

04/14/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)

Other Orders (continued)

RIGHT FOOT SPRAIN, INIT [S93.601A (ICD-10-CM)]

Referral

REFERRAL PHYSICAL THERAPY / OCCUPATIONAL THERAPY [6880914177] (Active)

Electronically signed by: **Bascombe, Quincy (M.D.), M.D.** on 04/14/21 1404 Status: **Active**

Ordering user: Bascombe, Quincy (M.D.), M.D. 04/14/21 1404 Authorized by: Bascombe, Quincy (M.D.), M.D.

Ordering mode: Standard

Frequency: Routine 04/14/21 -

Class: Internal referral

Quantity: 1

Diagnoses

RIGHT ANKLE SPRAIN, INIT [S93.401A]

RIGHT FOOT SPRAIN, INIT [S93.601A]

Provider Details

Provider	NPI
Bascombe, Quincy (M.D.), M.D.	1467847608

Questionnaire

Question	Answer
Reason:	*Consult/Referral

Order comments: Reason: Initial Physical Therapy The patient is being referred for physical therapy for foot - right. Frequency: 2 times a week for 3 weeks - total of 6 treatments. Physical Therapy is appropriate to help improve function, increase strength, range of motion, flexibility, and help minimize discomfort. This is appropriate per MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine Treatment.

Referral Details

Referred By	Referred To	Type	Priority
Bascombe, Quincy (M.D.), M.D. 9961 SIERRA AVE FONTANA CA 92335-6720	Diagnoses: RIGHT ANKLE SPRAIN, INIT RIGHT FOOT SPRAIN, INIT Order: Referral Physical Therapy / Occupational Therapy Reason: Specialty Services Required	*FONTANA FOR REFERRALS ONLY FONTANA CA 92335-6720 Specialty: Physical Therapy	Occupational Health Routine

Comment: Reason: Initial Physical Therapy

The patient is being referred for physical therapy for foot - right.

Frequency: 2 times a week for 3 weeks - total of 6 treatments.

Physical Therapy is appropriate to help improve function, increase strength, range of motion, flexibility, and help minimize discomfort.

This is appropriate per MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine Treatment.

Indications

RIGHT ANKLE SPRAIN, INIT [S93.401A (ICD-10-CM)]

RIGHT FOOT SPRAIN, INIT [S93.601A (ICD-10-CM)]

Supplies

BRACE, ANKLE, LACE UP [6880914182] (Final result)

Electronically signed by: **Bascombe, Quincy (M.D.), M.D.** on 04/14/21 1404 Status: **Completed**

Ordering user: Bascombe, Quincy (M.D.), M.D. 04/14/21 1404 Authorized by: Bascombe, Quincy (M.D.), M.D.

Ordering mode: Standard

Frequency: Routine 04/14/21 -

Class: Back Office

Quantity: 1

Lab status: Final result

Diagnoses

RIGHT ANKLE SPRAIN, INIT [S93.401A]

RIGHT FOOT SPRAIN, INIT [S93.601A]

Provider Details

04/14/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Other Orders (continued)**

Provider	NPI
Bascombe, Quincy (M.D.), M.D.	1467847608

Questionnaire

Question	Answer
Result Release to patient?	Immediate

Specimen Information

ID	Type	Source	Collected By
—	—	—	04/16/21

BRACE, ANKLE, LACE UP [6880914182]

Resulted: 04/16/21, Result status: Final result

Order status: Completed

Filed by: Reyes, Yolanda P (L.V.N.), L.V.N. 04/16/21 1545

Collected by: 04/16/21

Lab Technician: Yolanda Reyes LVN

Narrative:

Dispensed

Acknowledged by: Bascombe, Quincy (M.D.), M.D. on 04/16/21 1652

IndicationsRIGHT ANKLE SPRAIN, INIT [S93.401A (ICD-10-CM)]
RIGHT FOOT SPRAIN, INIT [S93.601A (ICD-10-CM)]**All Reviewers List**

Bascombe, Quincy (M.D.), M.D. on 4/16/2021 16:53

Bascombe, Quincy (M.D.), M.D. on 4/16/2021 16:52

END OF ENCOUNTER**04/29/2021 - Video Visit in OCCUPATIONAL MEDICINE****Visit Information****Provider Information**

Encounter Provider	Authorizing Provider
Bascombe, Quincy (M.D.), M.D.	Bascombe, Quincy (M.D.), M.D.

Department

Name	Address	Phone	Fax
OCCUPATIONAL MEDICINE	9961 SIERRA AVE Fontana CA 92335-6720	909-427-3917	909-427-5158

Level of Service**Level of Service**

PHYS TAV, EST PAT, 11-20 MIN OF MEDICAL DISCUSSION

Reason for Visit**Chief Complaint**

- PAIN (right ankle/foot DOI: 3/5/21)

Visit Diagnoses

04/29/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Reason for Visit (continued)**

- RIGHT ANKLE SPRAIN, SUBSEQ [S93.401D]
- RIGHT FOOT SPRAIN, SUBSEQ [S93.601D]

Clinical Notes**Nursing Note****Reyes, Yolanda P (L.V.N.), L.V.N. at 4/29/2021 1315**

Author: Reyes, Yolanda P (L.V.N.), L.V.N. Service: —

Author Type: LICENSED VOCATIONAL NURSE

Filed: 4/29/2021 1:22 PM

Encounter Date: 4/29/2021

Creation Time: 4/29/2021 1:15 PM

Status: Signed

Editor: Reyes, Yolanda P (L.V.N.), L.V.N. (LICENSED VOCATIONAL NURSE)

TELEHEALTH CONSENT

Prior to rendering the telehealth services:

1. I explained that there is an available face-to-face appointment with a provider to render the same health care services as this telehealth encounter.
2. The patient consented to receive health care services via telehealth for this encounter.

Patient verified with two patient identifiers: Yes

Body Parts: right ankle/foot DOI: 3/5/21

Electronically signed by Reyes, Yolanda P (L.V.N.), L.V.N. at 4/29/2021 1:22 PM

Reyes, Yolanda P (L.V.N.), L.V.N. at 4/29/2021 1423

Author: Reyes, Yolanda P (L.V.N.), L.V.N. Service: —

Author Type: LICENSED VOCATIONAL NURSE

Filed: 4/29/2021 2:23 PM

Encounter Date: 4/29/2021

Creation Time: 4/29/2021 2:23 PM

Status: Signed

Editor: Reyes, Yolanda P (L.V.N.), L.V.N. (LICENSED VOCATIONAL NURSE)

I e-mailed patient's work status and follow up appointment information, to e-mail address on file.

Electronically signed by Reyes, Yolanda P (L.V.N.), L.V.N. at 4/29/2021 2:23 PM

Progress Notes**Bascombe, Quincy (M.D.), M.D. at 4/29/2021 1324**

Author: Bascombe, Quincy (M.D.), M.D.

Service: —

Author Type: Physician

Filed: 4/29/2021 3:28 PM

Encounter Date: 4/29/2021

Creation Time: 4/29/2021 1:24 PM

Status: Signed

Editor: Bascombe, Quincy (M.D.), M.D. (Physician)

PHYSICIAN'S PROGRESS NOTES**--- This documentation is for State Form (PR2) ---****SUBJECTIVE COMPLAINTS:****REASON FOR PR2:**

Change in patients condition and Other

04/29/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Clinical Notes (continued)****TREATMENT PROGRESS:**

The patient's symptoms from the previous visit are:

Improving

Carl Mayfield is a 36 year old male with the following subjective factors:

Patient Complaints:

TELEHEALTH CONSENT

Prior to rendering the telehealth services:

1. I explained that there is available a face-to-face appointment with a provider to render the same health care services as this telehealth encounter.
2. The patient consented to receive health care services via telehealth for this encounter.

Patient Carl Mayfield

"It's not too bad, feels a little bit better" - with regards to right ankle/foot pain

Pain decreased

Foot/ankle brace helping a lot

Tolerating full duty

Pain: 2/10 today

Onset: immediate

Body parts involved: Right foot/ankle

Radiating? no

Duration/timing: Constant with intermittent flares.

Character: Achy, Sharp

Pain worsened by: Certain activities (getting up from a seated position, standing/walking), palpation

Pain improved by: Rest, pain meds, soaking

Associated symptoms: None

Treatments tried in past & outcome:

Medication?

- not applicable

PT/OT? No

Acupuncture? No

Chiropractor? No

Injection? No

Surgery? No

Consult? No

Initial visit history

Worker was originally seen in Kaiser Emergency Room the same day.

X-ray of right foot/ankle showed no acute fracture or dislocation

Worker was given pain meds with recommended rice therapy

04/29/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Clinical Notes (continued)**

Tolerating full duty

Denies any significant history of injury to the affected body parts

REVIEW OF SYSTEMS:

General: No fever, chills, or sweats

Eyes: No eye pain, blurry vision, double vision, or visual disturbances

Ears, Nose, Throat, and Mouth: No pain, hearing loss, or ear ringing

Cardiovascular: No chest pain or palpitations

Respiratory: No wheezing, cough, or shortness of breath

Gastrointestinal: No nausea, vomiting, or abdominal pain and No rectal bleeding or black stools

Skin: No rash, redness, or swelling

Neurologic: No numbness or tingling of extremities

Hematology: No easy bruising or bleeding

SOCIAL HISTORY:

Work Status before this visit: Full Duty

OBJECTIVE FINDINGS:

Vital Signs:

There were no vitals taken for this visit.

I confirm that I have performed the following examination(s):

Constitutional: Alert and conversant

Respiratory: No respiratory distress

Psychiatric: Pleasant, alert, no distress, mood and affect normal

PHYSICAL EXAMINATION:

TELEPHONE VISIT

DIAGNOSES:

S93.401D RIGHT ANKLE SPRAIN, SUBSEQ

S93.601D RIGHT FOOT SPRAIN, SUBSEQ

Diagnoses not noted on current encounter:

(S93.401D) RIGHT ANKLE SPRAIN, SUBSEQ

(S93.601D) RIGHT FOOT SPRAIN, SUBSEQ

TREATMENT PLAN:

Medications:

04/29/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Clinical Notes (continued)**

The medication(s)/supplies/radiological studies ordered this visit:

Orders Placed This Encounter

PHYS SPECIAL REPORT, PR-2 TREATING PHYS'S PROGRESS REPORT

Order Specific Question: Result Release to patient?

Answer: Immediate

Treatment Rendered:

I discussed the patients diagnosis, prognosis, and treatment plan at length and all questions were answered. I spent 11 minutes with face to face time with Carl Mayfield. Clinically improving.

1. Anti-inflammatories prescribed, take as directed. Risk and benefits discussed.
2. X-ray of right foot/ankle performed on date of injury showed no acute fracture or dislocation. Discussed with worker.
3. Apply ice to the affected area for 15 min duration, at 3 to 4 times a day
4. Continue physical therapy and maintain home exercise program
5. Will continue full duty
6. Return to clinic as directed
7. Lace-up ankle brace administer
8. Will reassess worker in the next following weeks as he completes more physical therapy. Excellent prognosis moving forward.

I anticipate treatment may last may last 3-4 weeks for this worker

Worker was informed to immediately go to the emergency department before next appointment if symptoms worsen as discussed

This encounter was changed from a video visit to a telephone visit due to technical difficulty with establishing a video visit

Time spent with patient or guardian over the phone was 11 minutes.

FACTORS OF CARE:

Medical Work Up: Reviewed and summarized old records and Diagnostic imaging: ordered/reviewed

Medication: Medication prescribed/ordered with pertinent risks and benefits explained to the patient

Treatment Plans and Integration: Discussion with patient regarding return to work (full, modified or off work)

WORK STATUS:

See Below

Primary Treating Physician:

I declare under the penalty of perjury that this report is true and correct to the best of my knowledge and I