

03/05/2021 - Message in FMC FMED EMG**Visit Information****Provider Information****Encounter Provider**

Chao, Jeffrey Chung (M.D.), M.D.

Department

Name	Address	Phone
FMC FMED EMG	9961 SIERRA AVE. Fontana CA 92335-6720	888-750-0036

Reason for Visit**Chief Complaint**

- OTHER (encounter created for ED Chao, Jeffrey Chung (M.D.),); onset date 3/5/2021

END OF ENCOUNTER**04/14/2021 - Video Visit in OCCUPATIONAL MEDICINE****Visit Information****Provider Information****Encounter Provider**

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

Authorizing Provider

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**

OUTPT NEW LEVEL 4

Reason for Visit**Chief Complaint**

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

Visit Diagnoses

- RIGHT ANKLE SPRAIN, INIT [S93.401A]
- RIGHT FOOT SPRAIN, INIT [S93.601A]

Clinical Notes**Nursing Note****Reyes, Yolanda P (L.V.N.), L.V.N. at 4/14/2021 1320**

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

Author Type: LICENSED VOCATIONAL
NURSE

Filed: 4/14/2021 1:20 PM

Encounter Date: 4/14/2021

Creation Time: 4/14/2021 1:20 PM

Status: Signed

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

TELEHEALTH CONSENT

Prior to rendering the telehealth services:

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

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 4/14/2021 1:20 PM

Reyes, Yolanda P (L.V.N.), L.V.N. at 4/14/2021 1439

Author: Reyes, Yolanda P (L.V.N.), L.V.N. Service: —	Author Type: LICENSED VOCATIONAL NURSE
Filed: 4/14/2021 2:43 PM	Encounter Date: 4/14/2021
Status: Signed	Editor: Reyes, Yolanda P (L.V.N.), L.V.N. (LICENSED VOCATIONAL NURSE)
	Creation Time: 4/14/2021 2:39 PM

I informed patient of all orders placed in this encounter. Patient verbalized understanding.
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 4/14/2021 2:43 PM

Reyes, Yolanda P (L.V.N.), L.V.N. at 4/16/2021 1543

Author: Reyes, Yolanda P (L.V.N.), L.V.N. Service: —	Author Type: LICENSED VOCATIONAL NURSE
Filed: 4/16/2021 3:44 PM	Encounter Date: 4/14/2021
Status: Signed	Editor: Reyes, Yolanda P (L.V.N.), L.V.N. (LICENSED VOCATIONAL NURSE)
	Creation Time: 4/16/2021 3:43 PM

Patient walked into clinic today for ankle brace.

Per doctors order, patient was provided with STABILIZING ANKLE SUPPORT L-CODE L1902
Brace was fitted and dispensed to patient.

Electronically signed by Reyes, Yolanda P (L.V.N.), L.V.N. at 4/16/2021 3:44 PM

Progress Notes**Bascombe, Quincy (M.D.), M.D. at 4/14/2021 1554**

Author: Bascombe, Quincy (M.D.), M.D.	Service: —	Author Type: Physician
Filed: 4/14/2021 4:04 PM	Encounter Date: 4/14/2021	Creation Time: 4/14/2021 3:54 PM
Status: Signed	Editor: Bascombe, Quincy (M.D.), M.D. (Physician)	

DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS

--- This document is for State Form (DFR) ---

Origin of Injury:

Date of Injury: 03/05/2021

KPOJ 1st Visit: 04/14/21

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

Job: PAROLE AGENT I at State of California Task: Driving, standing, walking, making a arrest.
Mechanism of Injury: As I stepped off a curb on to the street and my right foot went into a pot hole causing me to lose balance and fall. I landed on my hands and knees. I immediately felt pain in my right foot and right ankle."

Translation required: No

SUBJECTIVE COMPLAINTS:**Treatment History for This Injury:**

Carl Mayfield states his symptoms started immediately.

The patient was initially seen for the injury at a Kaiser Emergency Room.

X-rays performed relative to this visit: personally reviewed by me

Treatment History and Medications:

X-RAY RIGHT ANKLE 03/05/2021

No acute fracture or dislocation

X-RAY RIGHT FOOT 02/05/2021

No acute fracture or dislocation

Chief Complaint:

PAIN

Nursing notes reviewed by QUINCY BASCOMBE MD.

Current Complaints Today:**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

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

Tolerating full duty

Pain: 6/10 today

Onset: immediate

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

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

Denies any significant history of injury to the affected body parts

REVIEW OF SYSTEMS:

The patient completed the Regional Review of Systems Questionnaire and I reviewed.

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

Genitourinary: No painful urination and No blood in urine

Skin: Mild swelling.

Neurologic: No numbness or tingling of extremities and No headache

Psychiatric: No anxiety or depression

Endocrine: No unexplained weight loss, excessive thirst or excessive urination

Hematology: No easy bruising or bleeding

Allergy: No known environmental allergies

ROS:

Extended Musculoskeletal:

I reviewed with the patient the following extended musculoskeletal systems.

Lower extremity: right foot and right ankle

Past Medical, Family, and Surgical History:

Reviewed Electronic Medical Records: Yes

Patient did not have a prior work related injury to the same body part(s).

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

Patient did not have a prior non-work related injury to the same body part(s).

Family History Reviewed: Reviewed but does not apply to this Workers' Compensation injury or illness.

SOCIAL HISTORY:

Work Status before this visit: Full Duty

Claim Information: pending.

OBJECTIVE FINDINGS:Vital Signs:

There were no vitals taken for this visit.

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

Constitutional: Well developed and well nourished and Alert and conversant

Ears, Nose, Throat, and Mouth: No signs of trauma, or deformity

Eyes: Conjunctivae and EOMs are normal

Respiratory: No respiratory distress

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

PHYSICAL EXAMINATION:Musculoskeletal:

Right ankle: No swelling or deformity. Decreased range of motion.

X-ray and laboratory ordered today:

no

DIAGNOSIS:

S93.401A RIGHT ANKLE SPRAIN, INIT

S93.601A RIGHT FOOT SPRAIN, INIT

There is no evidence of chemical or toxic compounds being involved.

Diagnosis:

(S93.401A) RIGHT ANKLE SPRAIN, INIT

(S93.601A) RIGHT FOOT SPRAIN, INIT

ARE YOUR FINDINGS AND DIAGNOSIS CONSISTENT WITH PATIENT'S ACCOUNT OF INJURY OR ONSET OF ILLNESS?

Yes

In the absence of any other injury, and based on the patient's clinical history, measurable objective findings, and medical records reviewed, it is my medical opinion that Carl Mayfield medical condition listed in the

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

diagnosis, is more likely than not, has a causal relationship to the traumatic injury (described above) while performing his/her duty during the course of employment. The clear inciting event is described in the mechanism of injury section of this documentation.

IS THERE ANY OTHER CURRENT CONDITION THAT WILL IMPEDE OR DELAY PATIENT'S RECOVERY?

No

TREATMENT RENDERED:

Carl Mayfield has been advised to continue the following previous medication(s):

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

Orders Placed This Encounter

BRACE, ANKLE, LACE UP

Order Specific Question: Result Release to patient?

Answer: Immediate

REFERRAL PHYSICAL THERAPY / OCCUPATIONAL THERAPY

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 Priority: Routine

Referral Type: Outpatient Service

Referral Reason: Specialty Services Required

Referral Location: *FONTANA

Acetaminophen (TYLENOL) 500 mg Oral Tab

Sig: Take 2 tablets by mouth every 6 hours as needed for pain . Do not exceed 6 tablets in 24 hours

Dispense: 100 tablet

Refill: 0

Order Specific Question: Is this medication for a workers' compensation condition?

Answer: Yes

Treatment and Supplies:

I discussed the patients diagnosis, prognosis, and treatment plan at length and all questions were answered. I spent 20 minutes with face to face time with Carl Mayfield

1. Anti-inflammatories prescribed, take as directed. Risk and benefits discussed.

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

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. Requested authorization for 6 sessions of physical therapy, 2 times a week
5. Will continue full duty
6. Return to clinic as directed
7. Lace-up ankle brace administer

I anticipate treatment may last 6 to 12 weeks for this worker

Patient was informed to immediately go to emergency department before next appointment if symptoms worsen

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)

IF FURTHER TREATMENT REQUIRED, SPECIFY TREATMENT PLAN/ESTIMATED DURATION: More than likely the patient's condition is expected to improve or reach maximum medical improvement or full recovery in week(s).

IF HOSPITALIZED AS INPATIENT, GIVE HOSPITAL NAME, LOCATION, AND DATE ADMITTED:
no

WORK STATUS:

See Below

---End of FORM---

04/14/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Clinical Notes (continued)****Activity RX/Forms**

Full work today.

Other Needs/Restrictions:

Additional Comments: Carl Mayfield checked into our Kaiser Permanente On-the-Job (KPOJ) virtual visit, 4/14/2021, at 1:15 PM and checked out at 2:37 PM.

The patient has a follow-up virtual visit appointment

4/29/2021 1:10 PM Bascombe, Quincy (M.D.), * FOOHS3 FONU

Please call us at (909)427-3917 for any questions or concerns.

Next Appointment: 4/29/2021

QUINCY BASCOMBE MD

4/14/2021, 3:54 PM

Contact Information:

Electronically signed by Bascombe, Quincy (M.D.), M.D. at 4/14/2021 4:04 PM

Other Orders**Medications****Acetaminophen (TYLENOL) 500 mg Oral Tab [6880914187] (Expired)**

Electronically signed by: **Bascombe, Quincy (M.D.), M.D. on 04/14/21 1411** Status: **Expired**
Ordering user: Bascombe, Quincy (M.D.), M.D. 04/14/21 1411 Authorized by: Bascombe, Quincy (M.D.), M.D.
Ordering mode: Standard
PRN reasons: pain
Frequency: Routine Q6H PRN 04/14/21 - 04/13/25 2359 Class: Fill Now
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
Is this medication for a workers' compensation condition?	Yes

Admin instructions: . Do not exceed 6 tablets in 24 hours

Indications

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

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