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.

		ployee faces an imminent firmation of a prior oral re		erious threat to his o	– Change in Material Facts r her health	
Employee Information	on					
Name (Last, First, Mic	ddle): Martinez*,	Jose				
Date of Injury (MM/DD/YYYY): 04/28/2023				Date of Birth (MM/DD/YYYY): 07/08/1978		
Claim Number: 23905536				Employer: Wawona Packing LLC DBA Gerawan		
Requesting Physicia	n 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 Administrato	r Information					
Company Name: Tristar			Contact Name: alison			
Address: P.O. BOX 2805			City	City: Clinton State: IA		
Zip Code: 52733	Lip 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)						
of the attached medica	al report on which	rvices, goods, or items in the requested treatment eet if the space below is	can be	found. Up to five (5	e the specific page number(s)) procedures may be entered;	
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)		CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)	
Strain of long flexo	S66.012D	Orthopedic consult and treat with Dr Majors				
Displaced fracture o	S62.112D	for the It wrist				
En I						
Requesting Physician		- 1 Dear	Carlo State	Date	9: 11/07/2023	
		ew Organization (URO)				
Requested treatme	ent has been prev	See separate decision lett iously denied Liability	y for tre	eatment is disputed (te notification of delay) (See separate letter)	
Authorization Number (if assigned):				Date:		
Authorized Agent Name:		Signature:				
Phone:	Fax Nui	mber:	E-	E-mail Address:		
Comments:						

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

Alexander Majors

Sierra Pacific Orthopedics

1630 East Herndon Avenue

Fresno CA 93720

Phone: 559-256-1639

Fax: 559-256-5309

Referral Date:

11/7/2023

Patient Phone:

559-787-4583

Patient Name:

Martinez*, Jose

Cell Phone:

925 Q St

For Soveren MD

DOB:

7/8/1978

Address:

723 Q BI

Date of Injury:

4/28/2023

Sanger, CA 93657

Patient ID:

900-06-6527

Diagnosis:

1. Strain of long flexor muscle, fascia and tendon of left thumb at wrist and hand

level, subsequent encounter (S66.012D).

2. Displaced fracture of triquetrum [cuneiform] bone, left wrist, subsequent

encounter for fracture with routine healing (S62.112D).

Reason for Referral:

Orthopedic consult and treat with Dr Majors for the lt wrist Limited Duty

Current Work Capacity: 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:

23905536

Ins. Contact Person:

alison

Insurance Phone:

559-432-1260 Ext. 1919

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: Jose Martinez*

Company: Wawona Packing LLC DBA Gerawan

Physician: Airean Raguindin, NP

Insurance: Tristar

Date of Birth: 7/8/1978 Injury Date: 4/28/2023

Exam Date: 11/1/2023 Claim #: 23905536

DEMOGRAPHICS

Jose Martinez* is a 45 year-old Male, Employee of Wawona Packing LLC DBA Gerawan, and Field Worker.

CHIEF COMPLAINT

Left Wrist.

PATIENT DESCRIPTION OF ACCIDENT

Patient states he was on the 6th step of a ladder when he pulled on a bunch of branches with his left hand and says the force caused him to fall off the ladder onto his back but only hurt his left wrist because he pulled the branches with force.

HISTORY OF PRESENT ILLNESS

05/17/2023: Patient states he was on the 6th step of a ladder when he pulled on a bunch of branches with his left hand and says the force caused him to fall off the ladder onto his back but only hurt his left wrist because he pulled the branches with force.

05/17/2023: Patient had x rays done of the left wrist in office and it shows a possible trapezium or trapezoid fracture. At this time I cannot tell by looking at the x rays, we are going to do further studies for evaluation with a CT Scan.

05/19/2023: CT Left wrist without contrast completed at Sierra Medical Center.

IMPRESSION:

- 1. Small mildly displaced age indeterminant avulsion fracture fragment from the dorsal distal aspect of the triquetral bone suggesting injury to the dorsal intercarpal and/or dorsal scaphotriquetral ligaments.
- 2. No evidence of scaphoid fracture. If an occult fracture is a clinical concern, then consider further evaluation with MRI.
- 3. Extensor carpi ulnaris tendon nearly completely subluxed out of the ulnar groove concerning for injury to the tendon subsheath.
- 4. Minimal ulna minus.

05/23/2023: Patient is still pending authorization to see Regional Hand Center.

As there are findings on the CT, most significantly a displaced avulsion fracture from the dorsal distal aspect of the triquetral bone, there is likely a ligamental/tendon injury involved. I will be moving forward with an MRI of the left wrist to fully evaluate this.

06/08/2023: Patient has an appointment with Regional Hand Center. He is supposed to follow up on 06/22/2023 but now he has an appointment for an MRI on 06/22/2023, so he is going to change that.

06/22/2023: Patient was seen by Regional Hand Center and we do have the note. They did release the patient to do up to 10 pounds of weight lifting with the left hand.

06/22/2023: Patient had an MRI of the left hand done at Fresno Imaging Center. Impression: Edema over the dorsal wrist in the area of the mid carpal joint, capitate and hamate. This is in the area of the dorsal intercarpal ligament, and may be related to an injury of that structure. Abnormal signal in the triangle fibrocartilage may be degenerative less likely related to a partial tear. Mild degenerative joint disease at the distal radioulnar joint.

07/21/2023: Patient had an appointment with Dr. Galli. He is requesting an MRA of the wrist.

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10/19/2023: Patient was scheduled for an MRA that was requested by Dr. Galli. He will then follow up with Dr. Galli at that point. Impression: There is communication between midcarpal joint and the radiocarpal joint space, consistent with a tear of the scapholunate ligament. Injection of the distal radioulnar joint shows an abnormal communication with the radiocarpal joint space or other spaces.

REVIEW OF SYSTEMS

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

PAST FAMILY AND SOCIAL HISTORY

Previous Work Injuries:

Right hand.

Alcohol Use:

He states he never consumes alcoholic beverages.

Menstrual History:

Male.

Tetanus Immunization:

He states he does not recall his last tetanus immunization.

Tobacco Use:

He currently does not smoke and has never smoked.

Previous Surgery:

Previous Surgery None.

Hobbies:

Hobbies Gardening.

Language:

His primary language is Spanish.

Marital Status:

Marital Status He is married.

Prior Motor Vehicle Accident or Personal Injuries:

. None.

Past or Present Medical History:

None.

Work History:

3 years.

CURRENT MEDICATIONS

None.

ALLERGIES

NKDA.

VITAL SIGNS

Weight (lbs): 160.

Height (inches): 63.

BMI: Overweight (28.3).

Blood Pressure: 114/79.

Respiratory Rate (per min): 16.

Pulse Rate (per min): 59.

Temperature (°F) 97.3.

Pulse Oximetry: 97.

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Pain Scale (out of 10): 1.

EXAMINATION

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

SUBJECTIVE

Patient states his pain is a 1 out of 10. He states his pain is an 8 out of 10 in the left wrist with movements or applying strength such as pruning.

ASSESSMENT

Left wrist, CT findings shows an avulsion fragment from the triquetral bone.

DIAGNOSIS

- 1. Strain of long flexor muscle, fascia and tendon of left thumb at wrist and hand level, subsequent encounter (S66.012D).
- 2. Displaced fracture of triquetrum bone, left wrist, subsequent encounter for fracture with routine healing (S62.112D) Displaced fracture of triquetrum bone, left wrist, subsequent encounter for fracture with routine healing (S62.112D).

TREATMENT PLAN

An RFA is being submitted to the insurance company for consultation and treatment with an Orthopedic Specialist for his left wrist.

Work status is no pruning.

Patient is to follow up in 2 weeks.

AR.

MEDICAL CAUSATION

The cause of this problem is related to work activities.

RECOMMENDED WORK STATUS

Jose's recommended work status is Restricted Duty. The effective date for this work status is 11/1/2023. This work status designation ends 11/8/2023.

RECOMMENDED ACTIVITY RESTRICTIONS

General: Lifting should be limited to 10 pounds or less. Pushing and pulling should be limited to 10 pounds or less. restrictions are for the left hand. No pruning.