

# ENGLAND PONTICELLO & ST. CLAIR

A Professional Corporation

*Susan L. England\**  
*Barry W. Ponticello\**  
*Terry S. Wheaton\**  
*Alex M. Oberjuerge\**  
*Lauren E. Hawkins\**

*Brittany L. Sauter*  
*Ian D. Ross*  
*Max B. Anikstein*  
*Alexis A. Philpott*

*\*California Workers' Compensation  
Certified Specialist*

*All Mail and Notices to:*  
**701 B Street, Suite 1790**  
**San Diego, CA 92101**

*Tel. (619) 255-6450*  
*Fax (619) 255-8981*

*www.eps-law.com*

## OFFICE LOCATIONS

LOS ANGELES

ORANGE COUNTY/  
LONG BEACH

SAN DIEGO

*Of Counsel*  
*Margot S. Ponticello*  
*Renee C. St. Clair*

November 21, 2024 - Served on Opposing Counsel

January 6, 2025 - Sent to PQME Dr. Butler

## **PANEL QUALIFIED MEDICAL EVALUATION**

**January 15, 2025, at 1:30 p.m.**

DR. ROBERT BUTLER  
14623 Hawthorne Blvd., Suite 400  
Lawndale, CA 90260

Re: Pedro Acevedo Perez v. D H Blattner/ Quanta Services Inc.  
Helmsman Management Services  
ADJ19049254  
WC608-G89409

Dear Dr. Butler:

The parties would like to thank you for agreeing to evaluate the applicant in your capacity as a Panel Qualified Medical Evaluator in the field of chiropractic on January 15, 2024. Please advise if applicant fails to appear for this examination.

By way of history, applicant claims to have suffered an injury as a result of a trip and fall on March 6, 2024. His injury to the left knee has been accepted; however, it appears from a review that applicant is also claiming to have injured his lower extremity as a result of said trip and fall.

The applicant has received treatment by Adventist Health, with the first evaluation of the applicant being performed on March 7, 2024. Applicant was seen and was returned back to work as of February 13, 2024. He continued on to see David Sanchez, Physician's Assistant, and underwent an examination by Dr. Younai on March 18, 2024. That evaluation consisted of applicant having continued discomfort in his left knee as a result of the aforementioned trip and fall, with the physician prescribing that applicant should continue to receive treatment in the form of over-the-counter medications and modified duty for one week.

DR. ROBERT BUTLER

Re: Pedro Acevedo Perez v. D H Blattner/ Quanta Services Inc.,

November 21, 2024

Page 2

The applicant went on to see Dr. Irene Sanchez for further follow up after working modified duty through April 22, 2024. The applicant claimed that the modified duty was causing his pain to worsen. However, in review of the treatment and evaluation, the physician continued the applicant in the aforementioned modified duty. The physician prepared a PR-4 Report, finding applicant to have reached permanent and stationary status as of September 20, 2024. In that report, the doctor opined that the applicant felt 90% improvement and it would appear there is a medial meniscal tear per MRI of the left knee. The doctor opined that at this time, an orthopedist at the Fresno Institute did not recommend applicant to undergo surgery and that he should be able to continue working with said tear until such time as he was unable to perform any further activities.

The doctor published a PR-4 Report finding 0% whole person impairment with the applicant not needing vocational rehabilitation, and future medical care consisting of non-steroidal anti-inflammatory medications and Tylenol with orthopedic follow ups, possible injections and potential surgical intervention to fix the medial meniscal tear. Applicant was allowed to go back to work with no permanent restrictions.

The parties would request that you perform your usual and thorough complete examination and provide an opinion as it relates to his condition and whether he is at maximum medical improvement. We would also request that you review all medical and non-medical documents and provide your opinion concerning applicant's claims along with the documents which support that opinion.

You are authorized to perform any diagnostic testing which you feel is necessary for completion of your examination. The parties do however request that, should applicant need hospitalization for any of these diagnostic tests, you consult with Defendants beforehand and seek authorization before admitting patient for those tests to be performed. You are also requested to comment concerning the areas of your specialty and whether there are other areas that are needed for examination for you to complete your work.

Whether or not you find industrial injury, please address if the worker has reached maximum medical improvement, and if so, any level of impairment sustained. With respect to apportionment, please address any non-industrial factors. Similarly, with respect to work restrictions and future medical care, please do make recommendations and be sure to address whether they are on an industrial or non-industrial basis.

In addition to the above, please be sure to address the following:

1. A detailed past medical, social and occupational history;
2. Your diagnosis and prognosis;
3. Please address the issue of causation.

DR. ROBERT BUTLER

Re: Pedro Acevedo Perez v. D H Blattner/ Quanta Services Inc.,

November 21, 2024

Page 3

4. Your objective findings and applicant's subjective complaints. Please comment upon applicant's subjective complaints and any issues with regard to the credibility of same based on the facts noted above;
5. The nature and extent of any injuries, whether industrial or not;
6. Please indicate if and when you believe Applicant's condition reached maximum medical improvement for his alleged complaints;
7. If you determine that applicant has reached maximum medical improvement, please discuss permanent impairment pursuant to the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition;
8. In the event you find the Applicant is not permanent and stationary, please advise as to the appropriate treatment needed and when it may be expected that he will reach a permanent and stationary status;
9. Please address apportionment of permanent disability based on causation of the permanent disability;
10. Please specifically set forth your recommendations as to the type, duration, and frequency of applicant's future medical care and treatment. Please specifically comment upon the medication you find applicant will need on an industrial basis going forward, including type, dosage, frequency and duration of same;
11. Please set forth reasons for your conclusions.

Please send copies of your report and billing to the following locations:

HELMSMAN MANAGEMENT SERVICES, INC.

P.O. Box 779008

Rocklin, CA 95677

Attention: Megan Simpson

LAW OFFICES OF SCOTT WARMUTH

17700 Castleton St., Suite 168

City of Industry, Ca 91748

Attention: Scott Warmuth

DR. ROBERT BUTLER

Re: Pedro Acevedo Perez v. D H Blattner/ Quanta Services Inc.,

November 21, 2024

Page 4

ENGLAND, PONTICELLO & ST. CLAIR

701 B Street, Suite 1790

San Diego, CA 92101

Attention: Terry S. Wheaton

Very truly yours,

ENGLAND PONTICELLO & ST. CLAIR

BY Terry S. Wheaton

TERRY S. WHEATON

TSW/hp

Enclosures: Index of records with records;  
Declaration regarding records

cc: Proof of Service.

**INDEX OF RECORDS TO DR. ROBERT BUTLER**

Pedro Acevedo Perez v. D H Blattner/ Quanta Services Inc.

Case No.: ADJ19049254

---

**MEDICAL RECORDS:**

Irene Sanchez-Esparza, MD, dated 08/13/24, 08/08/24, 04/08/24

Grant Robbins PTA, dated 03/28/24

Soheil Younai MD, dated 03/25/24

Donald Jeske NP, dated 03/25/24

Soheil Younai MD, dated 03/18/24

David Sanchez, PA, dated 03/14/24, 03/07/23

# ENGLAND PONTICELLO & ST.CLAIR

A Professional Corporation

*Susan L. England\**  
*Barry W. Ponticello\**  
*Terry S. Wheaton\**  
*Alex M. Oberjuerge\**  
*Lauren E. Hawkins\**

*Brittany L. Sauter*  
*Ian D. Ross*  
*Max B. Anikstein*

*\*California Workers' Compensation  
Certified Specialist*

**All Mail and Notices to:**  
**701 B Street, Suite 1790**  
**San Diego, CA 92101**

*Tel. (619) 255-6450*  
*Fax (619) 255-8981*

***www.eps-law.com***

## OFFICE LOCATIONS

LOS ANGELES

ORANGE COUNTY/  
LONG BEACH

SAN DIEGO

*Of Counsel*  
*Margot S. Ponticello*  
*Renee C. St.Clair*

January 6, 2025

DR. ROBERT BUTLER  
14623 Hawthorne Blvd., Suite 400  
Lawndale, CA 90260

Re: Pedro Acevedo Perez v. D H Blattner/ Quanta Services Inc.  
Helmsman Management Services  
ADJ19049254  
WC608-G89409

## **DECLARATION REGARDING RECORDS SENT TO PQME**

I declare under the penalty of perjury under the laws of the State of California that I have complied with the provisions of Labor Code section 4062.3 prior to providing these records to the medical-legal evaluator for the purpose of a Panel Qualified Medical Evaluation of the above referenced applicant.

Enclosed is an Index listing all records being provided for review.

I attest that the total number of pages transmitted herewith are 49.

*Holly Pomroy*  
Signature

Holly Pomroy  
Print Name

Legal Assistant  
Title

Executed on January 6, 2025 in San Diego, Ca.

### **PROOF OF SERVICE**

COURT: Workers' Compensation Appeals Board  
CASE TITLE: Pedro Acevedo Perez v. D H Blattner/ Quanta Services Inc.,  
CASE NUMBER: ADJ19049254

I, the undersigned, an employee of ENGLAND PONTICELLO & ST.CLAIR, located at 701 B Street, Suite 1790, San Diego, California, 92101 declare under penalty of perjury that I am over the age of eighteen (18) and not a party to this matter, action or proceeding. On January 6, 2025, I served the foregoing document(s), described as:

#### **FULLY EXECUTED LETTER TO PQME DR. BUTLER; INDEX OF RECORDS WITH RECORDS; DECLARATION REGARDING RECORDS**

in this action by placing ☐ the original of the document ☒ true copies of the document(s) addressed to the following party(ies) in this matter at the following address(es):

ROBERT BUTLER, DC (Cover letter and records Via Email: <i>scheduling@theguardian.group</i> )	SCOTT WARMUTH LAW OFFICES OF SCOTT WARMUTH 17700 CASTLETON ST., SUITE 168 CITY OF INDUSTRY, CA 91748 (Applicants Attorney) (Via Email: <i>aleyva@law888.com</i> )
DENISE DOLL BLATTNER ENERGY, INC (Via Email Only)	SUSAN CONLEY BLATTNER ENERGY, INC (Via Email Only)
JOEL URISTA QUANTA SERVICES, INC (Via Email Only)	JENNIFER RICKETTS-CURRAN BLATTNER ENERGY, INC. (Via Email Only)

☒ **BY EMAIL.** I caused the above-referenced document to be transmitted via email to the parties as listed on this Proof of Service.

I declare under penalty of perjury under the laws of the state of California, that the above is true and correct.

Executed January 6, 2025 in San Diego, CA Holly Pomroy  
Holly Pomroy



## Work/School Release Form

### Employee/Student Information

Name: ACEVEDO, PEDRO PEREZ

Address: 12535 S WALNUT AVE SPC A  
CARUTHERS, CA 936099707

Sex: Male

Date of Birth: 05/15/1974

Phone: (559) 455-7519

Emergency Contact: HERNANDEZDEPEREZ, LAURA

### Release Details

This notice verifies that the above identified individual was seen in this facility.

Date seen: 03/07/2024

PEDRO ACEVEDO may return to work 2/13/24

### Signature Line

Electronically signed by: Sanchez, PA, David  
07-Mar-2024 09:23 PST

ADVENTIST HEALTH MEDICAL OFFICE - CARUTHERS

PO BOX 100  
2440 W. TAHOE AVE  
CARUTHERS, CA 93609  
PHONE (559) 864-3212  
FAX (559) 864-8510





## Work/School Release Form

### Employee/Student Information

Name: ACEVEDO, PEDRO PEREZ

Address: 12535 S WALNUT AVE SPC A  
CARUTHERS, CA 936099707

Sex: Male

Date of Birth: 05/15/1974

Phone: (559) 455-7519

Emergency Contact: HERNANDEZDEPEREZ, LAURA

### Release Details

This notice verifies that the above identified individual was seen in this facility.

Date seen: 03/14/2024

PEDRO ACEVEDO may return to work 3/15/24

Oscdr

### Signature Line

Electronically signed by: Sanchez, PA, David

14-Mar-2024 09:40 PDT

STATE OF CALIFORNIA

DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Within 5 days of your initial examination, for every occupational injury or illness, send two copies of this report to the employer's workers' compensation insurance carrier or the insured employer. Failure to file a timely doctor's report may result in assessment of a civil penalty. In the case of diagnosed or suspected pesticide poisoning, send a copy of the report to Division of Labor Statistics and Research, P.O. Box 420603, San Francisco, CA 94142-0603, and notify your local health officer by telephone within 24 hours.

1. INSURER NAME AND ADDRESS: Helmsman Management Services P.O. Box 7203, London KY 40742 - 4074 P.O. Box 7203, London KY 40742 - 9265		PLEASE DO NOT USE THIS COLUMN
2. EMPLOYER NAME: Blattner Energy		
3. Address: 392 County Rd. 50, Avon MN 56310		Case No.
4. Nature of business (e.g., food manufacturing, building construction, retailer of women's clothes.):		Industry
5. PATIENT NAME (first name, middle initial, last name): Pedro Acevedo		County
6. Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	7. Date of birth: 05-15-1974	Age
8. Address: 12535 S Walnut Ave , Caruthers CA 93609	9. Telephone number: 559 455-7519 x	Hazard
10. Occupation (Specific job title):	11. Social Security Number:	Disease
12. Injured at: No. and Street: job site City: Delano State/Zip: CA County: kern		Hospitalization
13. Date and hour of injury: 03-14-2024	14. Date last worked:	Occupation
15. Date and hour of first examination or treatment: 03-18-2024	16. Have you (or your office) previously treated patient? No	Return Date/Code
Patient please complete this portion, if able to do so. Otherwise, doctor please complete immediately, inability or failure of a patient to complete this portion shall not affect his/her rights to workers' compensation under the California Labor Code.		
17. DESCRIBE HOW THE ACCIDENT OR EXPOSURE HAPPENED. (Give specific object, machinery or chemical. Use reverse side if more space is required.):		
18. SUBJECTIVE COMPLAINTS (Describe fully. Use reverse side if more space is required.) See attached.		
19. OBJECTIVE FINDINGS (Use reverse side if more space is required.) A. Physical examination: See attached. B. X-ray and laboratory results (State if none or pending.):		

20. DIAGNOSIS: (if occupational illness specify etiologic agent and duration of exposure.) Chemical or toxic compounds involved? <input type="checkbox"/> Yes <input type="checkbox"/> No Contusion of left knee, initial encounter (S80.02XA)	
21. Are your findings and diagnosis consistent with patient's account of injury or onset of illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	
22. Is there any other current condition that will impede or delay patient's recovery? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
23. TREATMENT RENDERED (Use reverse side if more space is required.) MOD DUTY OTC Tylenol and Motrin RTC one week.	
24. If further treatment required, specify treatment plan/estimated duration:	
25. If hospitalized as inpatient, give hospital name and location: Date Admitted: Estimated Stay:	
26. WORK STATUS -- Is patient able to perform usual work? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", date when patient can return to: Regular work 03-26-2024 Modified work: Specify restrictions: No lifting, pulling, or pushing and Other No lifting, pulling, or pushing greater than 40 lbs Other: - Kneeling and squatting as tolerated. Reviewed diagnosis and work status with employer contact: Oscar @12:12AM spoke with contact in office.	

Doctor's Signature:



CA License Number: NP13148

Executed at: Agile Occupational Medicine

Doctor Name and Degree (please type): Donald Jeske, NP

Address: 1427 South Lexington St., Building A, Suite 9, Delano CA 93215 - 9273

Date (mm/dd/yyyy): 03-18-2024

Specialty: Occupational Medicine

Telephone Number: 661-725-1094



Soheil Younai MD

(Supervising Physician)

FORM 5021 (Rev. 4) 1992

**Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation  
for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.**

#2



# Authorization for Treatment

Autorización para Tratamiento

## Patient Information

Información del paciente

Last Name: Acvedo First Name: Pedro Middle Initial: \_\_\_\_\_  
 Apellido Primer nombre Inicial del segundo nombre  
 Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Dirección # Depto Ciudad Estado Código postal  
 Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Employer: Blahtner Energy  
 Teléfono fecha de nacimiento Empleador  
 Location: Awon, Minnesota Temporary Worker: ☒ Yes ☐ No Agency: \_\_\_\_\_  
 Teléfono Trabajadora temporal SI No Agencia

## WORK RELATED

Relacionada con el trabajo

☒ Injury ☐ Illness Date of Injury: 3/14/24  
 Lesión Enfermedad fecha de la lesión

## Physical Exam

Relacionada con el trabajo

☐ Placement ☐ Baseline ☐ Annual ☐ Exit  
 Colocación Base Anual Salida

## DOT PHYSICAL

DOT Físico

☐ Preplacement ☐ Recertification  
 Precolocación Recertificación

## SPECIAL EXAM

examen especial

☐ Asbestos ☐ Respirator ☐ Audio ☐ HPE  
 Amianto Respirador Audio HPE  
☐ HazMat ☐ Medical Surveillance  
 materiales peligrosos Vigilancia médica

## DRUG SCREENING

La detección de drogas

☐ Regulated Screen ☐ Breath Alcohol  
 Pantalla regulada Aliento Alcohólico  
☐ Collection Only ☐ Hair Collect  
 Solo Colección Colección de cabello  
☐ Non-Regulated Screen ☐ Rapid Screen  
 Pantalla no regulada Pantalla rápida  
☐ Other: \_\_\_\_\_  
 Otra

## SCREENING TYPE

Poner en pantalla

☐ Placement ☐ Reasonable Cause ☐ Random  
 Colocación Anual Aleatorio  
☐ Follow-up ☐ Post-accident  
 Hacer un seguimiento Post-accidente

Comments:  
 Comentarios

Employee is having discomfort in his left knee.

Authorized By: [Signature]  
 Autorizado por

Title: Site Safety Manager  
 Título

Date: 03/18/2024  
 Fecha

Phone: (320) 428-8713  
 Teléfono



# Injury Information

Información sobre lesiones

## Patient Information

Razón de la visita

Last name: Pérez Acevedo First Name: Pedro Middle Initial: \_\_\_\_\_  
 Apellido Primer nombre Inicial del segundo nombre

Date of Birth: 05-15-1974 Best Phone Number: (559) 455-7519 Occupation: Instalador de Paneles Solares  
 Fecha de cumpleaños Mejor número de teléfono Ocupación

Date Last Worked: 3-6-24 Chemical/toxins Involved ☐ Yes ☒ No Material Safety Data available? ☐ Yes ☒ No  
 Fecha de último trabajo Sustancias químicas / toxinas involucradas SI No Datos de seguridad de materiales disponibles SI No

## Injury Information

Información sobre lesiones

Injury Date: 3-6-24 Injury Time: 8:00 AM Injury Location: en el trabajo  
 Fecha de Lesión Tiempo adicional Ubicación de la Lesión

How did the injury occur?

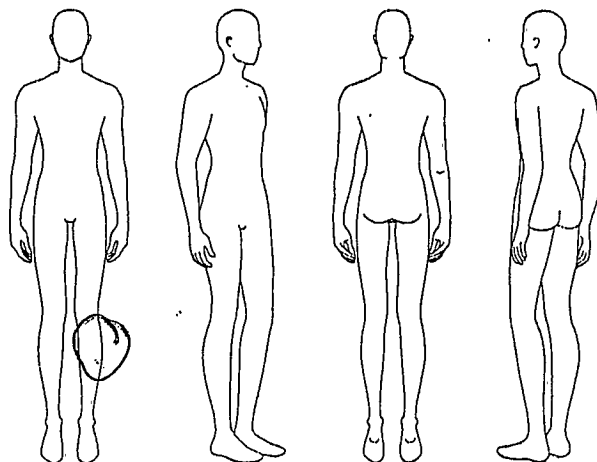
¿Cómo ocurrió la lesión?

Me Cai de Rodillas

What part of the body is injured?

¿Qué parte del cuerpo está lesionada?

la Rodilla Izquierda



What side of the body is injured? Circle all areas to the right.

¿Qué lado del cuerpo está lesionado? Encierra en un círculo todas las áreas a la derecha.

☒ Left ☐ Right ☐ Both  
 Izquierdo Derecho Ambos

Have you seen another health

care provider for this injury?

¿Ha visto a otro proveedor de atención médica por esta lesión?

NO

Yes  
SI

Name  
Nombre

Address  
Dirección

City  
Ciudad

Telephone  
Teléfono

State  
Estado

Signature:  
Firma

Print Name:  
Imprimir nombre

Date:  
Fecha



# Consent for Treatment

Consentimiento para el tratamiento

## Reason for Visit Razón de la visita

☒ Injury Care ☐ Physical Exam ☐ DOT(CDL) Certification ☐ Drug Screen ☐ Other: \_\_\_\_\_  
Cuidado de Lesiones Examen físico Certificación DOT (CDL) Control antidopaje Otro:

## Patient Information Razón de la visita

Social Security # or Military DBN: Revisión Drivers License # A5461471 Date of Birth: 05-15-1974  
# De Seguro Social o DBN militar: 62024-1756 Licencia de conducir: Pedro Fecha de cumpleaños: Pedro  
Last name: Pérez Acevedo P. First Name: Pedro Middle Initial: \_\_\_\_\_  
Apellido: Pérez Primer nombre: Pedro Inicial del segundo nombre: \_\_\_\_\_  
Address: 12535 S. Walnut Ave. Apt #: A City: Caruthers State: CA Zip: 93609  
Dirección: 12535 S. Walnut Ave. # De apto: A Ciudad: Caruthers Estado: CA Código postal: 93609  
Home phone: 559455-7519 Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Teléfono de casa: 559455-7519 Teléfono del trabajo: \_\_\_\_\_ Teléfono móvil: \_\_\_\_\_  
☒ Male ☐ Female ☐ Single ☐ Married Email: PedroPerez193@yahoo.com  
Masculino Femenino Soltero Casada Correo electrónico

## Employer Empleador

Company: DH Blatner Company Location/Store #: \_\_\_\_\_  
Nombre de Empresa Ubicación / Tienda #  
Address: 392 Co Rd 50 Suite #: \_\_\_\_\_ City: Avon, Minnesota State: MN Zip: 56310  
Dirección Suite # Ciudad Estado Código postal  
Temp Employee ☒ Yes ☐ No Name of Agency: \_\_\_\_\_ Phone: \_\_\_\_\_  
Empleado temporal Sí No Nombre de la agencia Teléfono

## Consent Consentimiento

The information provided is correct to the best of my knowledge. I will not hold Agile Occupational Medicine, its health provider, or its employees responsible for any errors or omissions that I may have made in completing the information on this form.

La información proporcionada es correcta a mi mejor conocimiento. No responsabilizaré a Agile Occupational Medicine, a su proveedor de servicios de salud ni a sus empleados por ningún error u omisión que pueda haber cometido al completar la información de este formulario.

Signature: Pedro Pérez Print Name: Pedro Pérez Date: 3-18-24  
Firma Imprimir nombre Fecha

If you are ONLY here for a Department of Transportation drug screen or breath alcohol test, skip this section. For all other services, please complete.  
Si SOLO está aquí para una prueba de detección de drogas o una prueba de alcohol en el aliento del Departamento de Transporte, omita esta sección. Para todos los demás servicios, complete.

I give permission to Agile Occupational Medicine to perform the following services that the physicians and other non-physician providers and assistants may deem to be necessary: (1) physical examination, (2) medical, surgical, and diagnostic (e.g., including but not limited to x-rays, blood draws, and laboratory test) processes, treatments, and procedures: (3) administration of injections, medications, and immunizations (with immunizations to occur after my receipt of any applicable vaccine information statements ("VIS" or "VISs"); and (4) completion of medically appropriate tests for communicable and other diseases.

Doy permiso a Agile Occupational Medicine para realizar los siguientes servicios que los médicos y otros proveedores y asistentes no médicos puedan considerar necesarios: (1) examen físico, (2) médico, quirúrgico y de diagnóstico (p. Ej. Incluyendo pero no limitado a radiografías, extracciones de sangre y análisis de laboratorio) procesos, tratamientos y procedimientos: (3) administración de inyecciones, medicamentos e inmunizaciones (con inmunizaciones que se producirán después de recibir cualquier declaración de información de vacuna aplicable ("VIS" o "VISs"); y (4) finalización de pruebas médicamente apropiadas para enfermedades transmisibles y otras.

Signature: Pedro Pérez Print Name: Pedro Pérez Date: 3-18-24  
Firma Imprimir nombre Fecha



1427 South Lexington St. Building A, Suite 9  
Delano, CA 93215 - 9273  
PH: 661-725-1094  
FAX: 661-480-2566

---

**Patient Name:** Pedro Acevedo    **Claim Number:** WC608-G89409

**Visit Type:** Work Comp - New

**Date of Injury:** 03-14-2024    **Date:** 03-18-2024

**Company:** Blattner Energy    **Department:** Unspecified

**Attention:**    **Phone:** 3209805482    **Fax:**

**Work Status:** Modified Duty until 03-25-2024

**Diagnosis:**

**ICD: Contusion of left knee, initial encounter (S80.02XA)**

**Assessment:** New Injury- Contusion left knee- Tx with OTC meds and 1 week follow up with mod duty.

**Plan:** MOD DUTY

OTC Tylenol and Motrin

RTC one week

**Modified Duties:**

- ☒ No lifting, pulling, or pushing greater than 40 lbs. / No levantar, jalar o empujar más de 40 lbs.
- ☒ Other / Otro: - Kneeling and squatting as tolerated.

**Communication:**

- ☒ Reviewed diagnosis and work status with employer contact Oscar @12:12AM spoke with contact in office..

If the employer is unable to accommodate the above-stated modified activity/work restrictions, the patient will automatically be on temporary total disability.

**Next Appointments:**

03-26-2024 10:00 am with Reynaldo Locquiao PT for Physical Therapy - New

04-08-2024 10:15 am with Donald Jeske NP for Work Comp - Follow up



Donald Jeske NP (Medical License: NP13148)

This has been electronically signed by Donald Jeske NP on 03-18-2024.



Soheil Younai MD

Supervising Provider

Clinic Address: 1427 South Lexington St., Building A, Suite 9, Delano CA 93215 - 9273

**Check In time:** 03-18-2024 10:37 am **Check out time:** 03-18-2024 12:36 pm **Updated on:** 03-25-2024 22:28:36



Acevedo, Pedro DOB:05-15-1974



1427 South Lexington St. Building A, Suite 9  
Delano, CA 93215 - 9273  
PH: 661-725-1094  
FAX: 661-480-2566

PROGRESS NOTE

Patient First Name:	Patient Last Name:	Date of Birth:	Sex:
Pedro	Acevedo	05-15-1974	Male
Attending Provider:	Referring Provider:	Visit Date:	Chart No.:
Donald Jeske, NP		03-18-2024	SCL202300
Insurance:	Employer:	Claim Number:	Date of Injury:
Helmsman Management Services	Blattner Energy	WC608-G89409	03-14-2024
Appointment Location:		Appointment Location Address:	
Agile Occupational Medicine, Delano		1427 South Lexington St., Building A, Suite 9, Delano CA 93215 - 9273	

**History of Present Illness**

Patient is a 49 year old male.

03/18/24 NEW INJURY- DOI 03/06/24. Patient states while carrying a solar panel with a coworker he stepped in a pothole causing him to fall directly forward on to left knee. Patient denies any twisting motion during fall. Patient has been on light duty from work for past two weeks. X-rays of left knee including sundown view completed and reviewed during visit. X-rays were WNL. Patient will be treated with Tylenol and Motrin, my duty and one week follow up if no improvement will refer to physical therapy. Examination today was very benign well patient was talking to medical assistant I was unable to elicit any pain response with values, verges, extension and flexion movements, however there was minimal tenderness to lateral aspect.

1) Left Knee- OTC Tylenol and Motrin, modified duty and one week follow up. PT if no improvement on next visit.

**Past Medical History**

Hypertension . Diabetic .

**Surgical History**

Meds for diabetes . Hypertension meds.

**Allergy**

No Known Drug Allergies.

**Current Medication**

Advice 200mg

Acevedo, Pedro DOB:05-15-1974

### Social History

**Work History:** He is employed - full time.

**Use of Drugs/Alcohol/Tobacco:** Never drinks any alcohol. Reports consuming caffeine/cafeinated drinks 1-2 cup a day. He has never used any illicit drugs. He denies using street drugs with a needle.

### Review of Systems

**Constitutional Symptoms:** Normal Appearance. Denies Any kind of disability, for any reason, fever, weight loss or fatigue.

**Eyes:** Denies blurred vision, double vision, glaucoma, discharge, itching, lacrimation, pain or redness of eyes.

**Ears/Nose/Throat/Mouth:** Denies poor hearing, dry mouth or sore throat.

**Cardiovascular:** Reports **chest pain**. Denies chest tightness, tightness/pressure/squeezing, palpitations, prior heart attack, heart murmur or fainting.

Comments: Only at times depending on patients blood pressure.

**Respiratory:** Denies shortness of breath with exertion, shortness of breath with lying flat, chest tightness, asthma, COPD or Pneumonia.

**Gastrointestinal:** Denies blood in stool, ulcers, diarrhea or constipation.

**Genitourinary:** Denies kidney stones, frequent urination or bladder infection.

**Skin:** Denies cancer, bruising, rash, infection/ulcer or discoloration in legs.

**Musculoskeletal:** Denies arthritis or gout. Reports **sore muscles**.

**Hematologic/Lymphatic:** Denies anemia, swelling or leukemia.

**Endocrine:** Reports **diabetes**. Denies thyroid disease or Cushing disease.

**Neurologic:** Denies dizziness, strokes, headaches or difficulty walking.

**Psychiatric:** Denies anxiety or depression.

**Allergic / Immunologic:** Denies hay fever, sinusitis or immune deficiency.

### Vitals

Pain scale was 10 out of 10.

**Weight:** 180.00 lbs.

**Height:** 5.00 feet.

**Height:** 6.00 inches.

**Calculated Height (inches):** 66 inches.

**Temperature:** 98.90 F.

**Pulse:** 96 per min.

Pulse rhythm regular: Yes

**Respiration:** 16 breaths per min.

BMI: 29.05.

**BP Systolic:** 126 mm Hg.

**BP Diastolic:** 77 mmHg.

**Pulse Oximetry:** 98

### Physical Examination

#### KNEE EXAM

A. LATERALITY: Left

B. VISUAL INSPECTION: No gross deformity, no swelling, no ecchymosis, or any open wounds.

C. PALPATION: MINIMAL TENDERNESS ON LATERAL ASPECT.

D. ACTIVE RANGE OF MOTION:

Acevedo, Pedro DOB:05-15-1974

FLEXION 0 to 135 degrees  
EXTENSION 0 degrees  
VARUS 0 to 2 degrees  
VALGUS 0 to 6 degrees  
E. NEUROVASCULAR: Capillary refill less than 2 seconds.  
F. SPECIALTY TESTS: Negative Varus and Valgus maneuvers for lateral and medial collateral ligament stability. Negative Anterior and Posterior Drawer tests. Negative McMurray?s test.  
G. CONTRALATERAL SIDE: Exam is normal.

Findings: other than very minimal tenderness on the lateral aspect exam was essentially normal ,  
.

Orders:

**Radiology Ordered**  
**Order No: RAD0012949 Dated: 03-18-2024 Rad: InHouse Radiology**  
**X-ray:** X-ray-Knee, Left - 4 or more views (AP, Lat, Tunnel, Sunrise)

Radiology Reviewed:

Class	Test Name	Test Result
X-ray		
	X-ray-Knee, Left - 4 or more views (AP, Lat, Tunnel, Sunrise)	Normal

**Assessment and Plan**  
**ICD: Contusion of left knee, initial encounter (S80.02XA)**  
**Assessment:** New Injury- Contusion left knee- Tx with OTC meds and 1 week follow up with mod duty.  
**Plan:** MOD DUTY  
OTC Tylenol and Motrin  
RTC one week

**CPT Codes:**  
Office O/p New Mod 45-59 Min (99204)  
X-ray Exam Knee 4 Or More (73564)  
Ibuprofen 200 mg (IB299070)  
Acetaminophen 500 mg (ACE99070)

E and M Time Factor/ Medical Decision Making Notes:

**Number and Complexity of Problems Addressed**  
1 acute complicated injury  
**Risk of Complications and/or Morbidity or Mortality of Patient Management**  
Moderate risk of morbidity from additional diagnostic testing or treatment

Acevedo, Pedro DOB:05-15-1974

**Prescription**

ibuprofen 200 mg tablet 1-2 Tablet Every 6 Hours PRN for 6 Days , Dispense 24 Tablet  
acetaminophen 500 mg tablet 1 Tablet Three Times A Day PRN, Dispense 24 Tablet

**Follow up: -**

03-26-2024 10:00 am with Reynaldo Locquiao PT for Physical Therapy - New

04-08-2024 10:15 am with Donald Jeske NP for Work Comp - Follow up



Donald Jeske NP

*This has been electronically signed by Donald Jeske NP for visit dated 03-18-2024.*

Clinic Address: 1427 South Lexington St., Building A, Suite 9, Delano CA 93215 - 9273



Soheil Younai MD  
Supervising Provider

*This has been electronically signed by Soheil Younai MD for visit dated 03-18-2024.*



Minh Nguyen DO, MPH, FACOEM  
Rendering Provider

*This has been electronically signed by Minh Nguyen DO, MPH, FACOEM for visit dated 03-18-2024.*



#2

Date of Service 3.18.24

Patient Name: Acevedo, Pedro

DOB: 5-15-74 SS# \_\_\_\_\_ MR# \_\_\_\_\_

Employer: Blattner Energy Company

Type of X-Ray: Lt Knee

Reason for X-Ray: ☒ New ☐ Follow-Up ☐ Physical ☐ TB ☐ Pre-Op

Tech LR \_\_\_\_\_ AA L

Findings ☐ Negative ☒ Within Normal Limits ☐ Send out for Reading

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested By:

☒ Donald Jeske, NP-C

☐ Brenda Steinberg, DO

☐ \_\_\_\_\_

JD 3-19-24  
[Signature]

Date Sent Out For Reading: \_\_\_\_\_

\_\_\_\_\_



1427 South Lexington St. Building A, Suite 9  
Delano, CA 93215 - 9273  
PH: 661-725-1094  
FAX: 661-480-2566

**Patient Name:** Pedro Acevedo **Claim Number:** WC608-G89409

**Visit Type:** Work Comp - Follow up

**Date of Injury:** 03-14-2024 **Date:** 03-25-2024

**Company:** Blattner Energy **Department:** Unspecified

**Attention:** **Phone:** 3209805482 **Fax:**

**Work Status:** Modified Duty until 04-08-2024

**Diagnosis:**

**ICD:** Contusion of left knee, initial encounter (S80.02XA)

**Assessment:** Reevaluation - Contusion left knee- pain worsening, will refer to physical therapy

**Plan:** Work Status -- MOD DUTY

RX for Motrin

RTC two week

**Modified Duties:**

- ☒ No lifting, pulling, or pushing greater than 40 lbs. / No levantar, jalar o empujar más de 40 lbs.
- ☒ Other / Otro: - Kneeling and squatting as tolerated.

If the employer is unable to accommodate the above-stated modified activity/work restrictions, the patient will automatically be on temporary total disability.

**Next Appointments:**

03-26-2024 10:00 am with Reynaldo Locquiao PT for Physical Therapy - New

04-08-2024 10:15 am with Donald Jeske NP for Work Comp - Follow up

Donald Jeske NP (Medical License: NP13148)

This has been electronically signed by Donald Jeske NP on 03-25-2024.



SoheilYounai MD

Supervising Provider

Clinic Address: 1427 South Lexington St., Building A, Suite 9, Delano CA 93215 - 9273

**Check In time:** 03-25-2024 02:02 pm **Check out time:** 03-25-2024 2:33pm **Updated on:** 03-26-2024 01:18:06

State of California  
Division of Workers' CompensationAdditional pages attached ☐**PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)**

- |                                 |                                       |   |
|---------------------------------|---------------------------------------|---|
| ( ) Periodic Report             | ( ) Change in treatment plan          | ( ) Released from care                  |
| ( ) Change in work status       | ( ) Need for referral or consultation | ( ) Response to request for information |
| ( ) Change in patient condition | ( ) Need for surgery/hospitalization  | ( ) Request for authorization           |
| ( ) Other                       |                                       |   |

Interpreter: Yes: ☐ No: ☐**Patient:**

**Last:** Acevedo      **First:** Pedro      **MI:**      **Sex:** Male  
**Address:** 12535 S Walnut Ave      **City:** Caruthers **ST:** CA      **ZIP:** 93609  
**Date of Injury:** 03-14-2024  
**Date of Birth:** 05-15-1974

**SS#:**      **Phone:** 559 455-7519 x      **Occupation:**

**Claims Administrator:**

**Claim Administrator Name:** Liberty Mutual      **Claim Number:** WC608-G89409  
**Address:** P.O. Box 7203, London KY 40742 - 9265  
**Phone:** 800-281-1120      **Fax:** 603 334-8141 x  
**Employer Name:** Blattner Energy      **Employer Phone:** 3209805482

**Subjective Complaints:**

Pedro Acevedo, 49 year old male, presents today for Work Comp - Follow up with DOI: 03-14-2024

03/18/24 NEW INJURY- DOI 03/06/24. Patient states while carrying a solar panel with a coworker he stepped in a pothole causing him to fall directly forward on to left knee. Patient states he has been having more pain even though he has not been working. Will give RX for Motrin 400mg TID and continue Tylenol.

**DIAGNOSTICS:**

1) Left Knee- Pain 7/10 worsening per patient. Will send for physical therapy, and follow up in two weeks.

**Objective Findings:**

Pain scale was 9 out of 10.

**Weight:** 180.00 lbs.

**Height:** 5.00 feet.

**Height:** 6.00 inches.

**Calculated Height (inches):** 66 inches.

**Temperature:** 98.40 F.

**Pulse:** 88 per min.

Pulse rhythm regular: Yes



**Respiration:** 16 breaths per min.

**BMI:** 29.05.

**BP Systolic:** 124 mm Hg.

**BP Diastolic:** 78 mmHg.

**Pulse Oximetry:** 97

#### KNEE EXAM

A. LATERALITY: Left

B. VISUAL INSPECTION: No gross deformity, no swelling, no ecchymosis, or any open wounds.

C. PALPATION: MINIMAL TENDERNESS ON LATERAL ASPECT- 3-25.

D. ACTIVE RANGE OF MOTION:

FLEXION 0 to 135 degrees

EXTENSION 0 degrees

VARUS 0 to 2 degrees

VALGUS 0 to 6 degrees

E. NEUROVASCULAR: Capillary refill less than 2 seconds.

F. SPECIALTY TESTS: POSITIVE Varus and NEGATIVE Valgus maneuvers for lateral and medial collateral ligament stability. Negative Anterior and Posterior Drawer tests. Negative McMurray's test.

G. CONTRALATERAL SIDE: Exam is normal.

Findings: other than very minimal tenderness on the lateral aspect exam was essentially normal ,

#### Diagnoses:

1. Contusion of left knee, initial encounter

ICD-10: S80.02XA

Reevaluation - Contusion left knee- pain worsening, will refer to physical therapy.

**WORK STATUS:** Modified Duty until until 04-08-2024

No lifting, pulling, or pushing greater than 40 lbs

Other: - Kneeling and squatting as tolerated. **Check out time:** 2:33pm

#### Prescription:

ibuprofen 400 mg tablet 1 Tablet Three Times A Day PRN, Prescribe 90 Tablet

**Primary Treating Physician:** (original signature, do not stamp)

**Date of exam:** 03-25-2024

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

**Signature:**



**Name:** Donald Jeske, NP (CA Lic. NP13148)

**Date:** 03-25-2024

**Executed at:** Agile Occupational Medicine

**Specialty:** Occupational Medicine

**Signature:**

A handwritten signature in black ink, appearing to read 'S. Younai', written over a faint horizontal line.

**Name:**

Soheil Younai, MD

**Address:**

1427 South Lexington St.  
Building A, Suite 9  
Delano CA 93215 - 9273

**Phone:**

661-725-1094



1427 South Lexington St. Building A, Suite 9  
Delano, CA 93215 - 9273  
PH: 661-725-1094  
FAX: 661-480-2566

## PROGRESS NOTE

Patient First Name:	Patient Last Name:	Date of Birth:	Sex:
Pedro	Acevedo	05-15-1974	Male
Attending Provider:	Referring Provider:	Visit Date:	Chart No.:
Donald Jeske, NP		03-25-2024	SCL202300
Insurance:	Employer:	Claim Number:	Date of Injury:
Helmsman Management Services	Blattner Energy	WC608-G89409	03-14-2024
Appointment Location:		Appointment Location Address:	
Agile Occupational Medicine, Delano		1427 South Lexington St., Building A, Suite 9, Delano CA 93215 - 9273	

**History of Present Illness**

Patient is a 49 year old male.

03/18/24 NEW INJURY- DOI 03/06/24. Patient states while carrying a solar panel with a coworker he stepped in a pothole causing him to fall directly forward on to left knee. Patient states he has been having more pain even though he has not been working. Will give RX for Motrin 400mg TID and continue Tylenol.

**DIAGNOSTICS:**

1) Left Knee- Pain 7/10 worsening per patient. Will send for physical therapy, and follow up in two weeks.

**Past Medical History**

Hypertension . Diabetic .

**Surgical History**

Meds for diabetes . Hypertension meds.

**Allergy**

No Known Drug Allergies.

**Current Medication**

acetaminophen 500 mg tablet 1 Tablet Three Times A Day PRN  
Advise 200mg

**Social History**

**Work History:** He is employed - full time.

Acevedo, Pedro DOB:05-15-1974

**Use of Drugs/Alcohol/Tobacco:** Never drinks any alcohol. Reports consuming caffeine/cafeinated drinks 1-2 cup a day. He has never used any illicit drugs. He denies using street drugs with a needle.

**Vitals**

Pain scale was 9 out of 10.

**Weight:** 180.00 lbs.

**Height:** 5.00 feet.

**Height:** 6.00 inches.

**Calculated Height (inches):** 66 inches.

**Temperature:** 98.40 F.

**Pulse:** 88 per min.

Pulse rhythm regular: Yes

**Respiration:** 16 breaths per min.

BMI: 29.05.

**BP Systolic:** 124 mm Hg.

**BP Diastolic:** 78 mmHg.

**Pulse Oximetry:** 97

**Physical Examination**

KNEE EXAM

A. LATERALITY: Left

B. VISUAL INSPECTION: No gross deformity, no swelling, no ecchymosis, or any open wounds.

C. PALPATION: MINIMAL TENDERNESS ON LATERAL ASPECT- 3-25.

D. ACTIVE RANGE OF MOTION:

FLEXION 0 to 135 degrees

EXTENSION 0 degrees

VARUS 0 to 2 degrees

VALGUS 0 to 6 degrees

E. NEUROVASCULAR: Capillary refill less than 2 seconds.

F. SPECIALTY TESTS: POSITIVE Varus and NEGATIVE Valgus maneuvers for lateral and medial collateral ligament stability. Negative Anterior and Posterior Drawer tests. Negative McMurray's test.

G. CONTRALATERAL SIDE: Exam is normal.

Findings: other than very minimal tenderness on the lateral aspect exam was essentially normal ,  
.

**Orders:**

**Assessment and Plan**

**ICD: Contusion of left knee, initial encounter (S80.02XA)**

**Assessment:** Reevaluation - Contusion left knee- pain worsening, will refer to physical therapy

**Plan:** Work Status -- MOD DUTY

RX for Motrin

RTC two week

Acevedo, Pedro DOB:05-15-1974

**CPT Codes:**

Office O/p Est Low 20-29 Min (99213)

WC002 (WC002)

**E and M Time Factor/ Medical Decision Making Notes:**

**Number and Complexity of Problems Addressed**

1 acute, uncomplicated illness or injury

**Risk of Complications and/or Morbidity or Mortality of Patient Management**

Low risk of morbidity from additional diagnostic testing or treatment

**Prescription**

ibuprofen 400 mg tablet 1 Tablet Three Times A Day PRN, Prescribe 90 Tablet

**Follow up: -**

03-26-2024 10:00 am with Reynaldo Locquiao PT for Physical Therapy - New

04-08-2024 10:15 am with Donald Jeske NP for Work Comp - Follow up



Donald Jeske NP

*This has been electronically signed by Donald Jeske NP for visit dated 03-25-2024.*

Clinic Address: 1427 South Lexington St., Building A, Suite 9, Delano CA 93215 - 9273



Soheil Younai MD  
Supervising Provider

*This has been electronically signed by Soheil Younai MD for visit dated 03-25-2024.*



Minh Nguyen DO, MPH, FACOEM

**Recv'd Date: 20240326 Bill DCN: J03262403470000**

Acevedo, Pedro DOB:05-15-1974

Rendering Provider

This has been electronically signed by Minh Nguyen DO, MPH, FACOEM for visit dated 03-25-2024.

Acevedo, Pedro DOB:05-15-1974



1427 South Lexington St. Building A, Suite 9  
Delano, CA 93215 - 9273  
PH: 661-725-1094  
FAX: 661-480-2566

PHYSICAL THERAPY VISIT NOTE

Patient First Name:	Patient Last Name:	Date of Birth:	Sex:
Pedro	Acevedo	05-15-1974	Male
Attending Provider:	Referring Provider:	Visit Date:	Chart No.:
Grant Robbins, PTA		03-28-2024	SCL202300
Insurance:	Employer:	Claim Number:	Date of Injury:
Liberty Mutual	Blattner Energy	WC608-G89409	03-14-2024
Appointment Location:		Appointment Location Address:	
Agile Occupational Medicine, Delano		1427 South Lexington St., Building A, Suite 9, Delano CA 93215 - 9273	

**History of Present Illness**

Patient is a 49 year old male. **\*\*Physical Therapy Visit**

Pedro Acevedo is seen today for a **progress note** regarding his (L) knee.

Pt reports 8/10 (L) knee pain upon arrival today. Pt points to generalized anterior knee pain that runs up into his quadriceps muscles.

**Past Medical History**

Hypertension . Diabetic .

**Surgical History**

Meds for diabetes . Hypertension meds.

**Allergy**

No Known Drug Allergies.

**Current Medication**

ibuprofen 400 mg tablet 1 Tablet Three Times A Day PRN  
acetaminophen 500 mg tablet 1 Tablet Three Times A Day PRN  
Advise 200mg

**Social History**

**Work History:** He is employed - full time.

**Use of Drugs/Alcohol/Tobacco:** Never drinks any alcohol. Reports consuming caffeine/cafeinated drinks 1-2 cup a day. He has never used any illicit drugs. He denies using street drugs with a needle.

Acevedo, Pedro DOB:05-15-1974

Vitals

Pain scale was 8 out of 10.

Physical Examination

Today's Physical Therapy Treatment:

**\*\*PT Daily Note**

Treatment Summary:

Precautions:

Precautions: There are no precautions to treatment.

Procedures and Constant Attendance Modalities:

Therapeutic Exercise (97110): 3 units. 45

Therapy Visit

Assessment and Plan

ICD: Contusion of left knee, initial encounter (S80.02XA)

Assessment: As expected

Plan: Continue PT per POC as indicated/tolerated to address and alleviate signs and symptoms, impairments and functional RTW deficits.

Next visit, emphasis on: ROM/Strength

CPT/HCPC Codes

Code	Name	Modifier	Units	Comments
PT001	Therapy Visit		1	
97110	Therapeutic px 1/> areas each 15 min exercises		3	

Work Status

Per Primary Treating Physician (PTP)

Next Appointment: 04-05-2024 10:30 am, at Agile Occupational Medicine, Delano with Grant Robbins PTA





Acevedo, Pedro DOB:05-15-1974

Grant Robbins PTA

*This has been electronically signed by Grant Robbins PTA for visit dated 03-28-2024.*

Clinic Address: 1427 South Lexington St., Building A, Suite 9, Delano CA 93215 - 9273

A handwritten signature in black ink, appearing to read 'Reynaldo Locquiao', with a stylized, cursive script.

Reynaldo Locquiao PT  
Rendering Provider

This has been electronically signed by Reynaldo Locquiao PT for visit dated 03-28-2024.

Acevedo, Pedro DOB:05-15-1974



1427 South Lexington St. Building A, Suite 9  
Delano, CA 93215 - 9273  
PH: 661-725-1094  
FAX: 661-480-2566

PHYSICAL THERAPY VISIT NOTE

Patient First Name:	Patient Last Name:	Date of Birth:	Sex:
Pedro	Acevedo	05-15-1974	Male
Attending Provider:	Referring Provider:	Visit Date:	Chart No.:
Grant Robbins, PTA		03-28-2024	SCL202300
Insurance:	Employer:	Claim Number:	Date of Injury:
Liberty Mutual	Blattner Energy	WC608-G89409	03-14-2024
Appointment Location:		Appointment Location Address:	
Agile Occupational Medicine, Delano		1427 South Lexington St., Building A, Suite 9, Delano CA 93215 - 9273	

**History of Present Illness**

Patient is a 49 year old male. **\*\*Physical Therapy Visit**

Pedro Acevedo is seen today for a **progress note** regarding his (L) knee.

Pt reports 8/10 (L) knee pain upon arrival today. Pt points to generalized anterior knee pain that runs up into his quadriceps muscles.

**Past Medical History**

Hypertension . Diabetic .

**Surgical History**

Meds for diabetes . Hypertension meds.

**Allergy**

No Known Drug Allergies.

**Current Medication**

ibuprofen 400 mg tablet 1 Tablet Three Times A Day PRN  
acetaminophen 500 mg tablet 1 Tablet Three Times A Day PRN  
Advise 200mg

**Social History**

**Work History:** He is employed - full time.

**Use of Drugs/Alcohol/Tobacco:** Never drinks any alcohol. Reports consuming caffeine/cafeinated drinks 1-2 cup a day. He has never used any illicit drugs. He denies using street drugs with a needle.

Acevedo, Pedro DOB:05-15-1974

Vitals

Pain scale was 8 out of 10.

Physical Examination

Today's Physical Therapy Treatment:

**\*\*PT Daily Note**

Treatment Summary:

Precautions:

Precautions: There are no precautions to treatment.

Procedures and Constant Attendance Modalities:

Therapeutic Exercise (97110): 3 units. 45

Therapy Visit

Assessment and Plan

ICD: Contusion of left knee, initial encounter (S80.02XA)

Assessment: As expected

Plan: Continue PT per POC as indicated/tolerated to address and alleviate signs and symptoms, impairments and functional RTW deficits.

Next visit, emphasis on: ROM/Strength

CPT/HCPC Codes

Code	Name	Modifier	Units	Comments
PT001	Therapy Visit		1	
97110	Therapeutic px 1/> areas each 15 min exercises		3	

Work Status

Per Primary Treating Physician (PTP)

Next Appointment: 04-05-2024 10:30 am, at Agile Occupational Medicine, Delano with Grant Robbins PTA



Acevedo, Pedro DOB:05-15-1974

Grant Robbins PTA

*This has been electronically signed by Grant Robbins PTA for visit dated 03-28-2024.*

Clinic Address: 1427 South Lexington St., Building A, Suite 9, Delano CA 93215 - 9273

A handwritten signature in black ink, appearing to read 'Reynaldo Locquiao', with a stylized, cursive script.

Reynaldo Locquiao PT  
Rendering Provider

This has been electronically signed by Reynaldo Locquiao PT for visit dated 03-28-2024.



1427 South Lexington St. Building A, Suite 9  
Delano, CA 93215 - 9273  
PH: 661-725-1094  
FAX: 661-480-2566

**Patient Name:** Pedro Acevedo **Claim Number:** WC608-G89409  
**Visit Type:** Work Comp - Follow up  
**Date of Injury:** 03-14-2024 **Date:** 04-08-2024  
**Company:** Blattner Energy **Department:** Unspecified  
**Attention:** **Phone:** 3209805482 **Fax:**

HR

**Work Status:** Modified Duty until 04-22-2024

**Diagnosis:**

**ICD:** Contusion of left knee, initial encounter (S80.02XA)

**Assessment:** Reevaluation - Contusion left knee- pain worsening, will refer to physical therapy and for an MRI.

**Plan:** Work Status -- MOD DUTY

RTC in 2 weeks

MRI RFA dropped today

Continue PT.

**Modified Duties:**

- ☒ No lifting, pulling, or pushing greater than 40 lbs. / No levantar, jalar o empujar más de 40 lbs.
- ☒ Other / Otro: - Kneeling and squatting as tolerated.


If the employer is unable to accommodate the above-stated modified activity/work restrictions, the patient will automatically be on temporary total disability.

**Next Appointments:**

04-10-2024 02:00 pm with Grant Robbins PTA for Physical Therapy - Follow up  
04-16-2024 02:00 pm with Reynaldo Locquiao PT for Physical Therapy - Follow up  
04-22-2024 02:00 pm with Irene Sanchez-Esparza MD for Work Comp - Follow up

Irene Sanchez-Esparza MD (Medical License: A50850)

This has been electronically signed by Irene Sanchez-Esparza MD on 04-08-2024.

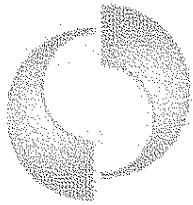


MinhNguyen DO, MPH, FACOEM

Supervising Provider

Clinic Address: 1427 South Lexington St., Building A, Suite 9, Delano CA 93215 - 9273

**Check In time:** 04-08-2024 10:11 am **Check out time:** 04-08-2024 11:32AM **Updated on:** 04-08-2024 11:32:57



SIERRA PACIFIC  
ORTHOPEDICS

The Strength of Experience.

08/08/2024 02:30 PM  
Re: Pedro Perez Acevedo  
DOB: 05/15/1974  
DOS: 08/08/2024 02:30 PM  
Claim:  
DOI: 03/14/2024

Pedro Perez Acevedo was seen in the office today. The following is a summary of today's visit and my recommendation(s).

### History of Present Illness:

#### 1. It knee

This is a 50-year-old man who sustained an injury to his left knee in March 2024. He was carrying a solar panel at work when he slipped in a wet trench. He fell forward and landed on his left knee. He had pain and swelling initially. He was treated with ice. He was sent for physical therapy and had some improvement. He does use ibuprofen on an as-needed basis. Patient states that overall, his knee pain has improved. He is currently working limited duty. He states he is not yet 100%, but he feels his symptoms are manageable. He has discomfort with prolonged standing or walking. He is no longer having swelling. He does have some throbbing pain with increased activity. He takes occasional ibuprofen. He has not had prior problems with his knee.

### Past Medical History: (Reviewed, updated)

Disease	Onset Date
Diabetes	
High blood pressure	

### Past Surgical History:

Management	Date
appendix 1997	

### Medication Reviewed:

Medication Name	Sig Desc	Elsewhere
-----------------	----------	-----------

metformin	Y
aspirin	Y
high blood pressure	Y
IBUPROFEN	Y

Allergies:

Ingredient	Reaction	Medication Name	Comment
NO KNOWN			
ALLERGIES			

Family History: (Reviewed, updated)

Social History: (Reviewed, updated)

Tobacco use reviewed.  
Tobacco use status: Current non-smoker.  
Smoking status: Never smoker.

SMOKING STATUS

Type	Smoking Status	Usage Per Day	Years Used	Pack Years	Total Pack Years
	Never smoker				

ALCOHOL

There is no history of alcohol use.

Review of Systems:

System	Neg/Pos	Details
Constitutional	Negative	Fatigue, Fever and Night sweats.
Eyes	Negative	Vision loss.
Respiratory	Negative	Cough and Dyspnea.
Cardio	Negative	Chest pain, Cyanosis and Irregular heartbeat/palpitations.
GI	Negative	Constipation, Diarrhea, Nausea and Vomiting.
GU	Negative	Dysuria and Hematuria.
Endocrine	Negative	Cold intolerance and Heat intolerance.
Neuro	Negative	Difficulty walking, Dizziness and Headache.
Integumentary	Negative	Rash.
MS	Negative	Except as noted in HPI and Chief complaint.
Hema/Lymph	Negative	Easy bleeding and Easy bruising.
Allergic/Immuno	Negative	Environmental allergies and Food allergies.



**Physical Exam:****Hip Exam**

<b>Hip Range of Motion</b>	<b>Right</b>	<b>Left</b>
Passive factors		normal
Passive description		Passive pain free range of motion

**Knee Exam**

<b>Inspection</b>	<b>Right</b>	<b>Left</b>
Alignment		Normal, Clinical
Effusion		Negative
Maximum tenderness		Medial joint line
Skin/scars		Normal

<b>Patella Exam</b>	<b>Right</b>	<b>Left</b>
Apprehension		Negative

<b>Tests</b>	<b>Right</b>	<b>Left</b>
Lachman's		Negative
Posterior drawer		Negative
Anterior drawer		Negative
Valgus stress		Negative
Varus stress		Negative
Extensor lag		Normal

<b>Knee Range of Motion</b>	<b>Right</b>	<b>Left</b>
Active factors		Normal
Active description		Active pain free range of motion
Passive factors		Normal
Passive description		Passive pain free range of motion

**Lower Extremity Strength**

<b>Description</b>	
Description	Left strength is normal

**Diagnostics:**

<b>Date</b>	<b>Study</b>	<b>Result/Report</b>
08/08/2024	X-ray exam of knee, 3 views LT	X-ray of the left knee shows medial lateral joint spaces are maintained. Very small patellar osteophytes.  MRI scan of the left knee was brought in from outside. This is dated May 2, 2024. This is consistent with a medial meniscus tear. Anterior cruciate ligament is intact.

**Assessment/Plan:**

<b>#</b>	<b>Detail Type</b>	<b>Description</b>
----------	--------------------	--------------------

- |    |             |   |
|----|-------------|---|
| 1. | Assessment  | Pain in left knee (M25.562).  |
|    | Plan Orders | The patient had the following order(s) completed today: X-ray exam of knee, 3 views . Obtained on 08/08/2024, on LT, Result details: X-ray of the left knee shows medial lateral joint spaces are maintained. Very small patellar osteophytes.<br><br>MRI scan of the left knee was brought in from outside. This is dated May 2, 2024. This is consistent with a medial meniscus tear. Anterior cruciate ligament is intact. |
- |    |              |   |
|----|--------------|---|
| 2. | Assessment   | Complex tear of medial mensc, current injury, l knee, init (S83.232A).  |
|    | Impression   | Left knee with a work injury. Patient does have MRI evidence of a posterior horn medial meniscus tear. Patient feels that his symptoms are manageable. We had a long discussion regarding options for treatment and he would like to proceed with nonoperative treatment right now.; Discussion - I reviewed the pertinent radiographs and/or diagnostic studies with the patient. I reviewed the finding/diagnosis with patient. Discussed current status with patient. I reviewed treatment options, including reasonable operative and non-operative approaches. Discussed pros and cons of each approach. All questions were answered. The patient would like to proceed with nonoperative treatment. |
|    | Patient Plan | Patient can continue activity to tolerance. Monitor symptoms. If his symptoms worsen, he will follow up and we will further discuss arthroscopic surgery.   |

I have not violated Labor Code Section 139.3 and the contents of this report are true and correct to the best of my knowledge. This statement is made under penalty of perjury. Dated 08/09/2024 08:14 AM, Fresno County California.

*Electronically signed by:*

Schulz, Michele M 08/09/2024 8:14 AM

*Document generated by:* Michele Schulz

**A Note To Patients:** Symptoms are concisely summarized to inform treatment recommendations. For reasons of privacy and brevity, this note does not attempt to capture all experiences that were discussed.

*Portions of the record may have been created with voice recognition software. Occasional wrong-word or 'sound-a-like' substitutions may have occurred due to the inherent limitations of voice recognition technology. Read the chart carefully and recognize, using context, where substitutions have occurred.*

Sierra Pacific Orthopedics  
1630 East Hamden Ave | Fresno, CA 93720

Acevedo, Pedro DOB:05-15-1974



1427 South Lexington St. Building A, Suite 9  
Delano, CA 93215 - 9273  
PH: 661-725-1094  
FAX: 661-480-2566

To: Liberty Mutual  
Fax: 7149488829

Date: 09-20-2024  
From: Irene Sanchez-Esparza, MD  
Fax: 424 292-3266

Subject: \*LET - Results/Report Cover

*The PHI (Personal Health Information) contained in this FAX/Email includes protected Health Information of one or more individuals. This information is **HIGHLY CONFIDENTIAL** and is protected by the provisions of the federal **HIPAA** privacy rules.*

*This facsimile is intended only for the use of the named addressee and may contain information that is confidential or privileged. If you are not the intended recipient, or you are not the employee responsible for delivering the facsimile for the intended recipient, you are hereby notified that any dissemination, distribution or copying of this facsimile is strictly prohibited.*

*If you have received this facsimile in error, please notify the sender immediately. Any other use is a violation of **Federal Law (HIPAA)** and will be reported as such.*

Clinic Address: 1427 South Lexington St., Building A, Suite 9, Delano CA 93215 - 9273

Acevedo, Pedro DOB:05-15-1974



**1427 South Lexington St. Building A, Suite 9**  
**Delano, CA 93215 - 9273**  
**PH: 661-725-1094**  
**FAX: 661-480-2566**

---

Thank you for sending your employee to Agile Occupational Medicine. Visit documents are attached.

Thank you,

Dayana Escobar

This has been electronically signed on 09-20-2024 12:36:42

Clinic Address: 1427 South Lexington St., Building A, Suite 9, Delano CA 93215 - 9273

**IRENE SANCHEZ, M.D.**  
**Agile Occupational Medicine**  
**1427 S. Lexington St. Bldg. A, Suite 9-10**  
**Delano, CA 93215**  
**Tel. #: (661) 725-1094**  
**Fax #: (661) 480-2556**

EMPLOYEE NAME: ACEVEDO, PEDRO  
DATE OF BIRTH: 05/15/74  
DATE OF INJURY: 03/14/24  
DATE OF SERVICE: 08/13/24

**PERMANENT AND STATIONARY REPORT (PR-4)**

**PERTINENT HISTORY AND PHYSICAL FINDINGS:**

This patient presents today for this final evaluation and MMI status regarding his left knee. He does have a confirmed medial meniscal tear by his MRI of the left knee, but at this point in time, he feels 90% improvement overall and he would like to be released with a future medical care.

The patient did see the orthopedist at the Fresno Institute and they did not recommend surgery at this time since he was doing better, but certainly mentioned it as a provision of future medical care. His pain level is between 4 to 5, but tolerable. He describes it as an aching and throbbing sensation and is intermittent to occasional. It is made worse with lifting and standing and better with sitting and therapy. He does have an occasional tingling sensation, but he denies any locking or giving out.

The patient has now reached a maximum medical improvement.

RE: ACEVEDO, PEDRO  
DOS: August 13, 2024  
Page 2

**RELEVANT MEDICAL HISTORY:**

Negative.

**DIAGNOSTIC STUDIES:**

The patient underwent an MRI scan of his left knee and this revealed a medial meniscal tear. The MRI of the left knee was performed at Sierra Medical Imaging on May 2, 2024 without contrast.

**OBJECTIVE FINDINGS:**

The patient has full and unrestricted range of motion. No swelling. No effusion. Normal gait, normal strength, and normal sensation of both lower extremities. No crepitus. Negative McMurray at this time.

**IMPAIRMENT RATING:**

Per the Fifth Edition of the AMA Guidelines to the Evaluation of Permanent Impairment, this patient, according to page 537, Table 17-10, based on his range of motion, there is a 0% whole person impairment. Since the patient did not have surgery for his meniscal tear, that is not rated at this time. So, a 0% whole person impairment accurately reflects the whole person impairment.

**PAIN ASSESSMENT:**

Not indicated.

RE: ACEVEDO, PEDRO  
DOS: August 13, 2024  
Page 3

**APPORTIONMENT:**

Not indicated.

**VOCATIONAL REHABILITATION:**

Not indicated.

**FUTURE MEDICAL TREATMENT:**

This patient should have future medical care consisting of non-steroidal anti-inflammatories and/or Tylenol, orthopedic follow-ups, possible injections, possible repeat MRI, and certainly surgical intervention to fix his medial meniscal tear, followed by physical therapy. He may also be a candidate for PRP injections.

**WORK RESTRICTIONS:**

In the open labor market, this patient has no permanent work restrictions.

**ENVIRONMENTAL RESTRICTIONS:**

None.

**ACTIVITIES OF DAILY LIVING:**

Per page 4, Table 1-2 of the AMA Guidelines:

1. Self-care personal hygiene. These are not affected.
2. Communication. Not affected.
3. Physical activities. Some of these are affected.

RE: ACEVEDO, PEDRO

DOS: August 13, 2024

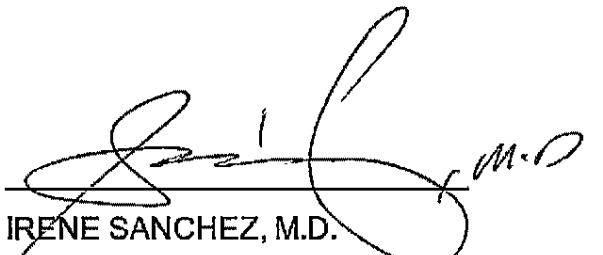
Page 4

4. Sensory function. Not affected.
5. Non-specialized hand activities. Only heavy lifting might be affected.
6. Travel. Not affected.
7. Sexual function. Not affected.
8. Sleep. Not affected.

**DISCLOSURE:**

Pursuant to Section 4628, the patient's name is Pedro Acevedo. Examination date is August 13, 2024. Location is AOM at 1427 S. Lexington St., Bldg. A, Suite 9-10, Delano, California 93215. Examination physician is Irene Sanchez, M.D. and order personal assistant in preparing this report, etc.

Pursuant to Section 6703, I have not violated Labor Code Section 139.3 and the contents in this report and bill are true and correct to the best of my knowledge. The statement is made under penalty of perjury dated this 13<sup>th</sup> day of August 2024 at the City of Delano, California.

  
IRENE SANCHEZ, M.D.

IS: naq





1427 South Lexington St. Building A, Suite 9  
Delano, CA 93215 - 9273  
PH: 661-725-1094  
FAX: 661-480-2566

---

**Patient Name:** Pedro Acevedo    **Claim Number:** WC608-G89409  
**Visit Type:** WC - Follow up  
**Date of Injury:** 03-14-2024    **Date:** 08-13-2024  
**Company:** Blattner Energy    **Department:** Unspecified  
**Attention:**    **Phone:** 3209805482    **Fax:**

**Work Status:** Return to Full Duty

**Diagnosis:**

**ICD: Contusion of left knee, initial encounter (S80.02XA)**

**Assessment:** Acute medial meniscus tear of left knee

Contusion of left knee,

**Plan:** Work Status - Full Duty

Patient will be discharged with future medial but no ratable disability  
pending PR-4 report

**ICD: Acute medial meniscus tear of left knee, initial encounter (S83.242A)**

If the employer is unable to accommodate the above-stated modified activity/work restrictions, the patient will automatically be on temporary total disability.

**Next Appointments:**

08-13-2025 11:00 am with Irene Sanchez-Esparza MD for WC - Follow up

Follow up as needed under future medical

Irene Sanchez-Esparza MD (Medical License: A50850)

This has been electronically signed by Irene Sanchez-Esparza MD on 08-13-2024.

Minh Nguyen DO, MPH, FACOEM