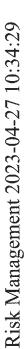
4/27/2023 3:41 PM FROM: LLUMC - UHC Central TO: +19093868711 P.





RFA AD

Date:

04/19/2023

To:

Adrian Duenas

Fax:

9093868711

Subject:

CL# 143104

From:

Nickie Garcia

Company:

Pages:

q

Message:

RFA

4/27/2023 3:41 PM FROM: LLUMC - UHC Central TO: +19093868711 P.

LOMA LINDA UNIVERSITY

MEDICAL CENTER



2

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

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.

Check box if reque	st is a written con	oloyee faces an immino firmation of a prior cra	request.		r her health
Employee Informatio		Harris Company			
Name (Last, First, Mid	dle): Sanchez, Ai	nyluz Jaimes			
Date of Injury (MM/DD/YYYY): 12/01/2022			Date of Birth (MM/DD/YYYY): 05/10/1936		
Claim Number: 143104			Employer:		
Requesting Physicia	n Information		# 640 X 160		
Name: JUMA, HAITHAN		- Attack Company of the Company of t			
Practice Name: LLUHS-Occupational Medicine			Contact Name: Nickie Garcia		
Address: 328 Commercial Road, Suite 101			City: San Bernardino State: CA		
Zip Code: 82408 Phone: (800) 679-4642				Number: (909) 651-	- Opposite and the second seco
Specialty: Occupational Medicine			NPI Number: 1578700332		
E-mail Address: neg		The state of the s		and the state of t	nan katila da katila
Olalma Administrato	ninformation (No. of Participation	The second section is a second	2 Y045	
Company Name: County of San Bernardino			Contact Name: Brent Williams		
Address: 222 W. HOSPITALITY LANE, 3RD FLOOR				City: San Bernardino State: CA	
Zip Code: 92415 Phone: 909-386-8794			Fax Number: 909.386.8711		
Requestred Treatmen List each specific requ of the attached medic	lested medical se al report on which	the requested treatme	s in the bel ent can be	ow space or indicat found. Up to five (te the specific page number(s) procedures may be entered;
Requested Treatmer List each specific requests of the attached medic list additional requests Diagnosis	lested medical se al report on which	rvices goods, or items	s in the beli ent can be is insuffici quested	ow space or indicat found. Up to five (Other Information: (Frequency, Duration
Requested Treatmer List each specific requ of the attached medic list additional requests Diagnosis (Required)	rested medical se al report on which s on a separate sh (CD-Code (Required)	rvices, goods, or items the requested treatme seet if the space below Service/Good Rec (Required)	s in the beli ent can be is insuffici quested	ow space or indicate found. Up to five (int.	the specific page number(s) b) procedures may be entered; Other Information:
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List each specific requoi the attached medicilist additional requests Diagnosis (Required) train of extensor muscle at forearm level	sested medical seat report on which son a separate shape (Required) S56.519A Signature:	rvices, goods, or items the requested treatment if the space below Service/Good Rec (Required) Physical Therapy	s in the belient can be is insuffici	ow space or indicate found. Up to five (lient. CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.) x6 Visits
Requesting Physician Chings Administrate Requesting Physician Chings Administrate Approved De Requested treatments	sested medical seal report on which on a separate shape (CD-Code (Required) \$56.519A Signature: #Utilization Relynied or Modified (ent has been previated)	rvices, goods, or items the requested treatment if the space below Service/Good Rec (Required) Physical Therapy	s in the belient can be is insufficient can be is insufficient can be is insufficient can be insufficient	ow space or indicate found. Up to five (lient. CPT/HCPCS Code (If known) Date of the policy of the	Other Information: (Frequency, Duration Quantity, etc.) x6 Visits e: 03/29/2023 ate notification of delay)
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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

Redlands CA 92374

Patient: MRN:

Sex:

Anyluz Jaimes Sanchez

7219336 05/10/1996 Birthdate:

Phone:

Home Phone 661-886-8332

Mobile

661-886-8332 27000 W Lugonia Ave Apt 16302

F Address:

Primary cvg: WORKERS COMP WORKERS' COMPENSATION

GENERIC

Ambulatory referral to Physical Therapy

Order Date: Mar 29, 2023

Associated Dx: Dx Display Text: Strain of extensor muscle at forearm level (\$56.519A)

Referred to Specialty: Physical Therapy

Reason for

Outpatient Physical Therapy

Referral:

Referred to

MCORC ORTHO PT

Referral Priority:

Routine

Department:

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, Haitham 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#: DEA #: 1578700332 FJ1209611

Phone: 909-558-6688

909-558-6656

Fax:

Sanchez, Anyluz Jaimes (MRN 7219336)

Encounter Date: 03/29/2023

Sanchez, Anyluz Jaimes

MRN: 7219336

Juma, Haitham A, MD

Progress Notes

Encounter Date: 3/29/2023

Physician

Signed

Specialty: Occupational Medicine

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

Sex: female

Address: 27000 W Lugonia Ave Apt 16302 Redlands CA 92374

Date of Injury:

Date of Birth: 5/10/1996

Occupation:

SS # xxx-xx-8234

Phone: 661-886-8332

(home)

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:

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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 (!) 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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Sanchez, Anyluz Jaimes (MRN 7219336) Encounter Date: 03/29/2023

abnormal movements.

b. Imaging studies not performed this visit.

DIAGNOSES:

ICD-10-CM

1. Strain of extensor muscle at forearm level

Overuse injury

S56.519A X50.3XX

Α

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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Sanchez, Anyluz Jaimes (MRN 7219336)

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

BP 106/66 * (Abnormal) (BP Location: Left Upper Arm, BP Patient Position: Sitting) Pulse 63 Vitals:

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

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As of 3/29/2023 9:36 AM

None

Visit Diagnoses

Primary: Strain of extensor muscle at forearm level \$55.519A Overuse injury \$50.3XXA