

Additional pages attached

State of California
Division of Workers' Compensation

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Check the box(es) which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e., has reached maximum medical improvement), do not use this form. You may use DWC Forms PR-3 or IMC 81556.

Reasons for Submitting: Required; 45 days, Change in condition, Request for authorization

Patient:

Last	Cordero Rojas	First	Alfredo	Middle	Sex M
Address	758 Rose Ave Apt 110	City	Long Beach	State CA	Zip 90813
Date of Injury	CT: 06/08/2017 - 01/14/2025	Date of Birth	06/03/1970		
Occupation	Unknown	SS #	999-99-9999	Phone	(562) 328-9592

Claims Administrator:

Name	Farmers Insurance - MAIN	Claim Number	7008656982-1				
Address	PO BOX 108843	City	Oklahoma City	State	OK	Zip	73101
Phone	(866) 967-5256					Fax	(866) 846-3114
Employer:	Taco Surf Inc					Employer Phone:	(562) 592-2290

The information below must be provided. You may use this form or you may substitute or append a narrative report.

Subjective Complaints

Interim History

The patient is currently doing physical therapy with benefit, temporary pain relief and decreased stiffness.
Having right sided lower extremity radicular pain

Head - not specified

The patient experiences headaches.

Back - Cervical Spine

Pain in the neck. Patient reports their average pain last week in the neck was 6 out of 10 with 10 being the worst. Patient reports their pain today in the neck is 6 out of 10 with 10 being the worst. The pain is described as dull, achy and occurs frequent. The pain is made worse with bending, and twisting.

Back - Lumbar Spine

Pain in the low back. Patient reports their average pain last week in the low back was 5 to 6 out of 10 with 10 being the worst. Patient reports their pain today in the low back is 7 out of 10 with 10 being the worst. The pain is described as dull, achy and occurs frequent. The pain is made worse with walking and bending. Associated symptoms include numbness. The pain radiates to right buttock.

Abdomen - including internal organs and groin

The patient experiences GERD.

Knee Patella (Left)

Pain in the left knee. Patient reports their average pain last week in the left knee was 4 to 5 out of 10 with 10 being the worst. Patient reports their pain today in the left knee is 4 out of 10 with 10 being the worst. The pain is described as dull, achy and occurs intermittent-frequent. The pain is made worse with walking.

Knee Patella (Right)

Pain in the right knee. Patient reports their average pain last week in the right knee was 5 to 7 out of 10 with 10 being the worst. Patient reports their pain today in the right knee is 6 out of 10 with 10 being the worst. The pain is described as dull, achy and occurs frequent. The pain is made worse with walking.

Ankle malleolus (Left)

Pain in the left ankle. Patient reports their average pain last week in the left ankle was 2 to 4 out of 10 with 10 being the worst. Patient reports their pain today in the left ankle is 2 out of 10 with 10 being the worst. The pain is described as dull, achy and occurs intermittent. The pain is made worse with standing, and walking. The pain radiates to bottom of

foot.

Ankle malleolus (Right)

Pain in the right ankle. Patient reports their average pain last week in the right ankle was 3 to 5 out of 10 with 10 being the worst. Patient reports their pain today in the right ankle is 5 out of 10 with 10 being the worst. The pain is described as dull, achy and occurs intermittent. The pain is made worse with standing, and walking. Associated symptoms include tingling, numbness in the foot and joint swelling in the ankle. The pain radiates to bottom of foot.

Nervous system - Stress

The patient has stress due to his work conditions.

Motor Myotome

Deltoid, Biceps Left result: 5

Deltoid, Biceps Right result: 5

Wrist Extensors, Biceps Right result: 5

Wrist Extensors, Biceps Right result: 5

Wrist Flexors, Tricep, Finger Extensors Left result: 5

Wrist Flexors, Tricep, Finger Extensors Right result: 5

Finger Flexors, Hand intrinsics Left result: 5

Finger Flexors, Hand intrinsics Right result: 5

Hand Intrinsics Left result: 5

Hand Intrinsics Right result: 5

Hip Adductors Left result: 5

Hip Adductors Right result: 5

Hip Flexors Left result: 5

Hip Flexors Right result: 5

Quadriceps Left result: 5

Quadriceps Right result: 5

Extensor Hallucis Longus Left result: 5

Extensor Hallucis Longus Right result: 5

Ankle Plantar Flexors Left result: 5

Ankle Plantar Flexors Right result: 5

Sensory Dermatome

Anterolateral Shoulder and Arm result: Normal

Lateral Forearm, Lateral Hand, 1st, 2nd, 3rd Digits result: Normal

Middle Finger result: Normal

Medial Forearm and Hand, 4th and 5th Digits result: Within Normal Limits

Medial Forearm Result: Normal

Mid Hip and Anterior Upper Thigh result: Normal

Hip and Groin result: Within Normal Limits

Mid Hip and Upper Thigh result: Normal

Lower Hip and Mid-Lower Anterior Thigh result: Normal

Posterior Leg, Lateral Foot result: Normal

Objective Findings

Height: 5' 6"

Weight: 272 lbs

BMI: 43.9

Cervical: There is no bruising, swelling, atrophy, or lesion present at the cervical spine.

Lumbar: There is no bruising, swelling, atrophy, or lesion present at the lumbar spine.

Knee: There is no bruising, swelling, atrophy, or lesion present at the knees.

Ankle: There is no bruising, swelling, atrophy, or lesion present at the ankles.

Gastrointestinal: No tenderness, rebound, or guarding. No masses are palpable.

Lumbar:

- Right Sitting Straight Leg Raise causes pain on the right

Knee:

- McMurray's causes pain on the right
- Patellar Compression causes pain on the left

Cervical: Left Cervical

Palpation reveals tenderness in the C3 spinous process [Moderate], C4 spinous process [Moderate], C5 spinous process [Moderate], C6 spinous process [Moderate], C7 spinous processes [Moderate].

Right Cervical

Palpation reveals tenderness in the C3 spinous process [Moderate], C4 spinous process [Moderate], C5 spinous process [Moderate], C6 spinous process [Moderate], C7 spinous processes [Moderate], Upper Trapezius , cervical paravertebral muscles .

Lumbar: Left Lumbar

Palpation reveals tenderness in the L3 spinous processes [Moderate], L4 spinous processes [Moderate], L5 spinous processes [Moderate], lumbar paravertebral muscles .

Right Lumbar

Palpation reveals tenderness in the L3 spinous processes [Moderate], L4 spinous processes [Moderate], L5 spinous processes [Moderate], lumbar paravertebral muscles .

Knee: Left Knee

Palpation reveals tenderness in the anterior knee , inferior border of patella , medial border of patella , lateral border of patella .

Right Knee

Palpation reveals tenderness in the posterior knee , medial knee .

Ankle: Left Ankle

Palpation reveals tenderness in the plantar heel .

Right Ankle

Palpation reveals tenderness in the medial ankle , plantar heel .

Cervical:

- Extension: Unidirectional: 45 degrees (with pain) / Normal Rating: 60
- Flexion: Unidirectional: 35 degrees (with pain) / Normal Rating: 50
- Left Lateral Bending: Unidirectional: 30 degrees (with pain) / Normal Rating: 45
- Left Rotation: Unidirectional: 70 degrees / Normal Rating: 80
- Right Lateral Bending: Unidirectional: 25 degrees (with pain) / Normal Rating: 45
- Right Rotation: Unidirectional: 65 degrees (with pain) / Normal Rating: 80

Lumbar:

- Extension: Unidirectional: 20 degrees (with pain) / Normal Rating: 30
- Flexion: Unidirectional: 45 degrees (with pain) / Normal Rating: 90
- Left Lateral Bending: Unidirectional: 20 degrees (with pain) / Normal Rating: 25
- Right Lateral Bending: Unidirectional: 15 degrees (with pain) / Normal Rating: 25

Knee:

- Extension: Right: 0 degrees, Left: 0 degrees / Normal Rating: 0
- Flexion: Right: 125 degrees (with pain), Left: 135 degrees (with pain) / Normal Rating: 140

Ankle:

- Eversion: Right: 20 degrees, Left: 20 degrees / Normal Rating: 20
- Extension: Right: 15 degrees (with pain), Left: 15 degrees (with pain) / Normal Rating: 20
- Flexion: Right: 35 degrees, Left: 35 degrees / Normal Rating: 40
- Inversion: Right: 20 degrees, Left: 25 degrees / Normal Rating: 30

General

Appearance:Obese

Imaging Studies and Diagnostic Testing

Diagnoses

- Cervicalgia (M54.2)
- Strain of muscle, fascia and tendon at neck level, subsequent encounter (S16.1XXD)
- Strain of muscle, fascia and tendon of lower back, subsequent encounter (S39.012D)
- Lumbago with sciatica, right side (M54.41)

- Patellar tendinitis, left knee (M76.52)
- Pain in right knee (M25.561)
- Plantar fascial fibromatosis (M72.2)
- Pain in left ankle (M25.572)
- Pain in right ankle (M25.571)
- Acute stress reaction (F43.0)
- Headache, unspecified (R51.9)
- Headache, unspecified (R51.9)

Treatment Rendered

Diagnosis	Procedure Requested	Charge Code	Other Info
M54.41	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	72148	0 to 1 investigation (s)
ACOEM3.2-3432			
M54.41, S39.012A, , M76.52, M25.572, M25.571, M54.2	Physical therapy 2-3 x week x 8 weeks	00000	
M25.561	RTC 4-6 weeks	00000	

The examination was conducted with the assistance of a Spanish interpreter.

PT

Psychology Consult

MRI LS

F/U in 4 weeks

Work Status: This patient is:

Temporarily Partially Disabled until 06/06/2025

with following limitations or restrictions:

Restrictions are:

No lifting greater than 20 pounds

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. The patient was evaluated by Derek Hsu, M.D. on behalf of Scott Rosenzweig, M.D..

Signature:



Cal. Lic. # A140476

Executed at:

Long Beach, CA

Date: 04/22/2025

Provider Name:

Derek Hsu, M.D.
on behalf of

Specialty: Industrial Medicine

Provider Signature:



Cal. Lic. #: G 81286

Provider Name:

Scott Rosenzweig, M.D.

Address:

1145 E. San Antonio Dr. Ste.B, Long Beach, CA 90807-2379 Phone: (562) 984-5505

Next report due no later than 06/06/2025

DWC Form PR-2 (Rev. 06/05) (Use additional pages, if necessary)

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:



Cal. Lic. #G 81286

Executed at:

Long Beach, CA

Date: 04/22/2025

Name:

Rosenzweig, Scott M.D.

Specialty: Orthopedics

Address:

1145 E. San Antonio Dr. Ste.B, Long Beach, CA 90807-2379 Phone: (562) 984-5505

Next report due no later than 06/06/2025

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