Last, First, MI. Anyluz Jaimes Sanchez
Address: 27000 W Lugonia Ave Apt 16302
Redlands CA 92374

Sex: female

Date of Injury: Date of Birth: 5/10/1996
Occupation: SS # xxx-xx-8234
(home)

Phone: 661-886-8332

ID/CC:

Anyluz Jaimes Sanchez is a 26 y.o. female here for follow up for

Chief Complaint

Patient presents with

- Follow-up

Bil Hand, Wrist, Forearm DOI: 12/1/2022

SUBJECTIVE COMPLAINTS:

Worker was discharged on 2/21/2023 for bilateral hand and forearm strains that improved after OT. She presents to clinic today because her bilateral forearm pain came back after returning to work full duty.

Endorses mild pain located bilateral forearms with radiation to the thumb. Worse with movements such as keyboarding. Better with rest. Denies numbness or tingling. She states that her job provided her with an ergonomic keyboard and they ordered a lower stand that is pending arrival.

PT/OT: previously completed 6/6 sessions OT

ADLS independently

Social Hx: Currently employed at city of San Bernardino as a RN.

Tolerating full duty work with issue.

Medications:

Current Outpatient Medications:

- acetaminophen (TYLENOL) 500 MG tablet, Take three-fourths of a tablet by mouth every 4 hours as needed for pain or fever. Do not exceed 6 tablets in 24 hours, Disp: , Rfl:
- ibuprofen (ADVIL or MOTRIN) 600 MG tablet, Take 600 mg by mouth every 8 (eight) hours as needed., Disp: , Rfl:

Allergies: No Known Allergies

ROS:

CONSTITUTIONAL - No weight change, fever or chills

PSYCHIATRIC - No depression, anxiety or suicidal ideation.

DERMATOLOGIC- No rashes or erythema.

NEUROLOGIC- No tingling/numbness in extremities.

OBJECTIVE FINDINGS:

a. PHYSICAL EXAM:

VITALS:

BP (I) 106/66 (BP Location: Left Upper Arm, BP Patient Position: Sitting) | Pulse 63 | Temp 98 °F (36.7 °C) (Temporal) | Ht 1.575 m (5' 2") | Wt 68.8 kg (151 lb 9.6 oz) | BMI 27.73 kg/m²

GENERAL:

Body Habitus: Normal

Deformities: No gross deformities.

Appearance/ Hygiene: No apparent distress/ pain. Kempt and appropriately groomed.

NEURO:

Coordination: No ataxia/ dysmetria. No abnormal movements.

Sensation: Grossly intact to light touch.

Strength/Tone: No visible atrophy, spasticity or cog-wheeling bilaterally.

PSYCH:

Orientation: Oriented to time, place, and person.

Mood: No apparent depression, anxiety, or agitation.

Speech Normal content, frequency, and affect.

RESPIRATORY

Normal respiratory effort

MS (BUE/ WRIST/ HAND/ FINGER) :

INSPECTION : No erythema/ edema. No malalignment/ asymmetry/ deformity/ defect/ contracture.

PALPATION : Radial/ Dorsal/ Ulnar/ Volar wrist joint line non-TTP. Anatomic Snuff Box non-TTP. CMP/ PIP/ DIP joints non-TTP. No crepitation.

ROM : FAROM (WRIST : Extension/ Dorsiflexion 50-70, Flexion/ Palmar Flexion 60-90, Radial Deviation 20, Ulnar Deviation 30-35) without pain. FAROM (PHALANGES : Flexion/ Abduction/ Adduction. Thumb opposition) without pain.

STABILITY : No dislocation (luxation), subluxation, or laxity.

STRENGTH/ TONE : Forearm Extensors/ Flexors 5/5. Interosseous muscles 5/5. Pincher Grasp 5/5. Handgrip 5/5. No atrophy, spasticity, cog-wheeling. No abnormal movements.

TESTS : Medial Compression (-). Tinels (-). Phalens (-). Finkelsteins (-).

MS (BUE/ ELBOW/ FOREARM) :

INSPECTION : No malalignment/ asymmetry/ deformity/ defect/ contracture.

PALPATION : Lateral/ medial epicondyles non-TTP. Ulnar notch non-TTP, no paresthesias elicited. Flexor forearm muscles non-TTP. **Extensor muscles TTP**

ROM : FAROM (Flexion 140-145, Hyperextension 0-10, Pronation 80-90, Supination 80-90) without pain.

STABILITY : No dislocation (luxation), subluxation, or laxity.

STRENGTH/ TONE : Biceps 5/5. Triceps 5/5. No atrophy, spasticity, cog-wheeling. No

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abnormal movements.

b. Imaging studies not performed this visit.

DIAGNOSES:

1. **Strain of extensor muscle at forearm level**
2. Overuse injury

ICD-10-
CM
S56.519A
X50.3XX
A

Clinical course: worsened

ASSESSMENT & TREATMENT PLAN:

26 y.o. female RN for City of San Bernardino previously seen for bilateral hands and forearm strains due to repetitive movement with negative tests for CTS. (DOI: 12/1/2022). OT was ordered and ergonomic evaluation done.

1/23/2023: Pt adhering to work restrictions and pain is improving. Her ROM and finger strength have returned, but with continued aches at R forearm extensor surface. She is not using NSAIDs by choice. First OT appointment is later today.

2/21/2023

Worker was seen today after completion of OT. Worker states that she is back to baseline and is agreeable to discharge without restrictions.

3/29/2023

W presents with return of symptoms. History and Physical exam are consistent with extensor muscle strain at the level of the forearm due to overuse. Negative tests for CTS. Will order physical therapy for bilateral forearms. Advised worker to make work environment as ergonomic as possible for her. She should take frequent stretch breaks. Work restrictions placed. RTC in ~3 weeks for reevaluation and follow up of ergonomic keyboard stand.

TREATMENT RENDERED

- Start physical therapy- 6 sessions for bilateral forearms
- Continue physical activity as tolerated.
- Continue ergonomic keyboard and frequent stretch breaks.
- Work restrictions placed as below.
- Return to clinic on 4/20/23 at 9:00AM

I personally spent 25 minutes with patient, as well as completing the following: , Discussed return to work expectations and specific goals, Counseled patient about the physical exam findings, diagnosis and prognosis, Recommended continued physical activity as tolerated, Provided return-to-work instructions and work status letter including future appointment date and time. and All of the patient's questions were answered. Patient understands and agrees with treatment plan.

@ENDOFDOC@

Referrals: None

Physical Therapy: Start PT 6 sessions

Supplies Given: none

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Barriers to recovery: Overuse injury

WORK STATUS:

This patient has been instructed to: Return to work with the following work restrictions on 3/29/2023

RESTRICTIONS:

Limit keyboarding to 4 hours per shift

Underwood, Charity MD - Occupational Medicine PGY-1

Total time spent during the encounter including face-to-face and non-face-to-face time during this encounter is 25 minutes

Primary Treating Physician: Haitham Juma, MD, MPH CA Lic#A106369 Date of Exam: 3/29/2023

I declare under penalty that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3

Signature: Haitham Juma, MD, MPH CA Lic#A106369

Executed at: San Bernardino, California Date: 3/29/2023

Specialty: Occupational Medicine

Address: Loma Linda University Occupational Health Center, 328 E. Commercial Road, Suite 101, San Bernardino, CA 92408

Phone: (909) 558-6222

I performed a history and listened to the patient's complaints. I discussed their management with the patient and resident physician. I reviewed and edited the resident physician's note and agree with the documented findings and plan of care.

Haitham Juma, MD, MPH A106369/FJ1209611/1578700332

Office Visit on 3/29/2023

Additional Documentation

Vitals: BP 106/66 ♀ (Abnormal) (BP Location: Left Upper Arm, BP Patient Position: Sitting) Pulse 63
Temp 98 °F (36.7 °C) (Temporal) Ht 1.575 m (5' 2") Wt 68.8 kg (151 lb 9.6 oz)
BMI 27.73 kg/m² BSA 1.73 m² Pain Sc 3 (Loc: Arm)

Flowsheets: Vital Signs, Anthropometrics

Linked Episodes

Bil Hand, Wrist, Forearm DOI:12/1/2022 Noted 1/6/2023

Orders Placed

Ambulatory referral to Physical Therapy Pending Review

Medication Changes

As of 3/29/2023 9:36 AM

None

Visit Diagnoses

Primary: **Strain of extensor muscle at forearm level S56.519A**
Overuse injury X50.3XXA