

# MEDICAL REPORT

Report Date: 08/20/2019

Claim: CLM-AU0151

## PATIENT INFORMATION

Name: James Hernandez  
SSN: 422-82-4940  
DOB: 02/24/1970  
Phone: 872-640-8616  
Address: 7249 Washington Ct, Los Angeles, CA 58533

## MEDICAL FACILITY

Facility: Regional Emergency Care  
Date of Service: 08/18/2019  
Treating Physician: Dr. Moore

## CHIEF COMPLAINT

Patient presents with back strain following motor vehicle accident on 08/18/2019.

## DIAGNOSIS

Primary: Back Strain  
Secondary: Muscle Strain  
ICD-10 Codes: S13.4XXA, M62.830

## TREATMENT PLAN

Immediate: Emergency Room  
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: 5 weeks

## PROGNOSIS

Excellent if patient follows prescribed treatment plan.

Physician: Dr. Johnson, MD  
License: 313993  
Date: 08/20/2019