

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
Phone	(866) 967-5256	Zip	73101
		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**

Acupuncture has been beneficial for decreased pain and stiffness.

**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 5-7 out of 10 with 10 being the worst. Patient reports their pain today in the neck is 5 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 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 7 out of 10 with 10 being the worst. Patient reports their pain today in the low back is 6 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 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 2 to 4 out of 10 with 10 being the worst. Patient reports their pain today in the left knee is 3 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 4 to 6 out of 10 with 10 being the worst. Patient reports their pain today in the right knee is 5 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 3 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 2 to 5 out of 10 with 10 being the worst. Patient reports their pain today in the right ankle is 3 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 / 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 / Normal Rating: 30
- Flexion: Unidirectional: 50 degrees (with pain) / Normal Rating: 90
- Left Lateral Bending: Unidirectional: 20 degrees / 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: 130 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: 40 degrees, Left: 40 degrees / Normal Rating: 40
- Inversion: Right: 20 degrees, Left: 25 degrees / Normal Rating: 30

## **General**

**Apperance:** Obese

## **Imaging Studies and Diagnostic Testing**

- MRI LS 8/6/25
- MRI R Knee 8/6/25

- 1. There is scarring and magnetic susceptibility artifacts noted in the posterior aspect of the lumbar region at the

level of L3 through L5 likely due to prior surgery. Correlate with surgical history. 2.Loss of normal lumbar lordotic curvature denoting spastic paraspinal muscles. 3.Disc desiccations noted at all lumbar level. 4.There is grade I anterolisthesis of L4 over L5. 5.Reduced intervertebral disc spaces noted at L1-2 and L5-S1. 6.Modic type II endplate changes noted at L1-2 thru L4-5. 7.Schmorl nodes noted at L2, L3 and L4 vertebral bodies. 8.L1-L2 level: A 2.7 mm diffuse disc bulge causing thecal indentation. Facet joint arthropathy noted. No hypertrophy of ligamentum flavum. No significant spinal canal or lateral recesses stenosis. There is no significant neural foraminal stenosis. No compromise on the exiting and transiting nerve roots. 9.L2-L3 level: A 2.2 mm diffuse disc bulge causing thecal indentation. Facet joint arthropathy noted. No hypertrophy of ligamentum flavum. No significant spinal canal or lateral recesses stenosis. There is no significant neural foraminal stenosis. No compromise on the exiting and transiting nerve roots. 10.L3-L4 level: A 5.5 mm diffuse disc protrusion causing thecal indentation. Facet joint arthropathy noted. No hypertrophy of ligamentum flavum. No significant spinal canal or lateral recesses stenosis. There is no significant neural foraminal stenosis. No compromise on the exiting and transiting nerve roots. 11.L4-L5 level: A 4.4 mm diffuse disc protrusion causing thecal indentation. Facet joint arthropathy noted. No hypertrophy of ligamentum flavum. No significant spinal canal or lateral recesses stenosis. There is bilateral neural foraminal stenosis causing impingement over the exiting nerve roots. 12.L5-S1 level: A 5.3 mm diffuse disc protrusion causing thecal indentation. Facet joint arthropathy noted. No hypertrophy of ligamentum flavum. No significant spinal canal or lateral recesses stenosis. There is bilateral neural foraminal stenosis causing impingement over the exiting nerve roots.

- 1.Complex tear of the body and posterior horns of the medial meniscus. 2.Grade II signal of the body and posterior horn of the lateral meniscus. 3.Grade I injury (sprain) of the medial collateral ligaments. 4.Moderate tricompartmental osteoarthritic changes. 5.Subchondral hypointense signal on T1W noted in medial femoral condyle and medial tibial plateau representing marrow edema. 6.Mild knee joint effusion.

**Name  
of  
Study**

**Result**

MRI LS 8/6/25	1. There is scarring and magnetic susceptibility artifacts noted in the posterior aspect of the lumbar region at the level of L3 through L5 likely due to prior surgery. Correlate with surgical history. 2.Loss of normal lumbar lordotic curvature denoting spastic paraspinal muscles. 3.Disc desiccations noted at all lumbar level. 4.There is grade I anterolisthesis of L4 over L5. 5.Reduced intervertebral disc spaces noted at L1-2 and L5-S1. 6.Modic type II endplate changes noted at L1-2 thru L4-5. 7.Schmorl nodes noted at L2, L3 and L4 vertebral bodies. 8.L1-L2 level: A 2.7 mm diffuse disc bulge causing thecal indentation. Facet joint arthropathy noted. No hypertrophy of ligamentum flavum. No significant spinal canal or lateral recesses stenosis. There is no significant neural foraminal stenosis. No compromise on the exiting and transiting nerve roots. 9.L2-L3 level: A 2.2 mm diffuse disc bulge causing thecal indentation. Facet joint arthropathy noted. No hypertrophy of ligamentum flavum. No significant spinal canal or lateral recesses stenosis. There is no significant neural foraminal stenosis. No compromise on the exiting and transiting nerve roots. 10.L3-L4 level: A 5.5 mm diffuse disc protrusion causing thecal indentation. Facet joint arthropathy noted. No hypertrophy of ligamentum flavum. No significant spinal canal or lateral recesses stenosis. There is no significant neural foraminal stenosis. No compromise on the exiting and transiting nerve roots. 11.L4-L5 level: A 4.4 mm diffuse disc protrusion causing thecal indentation. Facet joint arthropathy noted. No hypertrophy of ligamentum flavum. No significant spinal canal or lateral recesses stenosis. There is bilateral neural foraminal stenosis causing impingement over the exiting nerve roots. 12.L5-S1 level: A 5.3 mm diffuse disc protrusion causing thecal indentation. Facet joint arthropathy noted. No hypertrophy of ligamentum flavum. No significant spinal canal or lateral recesses stenosis. There is bilateral neural foraminal stenosis causing impingement over the exiting nerve roots.
MRI R Knee 8/6/25	1. Complex tear of the body and posterior horns of the medial meniscus. 2.Grade II signal of the body and posterior horn of the lateral meniscus. 3.Grade I injury (sprain) of the medial collateral ligaments. 4.Moderate tricompartmental osteoarthritic changes. 5.Subchondral hypointense signal on T1W noted in medial femoral condyle and medial tibial plateau representing marrow edema. 6.Mild knee joint effusion.

## **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)
- Patellar tendinitis, right knee (M76.51)
- Pain in left knee (M25.562)
- Complex tear of medial meniscus, current injury, right knee, subsequent encounter (S83.231D)
- 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	Other Info
M54.41, M76.52, M25.572, M25.571, S16.1XXD	Acupuncture 2-3 x week x 8 weeks	
M54.41	RTC 4-6 weeks	
M76.51	Weightbearing knee X-rays	right knee

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

Continue Acupuncture

Psychology Consult - awaiting

Neurology consult

Internal medicine consult

MRI LS and R Knee - Reviewed 8/26/25

R Knee WB X-rays

Has upcoming QME 9/25/25

F/U in 4 weeks

**Work Status:** This patient is:

Temporarily Partially Disabled until 10/10/2025

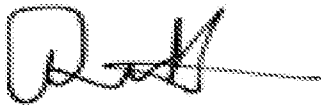
with following limitations or restrictions:

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

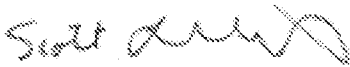
Date: 08/26/2025

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

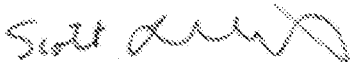
Phone: (562) 984-5505

Next report due no later than 10/10/2025

**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: 08/26/2025

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 10/10/2025

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