

MEDICAL REPORT

Report Date: 08/21/2019

Claim: CLM-HO0057

PATIENT INFORMATION

Name: Mary Anderson

DOB: 12/04/1981

SSN: 730-32-6697

Phone: 441-703-9571

Address: 2859 Maple Ct, Los Angeles, CA 65249

MEDICAL FACILITY

Facility: Regional Emergency Care

Date of Service: 08/17/2019

Treating Physician: Dr. Martin

CHIEF COMPLAINT

Patient presents with back strain following motor vehicle accident on 08/17/2019.

DIAGNOSIS

Primary: Back Strain

Secondary: Contusions

ICD-10 Codes: S13.4XXA, M62.830

TREATMENT PLAN

Immediate: Orthopedic Specialist

Medications: Ibuprofen 800mg, Cyclobenzaprine 10mg

Follow-up: 2 weeks, Physical therapy 3x weekly for 6 weeks

Restrictions: No heavy lifting, limited driving for 2 weeks

Estimated Recovery: 6 weeks

PROGNOSIS

Fair - may require extended treatment period.

Physician: Dr. Martinez, MD

License: 112582

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