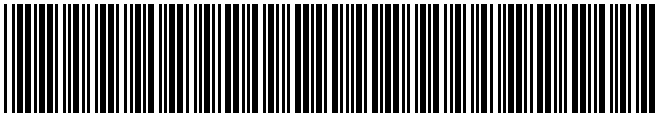


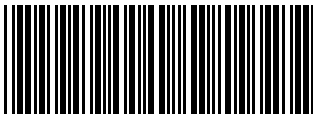


**Delivery Types:** CD - 1  
**Records of. :** Carl Mayfield  
**Defendant. :** State Fund  
**Client/Insured :** CORRECTIONS & REHABILITATION PAROLE AND COMMUNITY  
**Adjuster:** MILTON CARDOZA  
**Claim #:** 07046168  
**File Number :** 07046168  
**Case Number :** ADJ21327631

CA1210905IME1-002



8896047



**ID# INFO:**

CA1210905IME1-002

**Location :** **Concentra-Ontario**  
2171 S Grove Ave Ste A  
Ontario, CA 91761-4600  
**Record Types :** Medical  
**Deliver To :** **Mark Davidson, M.D**  
**Attention :** Mark Davidson, M.D  
8733 Beverley Blvd  
West Hollywood, California 90048  
**Attorney :** Mark Davidson, M.D  
**Office Responsible for Delivery**  
90503  
**Hand/Mail Delivery** **Field Office**  
MAIL

**Customer A/c#**

106569

**Route #**

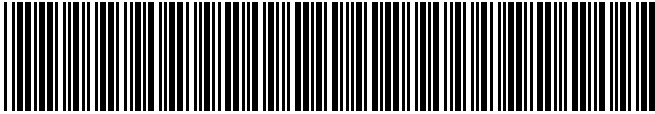
**Note(s) :**

**Primary Provider :**

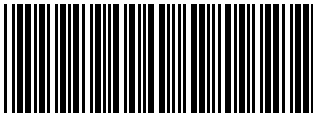
**Additional Recipients :**

**Delivery Types:** CD - 1  
**Records of. :** Carl Mayfield  
**Defendant. :** State Fund  
**Client/Insured :** CORRECTIONS & REHABILITATION PAROLE AND COMMUNITY  
**Adjuster :** MILTON CARDOZA  
**Claim # :** 07046168  
**File Number :** 07046168  
**Case Number :** ADJ21327631

CA1210905IME1-002



8896047



**ID# INFO:**

CA1210905IME1-002

**Location :** **Concentra-Ontario**  
2171 S Grove Ave Ste A  
Ontario, CA 91761-4600  
**Record Types :** Medical  
**Deliver To :** **Mark Davidson, M.D**  
**Attention :** Mark Davidson, M.D  
8733 Beverley Blvd  
West Hollywood, California 90048  
**Attorney :** Mark Davidson, M.D  
**Office Responsible for Delivery**  
90503  
**Hand/Mail Delivery Field Office**  
MAIL

**Customer A/c#**  
106569  
**Route #**

**Note(s) :**

THE ITEMS IDENTIFIED ABOVE HAVE BEEN RECEIVED IN GOOD ORDER.

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE	ACTIVITY	EXP.CODE	REP. #	TIME	NAME/COMMENTS



Compex Order #: CA1210905IME1-002

October 17, 2025

### Attestation

Mark Davidson, M.D  
8733 Beverley Blvd  
West Hollywood, CA 90048

Mark Davidson, M.D,  
We recently copied the following documents on:  
CARL MAYFIELD

From Custodian of Records:  
Concentra-Ontario  
2171 S Grove Ave Ste A  
Ontario, CA 91761-4600

For Our Client:  
Milton Cardoza  
STATE COMPENSATION INSURANCE FUND  
5880 Owens Drive, 3rd Floor  
Pleasanton, CA 94588  
Client file number: 07046168

Our client has requested that we send you a set of the documents copied on the above-mentioned patient.  
Please contact our office if you have any questions.

### Attestation

I am informed and believe our client, STATE COMPENSATION INSURANCE FUND, has complied with Labor Code section 4062.3. **I further attest the total number of pages provided herein is 32 pages.** I certify that the same is true of my own knowledge, except as to those matters which, upon my information or belief, I believe them to be true. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**Our client's office has indicated that you have an appointment with the patient on: at .**

Compex Legal Services, Inc.

cc: Milton Cardoza, State Compensation Insurance Fund, 5880 Owens Drive, 3rd Floor, Pleasanton, CA 94588

REQUEST: CA1210905

I am employed in Los Angeles County, California. I am over the age of 18 and not  
a party to the within action; my business address is: 325 Maple Ave  
Torrance, CA 90503

On 08/20/2025, I gave notice to: SEE SERVICE LIST BELOW

On the above date, I served true copies of the following documents;  
Subpoena

To each party appearing in this action, at the address below, by placing true copies thereof enclosed in a sealed envelope  
with postage fully pre-paid, in the United States mail at 325 Maple Ave  
Torrance, CA 90503

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and  
correct, and that this declaration was executed on 08/20/2025.

SIGNED: \_\_\_\_\_



Margie Gollena

Whiting Cotter and Hurlimann  
Matthew Hurlimann  
1851 East 1st Street, Suite 430  
Santa Ana, CA 92701

---

**PROOF OF SERVICE BY MAIL**

000001

ATTORNEY OR PARTY WITHOUT ATTORNEY: <b>MILTON CARDOZA (BAR # )</b> <b>STATE COMPENSATION INSURANCE FUND</b> <b>5880 OWENS DRIVE, 3RD FLOOR, PLEASANTON, CA 94588</b> ATTORNEY FOR: <b>STATE FUND</b>	TELEPHONE NO <b>707-452-7977</b>	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE</b> STREET ADDRESS: <b>3737 MAIN ST, 3RD FL</b> MAILING ADDRESS: CITY AND ZIP CODE: <b>RIVERSIDE, 92501</b> BRANCH NAME: <b>RIVERSIDE WCAB</b>		
PLAINTIFF/PETITIONER: <b>CARL MAYFIELD</b> DEFENDANT/RESPONDENT: <b>STATE FUND</b> CASE NUMBER: <b>ADJ21327631</b>		
<b>NOTICE OF DEPOSITION</b>		

**NOTICE TO ALL PARTIES AND THEIR ATTORNEY(S):**

1. The production of documents by the Custodian of Records of the following business will be required as follows:

	DATE	TIME
<b>CONCENTRA-ONTARIO</b>	09/08/2025	
2171 S GROVE AVE STE A,		
ONTARIO, CA 91761-4600		

**NO DEPOSITION TESTIMONY WILL BE TAKEN**, the deponent need not appear if he or she complies with Evidence Code Sections 1560 through 1566, and Code of Civil Procedure Section 2018 through 2021. True, legible and durable copies of all documents described in the Affidavit supporting Subpoena Duces Tecum, which are certified by the above-named Custodian will be accepted as sufficient compliance by said Custodian.

Date: 08/19/2025

\_\_\_\_\_  
MILTON CARDOZA

(Type or Print Name)

\_\_\_\_\_  
/S/ MILTON CARDOZA

(Signature)

\_\_\_\_\_  
ATTORNEY AT LAW

(Title)

**NOTICE OF DEPOSITION**

C.C.P. 1985

## DECLARATION FOR SUBPOENA DUCES TECUM

Case No. ADJ21327631

STATE OF CALIFORNIA, County of RIVERSIDE

The undersigned states:

That he /she is (one of) the attorney(s) of record / representative(s) for the applicant/defendant in the action captioned on the reverse hereof. That the subpoenaed Custodian of Records has in his/her possession or under his/her control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reasons:

To assist in determining one or more of the following: To determine present and/or past physical conditions; nature, extent and duration of sickness; injury, disability arising out of employment and in the course of employment and/or necessity of further treatment; employment occupation and duties, earnings and earnings capacity self-procured and future medical treatment, vocational rehabilitation under Labor Code 129.5 and status as Q.I.W (Qualified Injured Worker).; Jurisdiction and statute of limitations. If no objection is made by any party to this case prior to copying then no valid objection exists.

### Declaration for Injuries on or After January 1, 1990 and Before January 1, 1994

☒ That an Employee's Claim for Workers' Compensation Benefits (DWC Form 1) has been filed in accordance with Labor Code Section 5401 by the alleged injured worker whose records are sought, or if the worker is deceased, by the dependent(s) of the decedent, and that a true copy of the form filed is attached hereto. *(Check box if applicable and part of the declaration below. See instructions on front of subpoena.)*

I declare under penalty that the foregoing is true and correct

Executed on 08/20/2025, at PLEASANTON California.

STATE COMPENSATION INSURANCE  
FUND

5880 OWENS DRIVE, 3RD FLOOR  
PLEASANTON, CA 94588

/S/ Milton Cardoza  
Signature

Address

925-523-5801  
Telephone

## DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of

I, the undersigned, state that I served the foregoing subpoena by showing the original and delivering a true copy thereof, together with a copy of the Declaration in support thereof, to each of the following named persons, via , at the date and place set forth opposite each name.

Name of Person Served

Date

Place

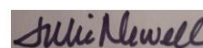
CUSTODIAN OF RECORDS

08/20/2025

2171 S GROVE AVE STE A  
ONTARIO, CA 91761-4600

I declare under penalty of perjury that the foregoing is true and correct

Executed on 08/20/2025



Signature



STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF WORKERS' COMPENSATION

**WORKERS' COMPENSATION APPEALS BOARD**

CARL MAYFIELD

Claimant/Applicant,

vs.

STATE FUND

Employer/Insurance Carrier/Defendant.

Case No. ADJ21327631

(IF APPLICATION HAS BEEN FILED, CASE NUMBER  
MUST BE INDICATED REGARDLESS OF DATE OF INJURY)

**SUBPOENA DUCES TECUM**

(When records are mailed, identify them by using above  
Case number or attaching a copy of subpoena)

Where no application has been filed for injuries on or after  
January 1, 1990 and before January 1, 1994, subpoena will  
be valid without a case number, but subpoena must be served  
on claimant and employer and/or insurance carrier.

See instruction below.\*

*The People of the State of California Send Greetings to:*

CONCENTRA-ONTARIO  
2171 S GROVE AVE STE A  
ONTARIO, CA 91761-4600

WE COMMAND YOU to appear before COMPEX LEGAL SERVICES

at 325 MAPLE AVENUE, TORRANCE, CALIFORNIA, 90503

on the 08th day of September, 2025 at 09:00 o'clock A.M. to testify in the above entitled matter and to bring with you  
and produce the following described documents, papers, books and records:

**SEE ATTACHMENT 3**

(Do not produce X-rays unless specifically mentioned above.)

For failure to attend as required, you may be deemed guilty of a contempt and liable to pay to the parties aggrieved all  
losses and damages sustained thereby and forfeit one hundred dollars in addition thereto.

This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy which is  
served herewith.

Date: 08/19/2025

WORKERS' COMPENSATION APPEALS BOARD  
OF THE STATE OF CALIFORNIA

*Cynthia A. Deibel*

Secretary, Assistant Secretary, Workers' Compensation Judge



**\*FOR INJURIES OCCURRING ON OR AFTER JANUARY 1, 1990  
AND BEFORE JANUARY 1, 1994**

If no Application for Adjudication of Claim has been filed, a declaration under  
penalty of perjury that the Employee's Claim for Workers' Compensation Benefits  
(Form DWC-1) has been filed pursuant to Labor Code Section 5401 must be  
executed properly.

**SEE REVERSE SIDE  
[SUBPOENA INVALID WITHOUT DECLARATION]**

You may fully comply with this subpoena by mailing the records described (or authenticated copies Evid. Code 1561) to the person and place  
stated above within ten (10) days of the date of service of this subpoena.

This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or city Police Department unless accompanied by notice  
from this Board that deposit of the witness fee has been made in accordance with Government Code 68097.2, et seq.

PLAINTIFF/PETITIONER: <b>CARL MAYFIELD</b>	CASE NUMBER: <b>ADJ21327631</b>
DEFENDANT/RESPONDENT: <b>STATE FUND</b>	

**PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION**

(Code Civ. Proc., §§ 1985.3, 1985.6)

☐ Personal Service/Email    ☒ Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
2. I served a copy of the *Notice to Consumer or Employee and Objection* as follows (check either a or b):
  - a. ☐ **Personal service/Email.** I personally delivered the *Notice to Consumer or Employee and Objection* as follows:
 

(1) Name of person served:	(3) Date served:
(2) Address where served:	(4) Time served:
  - b. ☒ **Mail.** I deposited the *Notice to Consumer or Employee and Objection* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
 

(1) Name of person served: <b>Matthew Hurlimann</b>	(3) Date of mailing: 08/20/2025
(2) Address: <b>1851 East 1st Street, Suite 430</b>	(4) Place of mailing (city and state):
<b>Santa Ana CA 92701</b>	<b>Torrance, CA</b>

(5) I am a resident of or employed in the county where the Notice to Consumer or Employee and Objection was mailed.
  - c. My residence or business address is (specify): **325 Maple Ave**  
**Torrance, CA, 90503**
  - d. My phone number is (specify): **800-953-8436**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 08/20/2025

**Julie Newell**

(TYPE OR PRINT NAME OF PERSON WHO SERVED)



(SIGNATURE OF PERSON WHO SERVED)

**PROOF OF SERVICE OF OBJECTION TO PRODUCTION OF RECORDS**

(Code Civ. Proc., §§ 1985.3, 1985.6)

☐ Personal Service    ☐ Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
  2. I served a copy of the *Objection to Production of Records* as follows (complete either a or b):
    - a. **ON THE REQUESTING PARTY**
      - (1) ☐ **Personal service.** I personally delivered the *Objection to Production of Records* as follows:
 

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
      - (2) ☐ **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
 

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (city and state):

(v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
    - b. **ON THE WITNESS**
      - (1) ☐ **Personal service.** I personally delivered the *Objection to Production of Records* as follows:
 

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
      - (2) ☐ **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
 

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (city and state):

(v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
  3. My residence or business address is (specify):
  4. My phone number is (specify):
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

(SIGNATURE OF PERSON WHO SERVED)



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>MILTON CARDOZA (BAR# )</b> <b>5880 OWENS DRIVE, 3RD FLOOR</b> <b>PLEASANTON, CA 94588</b> TELEPHONE NO.: <b>707-452-7977</b> FAX NO. (Optional): <b>925-416-7250</b> E-MAIL ADDRESS (Optional): <b>Mjcardoza@scif.com</b> ATTORNEY FOR (Name): <b>STATE FUND</b>		FOR COURT USE ONLY
<b>WCAB COURT OF CALIFORNIA, COUNTY OF RIVERSIDE</b> STREET ADDRESS: <b>3737 MAIN ST, 3RD FL</b> MAILING ADDRESS: CITY AND ZIP CODE: <b>RIVERSIDE, 92501</b> BRANCH NAME: <b>RIVERSIDE WCAB</b>		
PLAINTIFF / PETITIONER: <b>CARL MAYFIELD</b> DEFENDANT / RESPONDANT: <b>STATE FUND</b>		CASE NUMBER: <b>ADJ21327631</b>
<b>NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION</b> <b>(Code Civ. Proc., §§ 1985.3, 1985.6)</b>		

**NOTICE TO CONSUMER OR EMPLOYEE****TO (name): CARL MAYFIELD**

- PLEASE TAKE NOTICE THAT **REQUESTING PARTY (name): STATE FUND** SEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on (specify date): **09/08/2025**  
 The records are described in the subpoena directed to **witness (specify name and address of person or entity from whom records are sought):** **CONCENTRA-ONTARIO**  
**2171 S GROVE AVE STE A**  
**ONTARIO, CA 91761-4600**  
 A copy of the subpoena is attached.
- IF YOU OBJECT to the production of these records, YOU MUST DO ONE OF THE FOLLOWING BEFORE THE DATE SPECIFIED IN ITEM a. OR b. BELOW:
  - If you are a party to the above-entitled action, you must file a motion pursuant to Code of Civil Procedure section 1987.1 to quash or modify the subpoena and give notice of that motion to the **witness** and the **deposition officer** named in the subpoena at least five days before the date set for production of the records.
  - If you are not a party to this action, you must serve on the **requesting party** and on the **witness**, before the date set for production of the records, a written objection that states the specific grounds on which production of such records should be prohibited. You may use the form below to object and state the grounds for your objection. You must complete the Proof of Service on the reverse side indicating whether you personally served or mailed the objection. The objection should **not** be filed with the court. **WARNING: IF YOUR OBJECTION IS NOT RECEIVED BEFORE THE DATE SPECIFIED IN ITEM 1, YOUR RECORDS MAY BE PRODUCED AND MAY BE AVAILABLE TO ALL PARTIES.**
- YOU OR YOUR ATTORNEY MAY CONTACT THE UNDERSIGNED to determine whether an agreement can be reached in writing to cancel or limit the scope of the subpoena. If no such agreement is reached, and if you are not otherwise represented by an attorney in this action, YOU SHOULD CONSULT AN ATTORNEY TO ADVISE YOU OF YOUR RIGHTS OF PRIVACY.

Date: 08/19/2025

**MILTON CARDOZA**

(TYPE OR PRINT NAME)



/S/ MILTON CARDOZA

(SIGNATURE OF)



REQUESTING PARTY



ATTORNEY)

**OBJECTION BY NON-PARTY TO PRODUCTION OF RECORDS**

- ☐ I object to the production of all of my records specified in the subpoena.
- ☐ I object only to the production of the following specified records:
- The specific grounds for my objection are as follows:

Date:

(TYPE OR PRINT NAME)



(SIGNATURE)

(Proof of service on reverse)

**ATTACHMENT 3**

**PERTAINING TO:**

Carl Mayfield

Date of Birth: 04/26/1985, Social Security Number: 607-32-5062

All documents and records stored in any format or method including, but not limited to, all medical records, intake forms, patient completed forms and/or documents, correspondence, all office records, emergency room records or reports, inpatient and outpatient charts and records, lien files, SOAP notes, pathology records and reports, lab reports, pharmacy and prescription records, physical therapy records, sign-in sheets, all descriptions of exercises prescribed, documentation which indicate date and time of patient's appointments, insurance documents, all radiology reports and readings, and any other documents maintained pertaining to the care, treatment and examination of the patient.

Any and all medical records



Order Details	
Order Location:	Concentra-Ontario
Form Created By:	Brian Hafeman
Date & Time :	9/5/2025 8:28:12 AM
Depo Date :	9/8/2025 12:00:00 AM

Record Subject Information	
Subject Name :	Carl Mayfield
AKA:	
SSN :	607-32-5062
DOB :	4/26/1985

Location Information	
<input type="checkbox"/> Billing Office Only	<input type="checkbox"/> Film Only Location

Client Preferences	
Load File :	Not Required
Long Page Handling:	No
Custodian Certificate :	Copy

CNR Verification		
<input type="checkbox"/> CNR Received	<input type="checkbox"/> CNR Rejected	<input type="checkbox"/> CNR Approved

ITEM Received	
Status	Comments

Material Received	
Status	Comments

Record Type and Mode of Receipt		
Concentra-Ontario 2171 S Grove Ave Ste A, Ontario, California, San Bernardino, 91761-4600		
	Status	Comments
Medical	All Items Record Types Received - Medical	All Items Record Types Received- Medical

Fee Paid					
Check Number	Payee Name	Amount	Check Date	Payment Type	Memo
0000002	CIOX HEALTH	11.00	9/5/2025 12:00:00 AM	Custodial Fee (State Legislated)	inv- 0522453359 cust- 1470792
301126874	CIOX HEALTH	15.00	8/18/2025 2:20:18 PM	Witness Fee	

Clause Information	
Date Range :	Treated By:
<p>All documents and records stored in any format or method including, but not limited to, all medical records, intake forms, patient completed forms and/or documents, correspondence, all office records, emergency room records or reports, inpatient and outpatient charts and records, lien files, SOAP notes, pathology records and reports, lab reports, pharmacy and prescription records, physical therapy records, sign-in sheets, all descriptions of exercises prescribed, documentation which indicate date and time of patient's appointments, insurance documents, all radiology reports and readings, and any other documents maintained pertaining to the care, treatment and examination of the patient.</p> <p>Any and all medical records</p>	



# WORK STATUS REPORT

Date Generated: 04-12-2013 14:52:29

NAME: Last: Mayfield First: Carl Date of Exam: 04-12-2013 Case #: 027270400  
Occupation: Correction Officer DOB: 04-26-1985 DOI: 04-05-2013 13:30 Claim #:  
Employer: CA DEPT. OF CORR./CRC Contact: REGINA CHACON Tel.: (951)273-2905 Fax: (951)273-2325  
Claims Administrator: STATE COMP (SUISUN CITY) Tel.: (888)222-3211 Fax:

**PATIENT STATUS** Since the last exam, this patient's condition has:

( ☒ ) Improved as expected

## DIAGNOSES

Tuberculin Test Reaction (795.51)

## TREATMENT

Physical Therapy	( ) Start ( ) Continue ( ) Renew	( ) times / week for	( ) weeks	( ) Cancel ( ) Pending
Chiropractic Therapy	( ) Start ( ) Continue ( ) Renew	( ) times / week for	( ) weeks	( ) Cancel ( ) Pending
Occupational Therapy	( ) Start ( ) Continue ( ) Renew	( ) times / week for	( ) weeks	( ) Cancel ( ) Pending
Acupuncture	( ) Start ( ) Continue ( ) Renew	( ) # of visits		( ) Cancel ( ) Pending
Ergonomic Evaluation	( ) Start		Other: ( )	

## WORK STATUS

The finding and diagnosis are consistent with patient's account of injury or onset of illness. Patient is advised to return to work without restrictions

## DISCHARGE STATUS (If applicable)

( ☒ ) Released from care. Return to full duty on ( 04-12-2013 ) with no limitations or restrictions. Released from care without ratable disability or need for future medical care.

## TREATING PROVIDER

Name: Mohammad . Mahmud, M.D.

Lic. #: A70230

Signature (Original)

Specialty: Occupational Medicine

Date of Exam: 04-12-2013

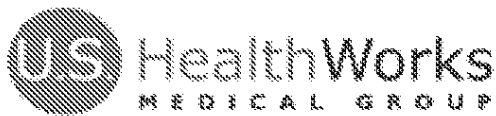
## NEXT APPOINTMENT

Next Appointment with on .

Executed at: US HealthWorks 2171 South Grove Avenue, A, Ontario CA 91761 - 4600 Ph:909 923-4080

Check In Time: 04-12-2013 01:49 pm

Check Out Time: 02:54 pm



U.S. HealthWorks  
2171 South Grove Avenue, A,  
Ontario CA 91761 - 4600  
Ph: 909 923-4080

STATE OF CALIFORNIA  
Division of Workers' Compensation  
PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Patient Name: Last: Mayfield First: Carl MI: DOB: 04-26-1985 Date of Service: 04-12-2013 Case #: 027270400

Occupation: Correction Officer SS#: 999-99-9999 Date of Injury: 04-05-2013 13:30 Claim #:

Employer: CA DEPT. OF CORR./CRC Contact: REGINA CHACON Tel. (951)273-2905 Fax. (951)273-2325

Claims Administrator: STATE COMP (SUISUN CITY) Tel. (888)222-3211 Fax.

**REASON FOR SUBMITTING REPORT** (Check all that apply. If any box aside from "OTHER" applies, this report qualifies as mandatory)

- ☐ Change in patient's condition ☐ Need for referral or consultation ☐ Information requested by:  
☐ Change in work status ☐ Need for surgery or hospitalization ☒ Released from care ☐ Request for authorization  
☐ Change in treatment plan ☐ Periodic Report (45 days after last report) ☐ Other:

**PATIENT STATUS** Since the last exam, this patient's condition has:

- ☒ improved as expected ☐ improved, but slower than expected ☐ not improved significantly  
☐ worsened ☐ reached plateau and no further improvement is expected ☐ been determined to be non-work related

**SUBJECTIVE COMPLAINTS**

**History Of Present Illness:**

Patient is here for follow up visit for injury sustained on 04-05-2013 13:30.

The patient reports that their condition is the same - N/A . Patient is currently working regular job duties .

**Chest-Respiratory Complaints**

**Respiratory Complaints:** Patient's complaint at this time is as follows: None. Hx of positive TB testing.

**Associated Symptoms:** The patient denies fever, chills, and sweats . The patient denies chest pain. The patient denies radiating chest pain. The patient denies painful respirations. There are no complaints of dyspnea. The patient has no complaints of orthopnea. There is no history of paroxysmal nocturnal dyspnea. The patient denies coughing. There are no complaints of wheezing. The patient denies dyspnea on exertion . The patient has no history of recent upper respiratory symptoms . There are no complaints of nausea . There is no burping. There is no recent history of vomiting. The patient has no complaints of abdominal cramping or colic . The patient denies fatty food intolerances . There are no complaints of indigestion, dyspepsia or heartburn . The patient denies upper back spasms . There are no complaints of a chest wall rash or lesions . There is no recent history of chest trauma. The patient does not report sensory or sensation changes .

**Occupational history:** Length of employment is reported as 6 months to 2 yrs. He works 40 hours per week. Main job characteristics include sit down job, prolonged standing or walking, repetitive use of hands/keyboard/mouse, kneeling or squatting, bending, stooping, climbing and overhead work, lifting, pushing, or pulling up to 200lbs.

He denies any lost work-time as a result of this injury. He denies any other source of employment.

**OBJECTIVE FINDINGS**

**Physical Examination:**

Pulse: 70/min. BP: 148/84 mmHg. Temperature: 98.0 deg F Respiration: 24 per min.

Severity: The severity of the pain was N/A/10.

**Relevant History:** Upon exam, there is no evidence of direct trauma to the chest . The patient did not experience an occupational exposure to respiratory



irritants

**Psychiatric:** He is alert and oriented to person, place and time . Mood and affect appear appropriate .

**HEENT:** The auricle has no deformities, erythema or edema . There is no drainage from the ears . No signs of abnormal nasal discharge noted. There is no nasal obstruction noted . The following conditions of the nasal septum are absent: deviation, perforation, ulceration . There are no signs of hoarseness or loss of voice . There are no mucosal lesions or ulcerations . The pharynx and tonsillar tissues are not erythematous . The tonsils have no exudate .

**Respiratory:** The patient's respiratory rate is normal. Lungs are clear to auscultation . The patient does not display sternal/ intercostal retractions.

**Gastrointestinal:** There are no palpable abdominal masses . The abdominal wall is not bulging or edematous . Edema or bulging is absent in the groin. Rectal examination is within normal limits. The abdomen is non-tender on palpation . There is no palpable abdominal guarding . There is no rebound tenderness of the abdomen . A hernia is not identified on examination. There is no evidence of organomegaly on exam . There is no ascites on abdominal exam . There is no abdominal distention . Exam is negative for Punch tenderness . Murphy's sign is negative .

**Genitourinary:** Costovertebral angle tenderness for renal involvement is not noted .

**Cardiovascular:** The heart rate is normal . Heart rhythm is not irregular. No heart murmur was auscultated . Exam of the carotids reveals strong pulses, without bruits . There is no jugular venous distention noted . Aortic pulses are normal . There is no pretibial or pedal edema . Upper extremity pulses are within normal limits . Pulses of the lower extremities are within normal range . Homan sign for possible deep vein thrombosis is negative. There are no carotid bruits.

**DIAGNOSES:** (Include ICD-9 code, if possible)

Tuberculin Test Reaction (795.51)

**TREATMENT PLAN**

Office Visit / Injury Treatment:

<b>Physical Therapy</b>	( ) Start ( ) Continue ( ) Renew	( ) times / week for	( ) weeks	( ) Cancel ( ) Pending
<b>Chiropractic Therapy</b>	( ) Start ( ) Continue ( ) Renew	( ) times / week for	( ) weeks	( ) Cancel ( ) Pending
<b>Occupational Therapy</b>	( ) Start ( ) Continue ( ) Renew	( ) times / week for	( ) weeks	( ) Cancel ( ) Pending
<b>Acupuncture</b>	( ) Start ( ) Continue ( ) Renew	( ) # of visits		( ) Cancel ( ) Pending
<b>Ergonomic Evaluation</b>	( ) Start		Other: ( )	

**Clinical Decision Making Comments:** Unremarkable step-2 test

**Treatment Plan Comments:** 27 years CRC employee with Equivocal TB testing on screening test. NL clinical exam and asymptomatic. CXR unremarkable. Step -2 TB testing negative. No further follow-up needed. D/C from care

**WORK STATUS:**

The finding and diagnosis are consistent with patient's account of injury or onset of illness. Patient is advised to return to work without restrictions

**Work Restrictions:**

**Discharge Status:** Released from care. Return to full duty on 04-12-2013 with no limitations or restrictions. Released from care without ratable disability or need for future medical care.

**DISCHARGE STATUS:**

( **X** ) Released from care. Return to full duty on (04-12-2013) with no limitations or restrictions.

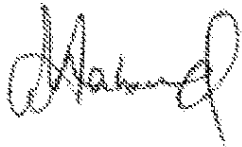
( ) Patient discharged as permanent and stationary with either impairment, work restrictions, and/or need for future medical care. A PR-4 to follow.

( ) NON-INDUSTRIAL. Patient instructed to see private physician at own expense.

**PRIMARY TREATING PHYSICIAN**

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 (Original)



Name: **Mohammad Mahmud, M.D.**

Cal. Lic. #: **A70230**

Specialty: **Occupational Medicine**

Date of Exam: **04-12-2013**

**NEXT APPOINTMENT**

Next Appointment with on .

Executed at: **US HealthWorks 2171 South Grove Avenue, A, Ontario CA 91761 - 4600 Ph:909 923-4080**

Check In Time: **04-12-2013 01:49 pm**

**MEDICAL DOCUMENTATION : DO NOT DETACH**  
**Followup Patient Narrative**



U.S. HealthWorks  
2171 South Grove Avenue  
A  
Ontario CA 91761 - 4600  
Ph: 909 923-4080

**Date of Service:** 04-12-2013  
**Patient Name:** Mayfield, Carl  
**Patient Account Number:** 027270400  
**Date Of Injury:** 04-05-2013 13:30  
**Date Of Birth:** 04-26-1985  
**Employer Name:** CA DEPT. OF CORR./CRC  
**Claim #:**  
**Chart #:** EMR/MF

**PR2 Reason:** follow-up. The patient has been released from care.

**Patient Status:**  
Since the last exam, this patient's condition has: Improved as expected

**History Of Present Illness:**

Patient is here for follow up visit for injury sustained on 04-05-2013 13:30.  
The patient reports that their condition is the same - N/A . Patient is currently working regular job duties .

**Chest-Respiratory Complaints**

**Respiratory Complaints:** Patient's complaint at this time is as follows: None. Hx of positive TB testing.

**Associated Symptoms:** The patient denies fever, chills, and sweats . The patient denies chest pain. The patient denies radiating chest pain. The patient denies painful respirations. There are no complaints of dyspnea. The patient has no complaints of orthopnea. There is no history of paroxysmal nocturnal dyspnea. The patient denies coughing. There are no complaints of wheezing. The patient denies dyspnea on exertion . The patient has no history of recent upper respiratory symptoms . There are no complaints of nausea . There is no burping. There is no recent history of vomiting. The patient has no complaints of abdominal cramping or colic . The patient denies fatty food intolerances . There are no complaints of indigestion, dyspepsia or heartburn . The patient denies upper back spasms . There are no complaints of a chest wall rash or lesions . There is no recent history of chest trauma. The patient does not report sensory or sensation changes .

**Occupational history:** Length of employment is reported as 6 months to 2 yrs. He works 40 hours per week. Main job characteristics include sit down job, prolonged standing or walking, repetitive use of hands/keyboard/mouse, kneeling or squatting, bending, stooping, climbing and overhead work, lifting, pushing, or pulling up to 200lbs. He denies any lost work-time as a result of this injury. He denies any other source of employment.

**Surgeries:** No Known Surgical History

**Medical History:** Patient denies history of ulcers or gastritis. No history of Diabetes. Patient states no known major/recurrent illnesses/injuries.

**Tetanus History:**

Last tetanus - Unknown.

**Family History:** Diabetes in relatives: Multiple Relatives.  
Heart Disease : Multiple Relatives.

High Blood Pressure : Multiple Relatives.

**Social History: Alcohol or Tobacco use:** He does not use tobacco. Denies alcohol use.

**Review Of Systems:**

A review of the patient's Family History, Social History, Medical History, Allergy, Current Medication and Surgery and a complete review of systems obtained from the health history completed on 04-05-2013 was done and any interval changes are noted.

**Gastrointestinal:** Dyspepsia or GERD more than 5 years ago.

**Current Medications at the start of Encounter:**

No Known Current Medication

**Allergies:**

No Known Drug Allergies.

**Physical Examination:**

Pulse: 70/min. BP: 148/84 mmHg. Temperature: 98.0 deg F Respiration: 24 per min.

Severity of the pain is not applicable to the complaint.

**Relevant History:** Upon exam, there is no evidence of direct trauma to the chest . The patient did not experience an occupational exposure to respiratory irritants

**Psychiatric:** He is alert and oriented to person, place and time . Mood and affect appear appropriate .

**HEENT:** The auricle has no deformities, erythema or edema . There is no drainage from the ears . No signs of abnormal nasal discharge noted. There is no nasal obstruction noted . The following conditions of the nasal septum are absent: deviation, perforation, ulceration . There are no signs of hoarseness or loss of voice . There are no mucosal lesions or ulcerations . The pharynx and tonsillar tissues are not erythematous . The tonsils have no exudate .

**Respiratory:** The patient's respiratory rate is normal. Lungs are clear to auscultation . The patient does not display sternal/ intercostal retractions.

**Gastrointestinal:** There are no palpable abdominal masses . The abdominal wall is not bulging or edematous . Edema or bulging is absent in the groin. Rectal examination is within normal limits. The abdomen is non-tender on palpation . There is no palpable abdominal guarding . There is no rebound tenderness of the abdomen . A hernia is not identified on examination. There is no evidence of organomegaly on exam . There is no ascites on abdominal exam . There is no abdominal distention . Exam is negative for Punch tenderness . Murphy's sign is negative .

**Genitourinary:** Costovertebral angle tenderness for renal involvement is not noted .

**Cardiovascular:** The heart rate is normal . Heart rhythm is not irregular. No heart murmur was auscultated . Exam of the carotids reveals strong pulses, without bruits . There is no jugular venous distention noted . Aortic pulses are normal . There is no pretibial or pedal edema . Upper extremity pulses are within normal limits . Pulses of the lower extremities are within normal range . Homan sign for possible deep vein thrombosis is negative. There are no carotid bruits.

**Diagnoses**

Tuberculin Test Reaction (795.51)

**Treatment Plan**

Last Saved By: Admin Admin 04-12-2013 14:52:36

**Medications to be Continued until Next Visit:**

**Clinical Decision Making Comments:** Uremakable step-2 test

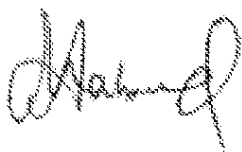
**Treatment Plan Comments:** 27 years CRC employee with Equivocal TB testing on screening test. NL clinical exam and asymptomatic. CXR unremarkable. Step-2 TB testing negative. No further follow-up needed. D/C from care

**WORK STATUS:**

The finding and diagnosis are consistent with patient's account of injury or onset of illness. Patient is advised to return to work without restrictions

**Work Restrictions:**

**Discharge Status:** Released from care. Return to full duty on 04-12-2013 with no limitations or restrictions. Released from care without ratable disability or need for future medical care.

A handwritten signature in black ink, appearing to read 'Mohammad . Mahmud', is positioned above the printed name.

Mohammad . Mahmud, M.D.

This has been electronically signed on 04-15-2013





# WORK STATUS REPORT

Date Generated: 04-05-2013 15:17:37

NAME: Last: Mayfield	First: Carl	Date of Exam: 04-05-2013	Case #: 027270400
Occupation: Correction Officer	DOB: 04-26-1985	DOI: 04-05-2013 13:30	Claim #:
Employer: CA DEPT. OF CORR./CRC	Contact: REGINA CHACON	Tel.: (951)273-2905	Fax: (951)273-2325
Claims Administrator: STATE COMP (SUISUN CITY)		Tel.: (888)222-3211	Fax:

## DIAGNOSES

Tuberculin Test Reaction (795.51)

## TREATMENT

Diagnostic Tests: Radiology: Radiology tests were ordered.

Physical Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Chiropractic Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Occupational Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Acupuncture	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> # of visits		<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Ergonomic Evaluation	<input type="checkbox"/> Start		Other: <input type="checkbox"/>	

## WORK STATUS

The finding and diagnosis are consistent with patient's account of injury or onset of illness. Patient is advised to return to work without restrictions

## TREATING PROVIDER

Name: Gerardo . Arreguin, P.A.	Lic. #: PA20766
Specialty: Occupational Medicine	Date of Exam: 04-05-2013

Signature (Original)

## NEXT APPOINTMENT

Next Appointment with Mahmud Mohammad on 04-10-2013 09:30 am.

Executed at: US HealthWorks 2171 South Grove Avenue, A, Ontario CA 91761 - 4600 Ph:909 923-4080

Check In Time: 04-05-2013 14:08

Check Out Time: 03:17 pm

**MEDICAL DOCUMENTATION : DO NOT DETACH**  
**New Patient Narrative**



U.S. HealthWorks  
2171 South Grove Avenue  
A  
Ontario CA 91761 - 4600  
Ph: 909 923-4080

**Date of Service:** 04-05-2013  
**Patient Name:** Mayfield, Carl  
**Patient Account Number:** 027270400  
**Date Of Injury:** 04-05-2013 13:30  
**Date Of Birth:** 04-26-1985  
**Employer Name:** CA DEPT. OF CORR./CRC  
**Claim #:**  
**Chart #:** EMR/MF

**History Of Present Illness:**

27 yr old male tb test was read as positive. has not had previous positive test. no complaints no sign or symptoms, no nite sweats, loss of wt or coughing.

**Present complaint**

**Severity:** Severity of pain is not applicable to the complaint.

**Chest-Respiratory Complaints**

**Musculoskeletal Chest Complaints:** Patient's complaint at this time is as follows: none.

**Respiratory Complaints:** Patient's complaint at this time is as follows: positive tb test. He reports having symptoms for 2 days. The symptoms are exacerbated by n/a. The symptoms are lessened by n/a.

**Associated Symptoms:** The patient denies fever, chills, and sweats . The patient denies chest pain. The patient denies radiating chest pain. The patient denies painful respirations. There are no complaints of dyspnea. The patient has no complaints of orthopnea. There is no history of paroxysmal nocturnal dyspnea. The patient denies coughing. There are no complaints of wheezing. The patient denies dyspnea on exertion . The patient has no history of recent upper respiratory symptoms . There are no complaints of nausea . There is no burping. There is no recent history of vomiting. The patient has no complaints of abdominal cramping or colic . The patient denies fatty food intolerances . There are no complaints of indigestion, dyspepsia or heartburn . The patient denies upper back spasms . There are no complaints of a chest wall rash or lesions . There is no recent history of chest trauma. The patient does not report sensory or sensation changes .

**Occupational history:** Length of employment is reported as 6 months to 2 yrs. He works 40 hours per week. Main job characteristics include sit down job, prolonged standing or walking, repetitive use of hands/keyboard/mouse, kneeling or squatting, bending, stooping, climbing and overhead work, lifting, pushing, or pulling up to 200lbs. He denies any lost work-time as a result of this injury. He denies any other source of employment. Patient denies any prior treatment for this injury.

**Chemical Exposure:** No chemical or toxic exposure was reported.

**Surgeries:** No Known Surgical History

**Medical History:** Patient denies history of ulcers or gastritis. No previous occupational injuries are cited by the patient. There are no known pre-existing conditions that might interfere with the treatment or delay/impede the recovery process. Patient states no known major/recurrent illnesses/injuries.

**Tetanus History:**

Last tetanus - Unknow.

**Family History:** Diabetes in relatives: Multiple Relatives.

Heart Disease : Multiple Relatives.

High Blood Pressure : Multiple Relatives.

**Social History: Alcohol or Tobacco use:** He does not use tobacco. Denies alcohol use. Patient does not participate in any sports or does not have any hobbies.

**Review Of Systems:**

A complete review of systems was performed and was found to be negative unless otherwise noted below.

**Gastrointestinal:** Dyspepsia or GERD more than 5 years ago.

**Current Medications at the start of Encounter:**

No Known Current Medication

**Allergies:**

No Known Drug Allergies.

**Patient Report Of Injury**

**Injury Details:** Patient states injury or condition was caused at work. Injury was reported to: Tina Hanger Date: 04-05-2013. Time: 1400.

**Physical Examination:**

Height: 70 inches. Weight: 270 lbs. BMI:39 Pulse: 60/min. BP: 110/70 mmHg. Temperature: 96.4 deg F  
Respiration: 24 per min.

**Relevant History:** Upon exam, there is no evidence of direct trauma to the chest . The patient did not experience an occupational exposure to respiratory irritants

**Constitutional:** The patient is a well-developed, well-nourished male.

**Psychiatric:** He is alert and oriented to person, place and time . Mood and affect appear appropriate .

**HEENT:** The auricle has no deformities, erythema or edema . There is no drainage from the ears . No signs of abnormal nasal discharge noted. There is no nasal obstruction noted . There are no signs of hoarseness or loss of voice . There are no mucosal lesions or ulcerations . The pharynx and tonsillar tissues are not erythematous . The tonsils have no exudate .

**Respiratory:** The patient's respiratory rate is normal. Lungs are clear to auscultation . The patient does not display sternal/ intercostal retractions.

**Gastrointestinal:** There are no palpable abdominal masses . The abdominal wall is not bulging or edematous . Edema or bulging is absent in the groin. Rectal examination is within normal limits. The abdomen is non-tender on palpation . There is no palpable abdominal guarding . There is no rebound tenderness of the abdomen . A hernia is not identified on examination. There is no evidence of organomegaly on exam . There is no ascites on abdominal exam . There is no abdominal distention . Exam is negative for Punch tenderness . Murphy's sign is negative .

**Genitourinary:** Costovertebral angle tenderness for renal involvement is not noted .

**Skin:** The patient is not diaphoretic. The following conditions of the chest are absent: abrasions, erythema, ecchymosis, rash, scars, suspicious lesions .

**Lymphatic:** There is no palpable cervical lymphadenopathy. There is no supraclavicular adenopathy. . There is no axillary adenopathy. . There is no lymph node tenderness. .

**Endocrine:** The neck exam is negative for thyromegaly . The thyroid is non-tender on palpation . There is no evidence of thyroid nodules or masses .

**Musculoskeletal:** There is no chest wall tenderness. There are no bony deformities of the chest cavity, including thoracic spine . The examination of the spine reveals no abnormality . There is no weakness of the lower extremities .

**Cardiovascular:** The heart rate is normal . Heart rhythm is not irregular. No heart murmur was auscultated . Exam of the carotids reveals strong pulses, without bruits . There is no jugular venous distention noted . Aortic pulses are normal . There is no pretibial or pedal edema . Upper extremity pulses are within normal limits . Pulses of the lower extremities are within normal range . Homan sign for possible deep vein thrombosis is negative. There are no carotid bruits.

**Neurologic:** There is no weakness of the upper extremities.

**Diagnostic Tests:****Radiology****Test Name**

Chest - 2 Views (Standard)

**Findings**

Preliminary interpretation of these x-rays are Normal - positive tb test

**All radiology studies are sent to Radiologist for review and confirmation.****Diagnoses**

Tuberculin Test Reaction (795.51)

**Medical Assessment:** positive tb test, ppd on left arm placed over a tatoo**Physician Comments:** According to the patient, the present injury/illness is related to a single specific event. Exam findings are consistent with the patient's statement.**Treatment Plan**

Last Saved By: Admin Admin 04-05-2013 15:06:44

**Current Medications at Close of Encounter:**

No Known Current Medication

**Treatment Plan Comments:** patient tb test was read as positive, will order chest x-ray, will bring back on 4-10-13 for two step ppd, continue regular work,**WORK STATUS:**

The finding and diagnosis are consistent with patient's account of injury or onset of illness. Patient is advised to return to work without restrictions

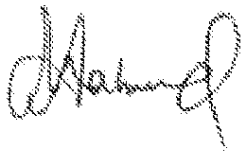
**Work Restrictions:****Patient Education:**

Patient voiced understanding of aftercare instructions, including medication use, side effects, and proper use of dispensed supplies (when applicable), work restrictions and expected progress of the injury. Patient expressed an understanding of work restrictions and injury prognosis.



Gerardo . Arreguin, P.A.

This has been electronically signed on 04-08-2013



Mohammad Mahmud M.D.  
Supervising Provider

Next Appointment with Mahmud Mohammad on 04-10-2013 09:30 am.





# WORK STATUS REPORT

Date Generated: 04-10-2013 11:02:08

NAME: Last: Mayfield	First: Carl	Date of Exam: 04-10-2013	Case #: 027270400
Occupation: Correction Officer	DOB: 04-26-1985	DOI: 04-05-2013 13:30	Claim #:
Employer: CA DEPT. OF CORR./CRC	Contact: REGINA CHACON	Tel.: (951)273-2905	Fax: (951)273-2325
Claims Administrator: STATE COMP (SUISUN CITY)		Tel.: (888)222-3211	Fax:

## DIAGNOSES

Tuberculin Test Reaction (795.51)

## TREATMENT

Physical Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Chiropractic Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Occupational Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Acupuncture	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> # of visits		<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Ergonomic Evaluation	<input type="checkbox"/> Start		Other: <input type="checkbox"/>	

## WORK STATUS

The finding and diagnosis are consistent with patient's account of injury or onset of illness. Patient is advised to return to work without restrictions

## TREATING PROVIDER

Name: Mohammad . Mahmud, M.D.

Lic. #: A70230

Signature (Original)

Specialty: Occupational Medicine

Date of Exam: 04-10-2013

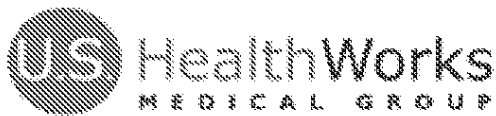
## NEXT APPOINTMENT

Next Appointment with Mahmud Mohammad on 04-12-2013 01:45 pm.

Executed at: US HealthWorks 2171 South Grove Avenue, A, Ontario CA 91761 - 4600 Ph:909 923-4080

Check In Time: 04-10-2013 09:29 am

Check Out Time: 11:02 am



U.S. HealthWorks  
2171 South Grove Avenue, A,  
Ontario CA 91761 - 4600  
Ph: 909 923-4080

STATE OF CALIFORNIA  
Division of Workers' Compensation  
PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Patient Name: Last: Mayfield First: Carl MI: DOB: 04-26-1985 Date of Service: 04-10-2013 Case #: 027270400

Occupation: Correction Officer SS#: 999-99-9999 Date of Injury: 04-05-2013 13:30 Claim #:

Employer: CA DEPT. OF CORR./CRC Contact: REGINA CHACON Tel. (951)273-2905 Fax. (951)273-2325

Claims Administrator: STATE COMP (SUISUN CITY) Tel. (888)222-3211 Fax.

**REASON FOR SUBMITTING REPORT** (Check all that apply. If any box aside from "OTHER" applies, this report qualifies as mandatory)

- ☐ Change in patient's condition ☐ Need for referral or consultation ☐ Information requested by:  
☐ Change in work status ☐ Need for surgery or hospitalization ☐ Released from care ☐ Request for authorization  
☐ Change in treatment plan ☐ Periodic Report (45 days after last report) ☐ Other:

**PATIENT STATUS** Since the last exam, this patient's condition has:

- ☐ improved as expected ☐ improved, but slower than expected ☐ not improved significantly  
☐ worsened ☐ reached plateau and no further improvement is expected ☐ been determined to be non-work related

**SUBJECTIVE COMPLAINTS**

**History Of Present Illness:**

Patient is here for follow up visit for injury sustained on 04-05-2013 13:30.

The patient reports that their condition is the same - N/A .N/A . Patient is currently working regular job duties .

**Chest-Respiratory Complaints**

**Musculoskeletal Chest Complaints:** Patient's complaint at this time is as follows: None.

**Respiratory Complaints:** Patient's complaint at this time is as follows: None.

**Associated Symptoms:** The patient denies fever, chills, and sweats . The patient denies chest pain. The patient denies radiating chest pain. The patient denies painful respirations. There are no complaints of dyspnea. The patient has no complaints of orthopnea. There is no history of paroxysmal nocturnal dyspnea. The patient denies coughing. There are no complaints of wheezing. The patient denies dyspnea on exertion . The patient has no history of recent upper respiratory symptoms . There are no complaints of nausea . There is no burping. There is no recent history of vomiting. The patient has no complaints of abdominal cramping or colic . The patient denies fatty food intolerances . There are no complaints of indigestion, dyspepsia or heartburn . The patient denies upper back spasms . There are no complaints of a chest wall rash or lesions . There is no recent history of chest trauma. The patient does not report sensory or sensation changes .

**Occupational history:** Length of employment is reported as 6 months to 2 yrs. He works 40 hours per week. Main job characteristics include sit down job, prolonged standing or walking, repetitive use of hands/keyboard/mouse, kneeling or squatting, bending, stooping, climbing and overhead work, lifting, pushing, or pulling up to 200lbs.

He denies any lost work-time as a result of this injury. He denies any other source of employment.

**OBJECTIVE FINDINGS**

**Physical Examination:**

Pulse: 74/min. BP: 110/68 mmHg. Temperature: 98.0 deg F Respiration: 22 per min.

Severity: The severity of the pain was N/A/10.

**Relevant History:** Upon exam, there is no evidence of direct trauma to the chest . The patient did not experience an occupational exposure to respiratory irritants

**Psychiatric:** He is alert and oriented to person, place and time . Mood and affect appear appropriate .

**HEENT:** The auricle has no deformities, erythema or edema . There is no drainage from the ears . No signs of abnormal nasal discharge noted. There is no nasal obstruction noted . There are no signs of hoarseness or loss of voice . There are no mucosal lesions or ulcerations . The pharynx and tonsillar tissues are not erythematous . The tonsils have no exudate .

**Respiratory:** The patient's respiratory rate is normal. Lungs are clear to auscultation . The patient does not display sternal/ intercostal retractions.

**Gastrointestinal:** There are no palpable abdominal masses . The abdominal wall is not bulging or edematous . Edema or bulging is absent in the groin. Rectal examination is within normal limits. The abdomen is non-tender on palpation . There is no palpable abdominal guarding . There is no rebound tenderness of the abdomen . A hernia is not identified on examination. There is no evidence of organomegaly on exam . There is no ascites on abdominal exam . There is no abdominal distention . Exam is negative for Punch tenderness . Murphy's sign is negative .

**Genitourinary:** Costovertebral angle tenderness for renal involvement is not noted .

**Musculoskeletal:** There is no chest wall tenderness. There are no bony deformities of the chest cavity, including thoracic spine . The examination of the spine reveals no abnormality . There is no weakness of the lower extremities .

**Cardiovascular:** The heart rate is normal . Heart rhythm is not irregular. No heart murmur was auscultated . Exam of the carotids reveals strong pulses, without bruits . There is no jugular venous distention noted . Aortic pulses are normal . There is no pretibial or pedal edema . Upper extremity pulses are within normal limits . Pulses of the lower extremities are within normal range . Homan sign for possible deep vein thrombosis is negative. There are no carotid bruits.

**Neurologic:** There is no weakness of the upper extremities.

**DIAGNOSES:** (Include ICD-9 code, if possible)

Tuberculin Test Reaction (795.51)

**TREATMENT PLAN**

Office Visit / Injury Treatment:

<b>Physical Therapy</b>	( ) Start ( ) Continue ( ) Renew	( ) times / week for	( ) weeks	( ) Cancel ( ) Pending
<b>Chiropractic Therapy</b>	( ) Start ( ) Continue ( ) Renew	( ) times / week for	( ) weeks	( ) Cancel ( ) Pending
<b>Occupational Therapy</b>	( ) Start ( ) Continue ( ) Renew	( ) times / week for	( ) weeks	( ) Cancel ( ) Pending
<b>Acupuncture</b>	( ) Start ( ) Continue ( ) Renew	( ) # of visits		( ) Cancel ( ) Pending
<b>Ergonomic Evaluation</b>	( ) Start		Other: ( )	

**Treatment Plan**

**Vaccines:**

Medication: PPD 0.1 cc SD Manufacturer: JHP Location: right forearm Lot # : 293232 Expiration date: 09/14

**Clinical Decision Making Comments:** Step 2 TB testing needed

**Treatment Plan Comments:** 27 years CRC employee with Hx of questionable positive TB testing on annual screening. Plan is to perform step 2 TB testing and bed read on Friday. If test is negative pt will be D/C from care. If positive he may need prophylactic Rx for 9 months.

**Patient Education:**

Patient voiced understanding of aftercare instructions, including medication use, side effects, and proper use of dispensed supplies (when applicable), work restrictions and expected progress of the injury.

**WORK STATUS:**

The finding and diagnosis are consistent with patient's account of injury or onset of illness. Patient is advised to return to work without restrictions

**Work Restrictions:**

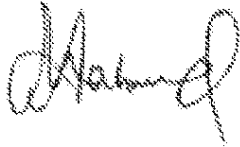
**DISCHARGE STATUS:**

- ☐ Released from care. Return to full duty on ☐ with no limitations or restrictions.
- ☐ Patient discharged as permanent and stationary with either impairment, work restrictions, and/or need for future medical care. A PR-4 to follow.
- ☐ NON-INDUSTRIAL. Patient instructed to see private physician at own expense.

**PRIMARY TREATING PHYSICIAN**

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 (Original)



Name: **Mohammad Mahmud, M.D.**

Cal. Lic. #: **A70230**

Specialty: **Occupational Medicine**

Date of Exam: **04-10-2013**

**NEXT APPOINTMENT**

Next Appointment with Mahmud Mohammad on 04-12-2013 01:45 pm.

Executed at: **US HealthWorks 2171 South Grove Avenue, A, Ontario CA 91761 - 4600 Ph:909 923-4080**

Check In Time: **04-10-2013 09:29 am**



**MEDICAL DOCUMENTATION : DO NOT DETACH**  
**Followup Patient Narrative**



U.S. HealthWorks  
2171 South Grove Avenue  
A  
Ontario CA 91761 - 4600  
Ph: 909 923-4080

**Date of Service:** 04-10-2013  
**Patient Name:** Mayfield, Carl  
**Patient Account Number:** 027270400  
**Date Of Injury:** 04-05-2013 13:30  
**Date Of Birth:** 04-26-1985  
**Employer Name:** CA DEPT. OF CORR./CRC  
**Claim #:**  
**Chart #:** EMR/MF

**Patient Status:**

Since the last exam, this patient's condition has:

**History Of Present Illness:**

Patient is here for follow up visit for injury sustained on 04-05-2013 13:30.

The patient reports that their condition is the same - N/A .N/A . Patient is currently working regular job duties .

**Chest-Respiratory Complaints**

**Musculoskeletal Chest Complaints:** Patient's complaint at this time is as follows: None.

**Respiratory Complaints:** Patient's complaint at this time is as follows: None.

**Associated Symptoms:** The patient denies fever, chills, and sweats . The patient denies chest pain. The patient denies radiating chest pain. The patient denies painful respirations. There are no complaints of dyspnea. The patient has no complaints of orthopnea. There is no history of paroxysmal nocturnal dyspnea. The patient denies coughing. There are no complaints of wheezing. The patient denies dyspnea on exertion . The patient has no history of recent upper respiratory symptoms . There are no complaints of nausea . There is no burping. There is no recent history of vomiting. The patient has no complaints of abdominal cramping or colic . The patient denies fatty food intolerances . There are no complaints of indigestion, dyspepsia or heartburn . The patient denies upper back spasms . There are no complaints of a chest wall rash or lesions . There is no recent history of chest trauma. The patient does not report sensory or sensation changes .

**Occupational history:** Length of employment is reported as 6 months to 2 yrs. He works 40 hours per week. Main job characteristics include sit down job, prolonged standing or walking, repetitive use of hands/keyboard/mouse, kneeling or squatting, bending, stooping, climbing and overhead work, lifting, pushing, or pulling up to 200lbs. He denies any lost work-time as a result of this injury. He denies any other source of employment.

**Surgeries:** No Known Surgical History

**Medical History:** Patient denies history of ulcers or gastritis. No history of Diabetes. Patient states no known major/recurrent illnesses/injuries.

**Tetanus History:**

Last tetanus - Unknown.

**Family History:** Diabetes in relatives: Multiple Relatives.

Heart Disease : Multiple Relatives.

High Blood Pressure : Multiple Relatives.

**Social History: Alcohol or Tobacco use:** He does not use tobacco. Denies alcohol use.

**Review Of Systems:**

A review of the patient's Family History, Social History, Medical History, Allergy, Current Medication and Surgery and a complete review of systems obtained from the health history completed on 04-05-2013 was done and any interval changes are noted.

**Gastrointestinal:** Dyspepsia or GERD more than 5 years ago.

**Current Medications at the start of Encounter:**

No Known Current Medication

**Allergies:**

No Known Drug Allergies.

**Physical Examination:**

Pulse: 74/min. BP: 110/68 mmHg. Temperature: 98.0 deg F Respiration: 22 per min.

Severity of the pain is not applicable to the complaint.

**Relevant History:** Upon exam, there is no evidence of direct trauma to the chest . The patient did not experience an occupational exposure to respiratory irritants

**Psychiatric:** He is alert and oriented to person, place and time . Mood and affect appear appropriate .

**HEENT:** The auricle has no deformities, erythema or edema . There is no drainage from the ears . No signs of abnormal nasal discharge noted. There is no nasal obstruction noted . There are no signs of hoarseness or loss of voice . There are no mucosal lesions or ulcerations . The pharynx and tonsillar tissues are not erythematous . The tonsils have no exudate .

**Respiratory:** The patient's respiratory rate is normal. Lungs are clear to auscultation . The patient does not display sternal/ intercostal retractions.

**Gastrointestinal:** There are no palpable abdominal masses . The abdominal wall is not bulging or edematous . Edema or bulging is absent in the groin. Rectal examination is within normal limits. The abdomen is non-tender on palpation . There is no palpable abdominal guarding . There is no rebound tenderness of the abdomen . A hernia is not identified on examination. There is no evidence of organomegaly on exam . There is no ascites on abdominal exam . There is no abdominal distention . Exam is negative for Punch tenderness . Murphy's sign is negative .

**Genitourinary:** Costovertebral angle tenderness for renal involvement is not noted .

**Musculoskeletal:** There is no chest wall tenderness. There are no bony deformities of the chest cavity, including thoracic spine . The examination of the spine reveals no abnormality . There is no weakness of the lower extremities .

**Cardiovascular:** The heart rate is normal . Heart rhythm is not irregular. No heart murmur was auscultated . Exam of the carotids reveals strong pulses, without bruits . There is no jugular venous distention noted . Aortic pulses are normal . There is no pretibial or pedal edema . Upper extremity pulses are within normal limits . Pulses of the lower extremities are within normal range . Homan sign for possible deep vein thrombosis is negative. There are no carotid bruits.

**Neurologic:** There is no weakness of the upper extremities.

**Diagnoses**

Tuberculin Test Reaction (795.51)

**Treatment Plan**

**Vaccines:**

Medication: PPD 0.1 cc SD Manufacturer: JHP Location: right forearm Lot # : 293232 Expiration date: 09/14

Last Saved By: Olga Reyna 04-10-2013 11:01:44

**Medications to be Continued until Next Visit:**

**Clinical Decision Making Comments:** Step 2 TB testing needed

**Treatment Plan Comments:** 27 years CRC employee with Hx of questionable positive TB testing on annual screening. Plan is to perform step 2 TB testing and bed read on Friday. If test is negative pt will be D/C from care. If positive he may need prophylactic Rx for 9 months.

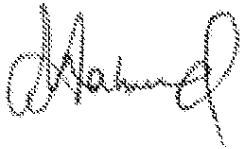
**WORK STATUS:**

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**Work Restrictions:**

**Patient Education:**

Patient voiced understanding of aftercare instructions, including medication use, side effects, and proper use of dispensed supplies (when applicable), work restrictions and expected progress of the injury.



Mohammad . Mahmud, M.D.

This has been electronically signed on 04-11-2013

Next Appointment with Mahmud Mohammad on 04-12-2013 01:45 pm.



### Datavant Release of Information

Patient Name: CARL MAYFIELD  
Date of Birth: 04/26/1985  
Medical Record #: 027270400  
Court Case #: ADJ21327631

### CERTIFICATION OF RECORDS

Enclosed are the medical records of CARL MAYFIELD. Datavant is producing the records as the Health Insurance Portability and Accountability Act business associate of Concentra and pursuant to a subpoena or patient authorized request issued to Concentra. Please accept this document as certification of the records produced herewith. The records you requested are maintained by Concentra. The records produced herewith are accurate, complete, true, and correct copies of all records retrieved by Datavant from the Concentra medical records pursuant to your request.

☐ No records for dates requested

☐ No patient found

*Lynn M. Noel*



Number of pages: 20

Includes billing records: No

Date: 09/02/2025

*Cynthia Srader*

Datavant - Release of Information Vendor for

Concentra

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