

MEDICAL DOCUMENTATION : DO NOT DETACH
Followup Patient Narrative



U.S. HealthWorks
16300 Roscoe Blvd.
Van Nuys CA 91406 - 1258
Ph: 818 893-4426

Date of Service: 11-20-2014
Patient Name: Aguilar, Sonia
Patient Account Number: 148468120
Date Of Injury: 08-28-2014 15:40
Date Of Birth: 10-14-1967
Employer Name: LARAMAR GROUP/ALL CALIF LOCATIONS
Claim #: 011260-038122-WC-01
Chart #: EMR/AR

PR2 Reason: follow-up. The patient has had a change in condition. There has been a change in work status. There is a change in treatment plan. A periodic report is required (45 days after last report).

Patient Status:

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

History Of Present Illness:

Patient is here for follow up visit for injury sustained on 08-28-2014 15:40. Patient's injury is worse, . The treatment was followed. The treatment was tolerated. Patient is currently on modified duty. Ancillary services used are Physical Therapy visits completed 5. Patient is tolerating their current medication. The DME are helping with their symptoms. Light duty is being accommodated. There are no new symptoms. HERE FOR REFILL ON NSAIDS .

Hand/Finger Complaint/symptoms

Complaint: Patient's complaint at this time is as follows: PAIN - RIGHT WRIST/HAND. Patient describes the symptom(s) as dull. She says it is moderately severe. The frequency is intermittent.

Associated Symptoms: The patient denies numbness at the hand/fingers . The patient states there is no weakness of the affected hand/fingers . The patient denies edema of the hand/fingers . The patient denies discoloration . The patient states there is no arm pain . **The patient complains of hand/finger pain with motion - .** The patient states the hand/finger pain does not radiate . The patient denies wrist pain . The patient denies elbow pain .

Occupational history: Length of employment is reported as 2 to 5 years. She works 40 hours per week. Main job characteristics include prolonged standing or walking, kneeling or squatting, bending, stooping and overhead work, lifting, pushing, or pulling up to 25lbs.

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

Past Medical:

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 - 2YRS.

Family Social History:

Family History: Diabetes in relatives: Father.

Heart Disease : Father.

Social History: Alcohol or Tobacco use: She 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 09-04-2014 was done and any interval changes are noted.

Cardiovascular: Varicosities current - not under treatment.

Gastrointestinal: Abdominal pain current - not under treatment.

Musculoskeletal: Muscle diseases or aches/pains current - not under treatment.

Current Medications at the start of Encounter:

Nabumetone 750 mg Tabs #20 . One tablet twice a day with food/Un tableta dos veces al dia con comida., Dispense 1 Bottle

Allergies:

PENICILLINS Allergy .

Patient Report Of Injury

Physical Examination:

Pulse: 67/min. Blood Pressure: 126/85 mmHg. Temperature: 98.2 deg F Respiratory rate: 16 per min.

On a severity scale the pain is 5 out of 10.

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

Psychiatric: Mood and affect appear appropriate .

Respiratory: There are no apparent signs of respiratory distress .

Skin: The right hand does not exhibit the following conditions: erythema, discoloration, ecchymosis, swelling, masses, open wound, scars and deformities .

Musculoskeletal: Range of motion of the left fingers is unrestricted per AMA guidelines. There is no muscle weakness in the hand and fingers.

Right hand/fingers affected/injured. There is no deformity of the right hand . **The flexor surfaces of the right hand are tender - .** The extensor surfaces of the right hand are not tender . There is no tenderness over the right anatomical snuffbox . There is no triggering of the right hand flexor tendons or the A-1 pulley . There is no restricted range of motion in flexion of the right MP joint . There is normal extension of the right MP joint . Range of motion of the right fingers is unrestricted per AMA guidelines. There is no muscle weakness in the hand and fingers.

Cardiovascular: The left radial and brachial pulses are 2+/2+ and the left capillary refill time is normal. The right radial and brachial pulses are 2+/2+ and the right capillary refill time is normal.

Neurologic: The bicipital, brachioradialis and tricipital deep tendon reflexes are 4/4 in the left upper extremities. Sensation is intact to light touch and pinprick in the left upper extremities. The bicipital, brachioradialis and tricipital deep tendon reflexes are 4/4 in the right upper extremities. Sensation is intact to light touch and pinprick in the right upper extremities. There is no atrophy of the right hypothenar eminence . There is no atrophy of the right thenar eminence .

Diagnostic Tests: Prior diagnostic studies were reviewed.

Medical Necessity:

Internal Lab Orders:

External Lab Orders:

Diagnoses:

Fracture - Hand, Closed Right (815.00)

Treatment Plan:

Last Saved By: Admin Admin 11-20-2014 17:15 PST

Dispensed Medications: **New:** Nabumetone 750 mg Tabs #20 . One tablet twice a day with food/Un tableta dos veces al dia con comida., Dispense 1 Bottle
Omeprazole D.R. 20mg #30 . 1 tablet po daily / 1 Tableta por via oral cada dia, Dispense 1 Bottle

Prescribed Medications:**Medications Completed or Stopped:****Treatment Plan Narrative:**

Expected Maximum Medical Improvement (MMI) date 10-31-2014. REFILL ON NSAIDS
F/U WITH DR.HARRISON TOMORROW.

This encounter was coded utilizing the General Multi System CMS 1995 Evaluation and Management Guidelines.

Work Status:**Work Restrictions:**

Other restrictions: CONTINUE WITH DR.HARRISON'S RECOMMENDATION.

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.

Hedieh Termeh, P.A.

This has been electronically signed on 11-20-2014



Carlos Garrett M.D.

MEDICAL DOCUMENTATION : DO NOT DETACH
Followup Patient Narrative



U.S. HealthWorks
16300 Roscoe Blvd.
Van Nuys CA 91406 - 1258
Ph: 818 893-4426

Date of Service: 09-08-2014
Patient Name: Aguilar, Sonia
Patient Account Number: 148468120
Date Of Injury: 08-28-2014 15:40
Date Of Birth: 10-14-1967
Employer Name: LARAMAR GROUP/ALL CALIF LOCATIONS
Claim #: NO CLAIM # yet
Chart #: EMR/AR

Patient Status:

Since the last exam, this patient's condition has: Not improved significantly

History Of Present Illness:

Patient is here for follow up visit for injury sustained on 08-28-2014 15:40. Patient's injury is the same, . The treatment was followed. The treatment was tolerated. Patient is currently on modified duty. Patient is tolerating their current medication. The DME are helping with their symptoms. Light duty is being accommodated. There are no new symptoms.

Hand/Finger Complaint/symptoms

Complaint: Patient's complaint at this time is as follows: PAIN - RIGHT HAND/WRIST. Patient describes the symptom(s) as dull. She says it is moderately severe. The frequency is intermittent.

Associated Symptoms: The patient denies numbness at the hand/fingers . The patient states there is no weakness of the affected hand/fingers . **The patient complains there is edema of the hand/fingers - .** The patient denies discoloration . The patient states there is no arm pain . **The patient complains of hand/finger pain with motion - .** The patient states the hand/finger pain does not radiate . The patient denies wrist pain . The patient denies elbow pain .

Occupational history: Length of employment is reported as 2 to 5 years. She works 40 hours per week. Main job characteristics include prolonged standing or walking, kneeling or squatting, bending, stooping and overhead work, lifting, pushing, or pulling up to 25lbs.

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

Past Medical:

Surgeries:No Known Surgical History

Medical History: Patient states no known major/recurrent illnesses/injuries.

Tetanus History:

Last tetanus - 2YRS.

Family Social History:

Family History: Diabetes in relatives: Father.

Heart Disease : Father.

Social History: Alcohol or Tobacco use: She 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 09-04-2014 was done and any interval changes are noted.

Cardiovascular: Varicosities current - not under treatment.

Gastrointestinal: Abdominal pain current - not under treatment.

Musculoskeletal: Muscle diseases or aches/pains current - not under treatment.

Current Medications at the start of Encounter:

Nabumetone 750 mg Tabs #20 . One tablet twice a day with food/Un tableta dos veces al dia con comida., Dispense 1 Bottle

Allergies:

PENICILLINS Allergy .

Patient Report Of Injury**Physical Examination:**

Pulse: 68/min. Blood Pressure: 122/88 mmHg. Temperature: 98.6 deg F Respiratory rate: 18 per min.

On a severity scale the pain is 5 out of 10.

Constitutional: The patient appears obese - .

Psychiatric: Mood and affect appear appropriate .

Respiratory: There are no apparent signs of respiratory distress .

Skin: The right hand exhibits the following conditions: swelling - .

Musculoskeletal: Range of motion of the left fingers is unrestricted per AMA guidelines. There is no muscle weakness in the hand and fingers.

Right hand/fingers affected/injured. There is no deformity of the right hand . The flexor surfaces of the right hand are tender - . The extensor surfaces of the right hand are tender - . There is no tenderness over the right anatomical snuffbox . There is no triggering of the right hand flexor tendons or the A-1 pulley . There is no restricted range of motion in flexion of the right MP joint . There is normal extension of the right MP joint . There is restricted range of motion in the right fingers as noted below. There is no muscle weakness in the hand and fingers.

Cardiovascular: The left radial and brachial pulses are 2+/2+ and the left capillary refill time is normal. The right radial and brachial pulses are 2+/2+ and the right capillary refill time is normal.

Neurologic: The bicipital, brachioradialis and tricipital deep tendon reflexes are 4/4 in the left upper extremities. Sensation is intact to light touch and pinprick in the left upper extremities. The bicipital, brachioradialis and tricipital deep tendon reflexes are 4/4 in the right upper extremities. Sensation is intact to light touch and pinprick in the right upper extremities. There is no atrophy of the right hypothenar eminence . There is no atrophy of the right thenar eminence .

Diagnostic Tests: Prior diagnostic studies were reviewed.

Medical Necessity:**Internal Lab Orders:****External Lab Orders:****Diagnoses:**

Fracture - Hand, Closed Right (815.00)

Treatment Plan:

Last Saved By: Admin Admin 09-08-2014 10:06 PST

Dispensed Medications:**Prescribed Medications:****Medications Completed or Stopped:**

Nabumetone 750 mg Tabs #20 . 1 Tablet by mouth, twice daily, after meals

Treatment Plan Narrative:

This encounter was coded utilizing the General Multi System CMS 1995 Evaluation and Management Guidelines.

Work Status:

Return to work with restrictions as of 09-08-2014.

Work Restrictions:

No use of hand - right hand.

Patient must wear splint.

Other restrictions: APPT. WITH DR. HARRISON ON 9-12-14 @ 9:30AM.

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.

Hedieh Termeh, P.A.

This has been electronically signed on 09-08-2014

A handwritten signature in black ink, appearing to read "Carlos Garrett MD".

Carlos Garrett M.D.
Supervising Provider



LARAMAR GROUP/ALL CALIF L 160260
 DOS: 9/04/14 DOI: 8/28/14 DOB: 10/14/67
 Patient: Aguilar, Sonia
 Case #: 148-468120 Ref #: EMR/AR

To better assess your health condition, please provide the following information (Para evaluar mejor su salud, por favor proporcione la siguiente información)

PAST MEDICAL HISTORY / ANTECEDENTES PERSONALES		EXPLAIN / EXPLIQUE
<input checked="" type="checkbox"/> Yes (Si) <input type="checkbox"/> No	1. Allergies or hives Alérgias o urticaria	<i>Penicillin</i>
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	2. Current Medications with dosage Medicinas que toma actualmente	
	Current Medications (name only) Otras Medicinas	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	2a. Major recurrent illnesses or injuries Enfermedades/lesiones recurrentes importantes	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	3. Motor vehicle accidents with injury Accidentes de tránsito con lesiones	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	4. Blood / Plasma transfusions Transfusiones de sangre / plasma	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	5. Permanent disabilities Incapacidad permanente	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	6. Worked in a hazardous environment Trabajo en ambientes peligrosos	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	7. Work-related injuries/illnesses Accidentes/enfermedades en el trabajo	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	8. Hospitalizations or surgeries Hospitalizaciones o cirugías	
FAMILY HISTORY / ANTECEDENTES FAMILIARES		EXPLAIN / EXPLIQUE
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	10. Blood diseases in relatives Enfermedad de la sangre en familiares	<i>Papa</i>
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	11. Cancer / Leukemia in relatives Cáncer / leucemia en familiares	
<input checked="" type="checkbox"/> Yes (Si) <input type="checkbox"/> No	12. Diabetes in relatives Diabetes en familiares	
<input checked="" type="checkbox"/> Yes (Si) <input type="checkbox"/> No	13. Heart disease in relatives Enfermedades del corazón en familiares	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	14. High blood pressure in relatives Presión alta en familiares	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	15. Strokes in relatives Familiares con trombosis / ataques cerebrales	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	16. Mental illnesses in relatives Enfermedades mentales en familiares	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	17. Other diseases Otras enfermedades	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	18. Other diseases Otras enfermedades	
SOCIAL HISTORY / ANTECEDENTES SOCIALES		
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	19. Tobacco use (Uso de tabaco)?	How much (Cuanto? _____ day (día))
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	20. Alcohol use (Uso de alcohol)?	How much (Cuanto? _____ week (semana))
REVIEW OF SYSTEMS / REVISION DE SISTEMAS		
CONSTITUTIONAL / CONSTITUCIONAL		EXPLAIN / EXPLIQUE
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	21. Recent gain or loss of weight Ganancia o pérdida de peso reciente	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	22. Weakness or appetite loss Debilidad, o pérdida de apetito	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	23. Fever Fiebre	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	24. Fatigue or lethargy Fatiga o letargia	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	Constitutional comments Comentarios del sistema constitucional	
SKIN / PIEL		EXPLAIN / EXPLIQUE
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	25. Skin diseases or problems Enfermedades en la piel	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	26. Discoloration, pigmentation changes Cambios de color en la piel	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	27. Cancer, tumors or cysts Cáncer, tumores o quistes	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	Skin comments Comentarios con respecto a la piel	
HEAD / CABEZA		EXPLAIN / EXPLIQUE
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	28. Frequent or severe headaches Dolor de cabeza frecuentes o severos	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	29. Prior head injury or trauma Lesión o trauma previo en la cabeza	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	Head comments Comentarios con respecto a la cabeza	
EYES / VISION OJOS / VISIÓN		EXPLAIN / EXPLIQUE
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	30. Eye injury, infection or pain Lesiones, infección o dolor en los ojos	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	31. Blurred, double or weak vision Visión borrosa, doble, o débil	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	32. Eye itching, burning or tearing Lagrimeo, picazón o quemazón en ojos	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	33. Light sensitivity Sensibilidad a la luz	
<input type="checkbox"/> Yes (Si) <input type="checkbox"/> No	Eyes / Vision comments Comentarios con respecto a la vista y los ojos	
EARS, NOSE, THROAT, MOUTH OÍDOS, NARIZ, GARGANTA, BOCA		EXPLAIN / EXPLIQUE
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	34. Loss or decreased hearing Pérdida o disminución de la audición	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	35. Ear pain, infection, discharge Dolor, infección o secreción en oídos	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	36. Nasal or sinus diseases, conditions or infections Enfermedades o infecciones de la nariz o senos nasales	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	37. Allergic rhinitis, sneezing or chronic post-nasal drip Rinitis alérgica, estornudos o secreción posterior nasal crónica	
<input type="checkbox"/> Yes (Si) <input checked="" type="checkbox"/> No	Ears, Nose, Throat, Mouth comments Comentarios con respecto a los oídos / nariz / garganta y boca	

MEDICAL DOCUMENTATION : DO NOT DETACH
Narrative Review - New Patient



U.S. HealthWorks
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Ph: 818 893-4426

Date of Service: 09-04-2014
Patient Name: Aguilar, Sonia
Patient Account Number: 148468120
Date Of Injury: 08-28-2014 15:40
Date Of Birth: 10-14-1967
Employer Name: LARAMAR GROUP/ALL CALIF LOCATIONS
Claim #: NO CLAIM # yet
Chart #: EMR/AR

History Of Present Illness:

A 46 year old female, working as a House Keeping, states that she "I WAS LIFTING FURNITURE TO THE TRASH AND THATS WHEN I GOT CONTAMINTED AND RIGHT AWAY MY HAND GOT SWOLLEN." I have reviewed the patient's complete health history and the review of systems obtained on 09-04-2014 included in the medical record. No chemical or toxic exposure was reported. 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. There was a specific event of an injury or illness. Patient states 1 week ago she was tossing a small piece of furniture into trash bin and right hand was caught against metal edge. There are no known prior acute trauma or cumulative trauma to the affected body part. There has been no ongoing treatment for the prior trauma or exposure. There are no known related hobbies/sports complications.

Present complaint

Severity: On severity scale, the pain is 6 out of 10.

Hand/Finger Complaint/symptoms

Complaint: Patient's complaint at this time is as follows: pain - right hand. Patient describes the symptom(s) as dull. She says it is mild and moderately severe. The frequency is intermittent.

Associated Symptoms: The patient denies numbness at the hand/fingers . **The patient states there is weakness of the hand/fingers on the affected extremity - .The patient complains there is edema of the hand/fingers - .** The patient denies discoloration . The patient states there is no arm pain . **The patient complains of hand/finger pain with motion - .** The patient states the hand/finger pain does not radiate . The patient denies wrist pain . The patient denies elbow pain .

Occupational history: Length of employment is reported as 2 to 5 years. She works 40 hours per week. Main job characteristics include prolonged standing or walking, kneeling or squatting, bending, stooping and overhead work, lifting, pushing, or pulling up to 25lbs.

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

Past Medical:

Surgeries: No Known Surgical History

Medical History:

Dominant hand is right. Patient denies history of ulcers or gastritis. Patient states no known major/recurrent illnesses/injuries.

Tetanus History:

Last tetanus - 2YRS.

Family Social History:

Family History: Diabetes in relatives: Father.

Heart Disease : Father.

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

Review Of Systems:

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

Cardiovascular: Varicosities current - not under treatment.

Gastrointestinal: Abdominal pain current - not under treatment.

Musculoskeletal: Muscle diseases or aches/pains current - not under treatment.

Current Medications at the start of Encounter:

No known current medication.

Allergies:

PENICILLINS Allergy .

Patient Report Of Injury

Injury Details: Patient states injury or condition was caused at work. Injury was reported to:: PATRICE Date: 09/03/2014. Time: 15:30.

Physical Examination:

Height: 64 inches. Weight: 198 lbs. **BMI:** 34 Pulse: 60/min. Blood Pressure: 113/80 mmHg. Temperature: 97.8 deg F Respiratory rate: 14 per min.

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

Skin: The right hand exhibits the following conditions: swelling - . The right hand does not exhibit the following conditions: deformities . Following conditions of the right finger are present: swelling - . The following conditions of the right fingers are absent: deformities .

Lymphatic: There are no signs of right upper extremity lymphedema . There is no palpable right epitrochlear or axillary lymphadenopathy .

Musculoskeletal: Range of motion of the left fingers is unrestricted per AMA guidelines. There is no muscle weakness in the hand and fingers.

Right hand/fingers affected/injured. There is no deformity of the right hand . The flexor surfaces of the right hand are not tender . The extensor surfaces of the right hand are tender - 2nd MP. There is no tenderness over the right anatomical snuffbox . There is no triggering of the right hand flexor tendons or the A-1 pulley . There is restricted range of motion in flexion of the right MP joint - . There is normal extension of the right MP joint . There is no deformity of the fingers of the right fingers . The right IP joints are non-tender . There is no instability of the right IP joints . There is no triggering of the right fingers flexor tendons or the A-1 pulley . Flexion is restricted at the right IP joints - . Extension is normal at the right IP joints . The right thumb has full ROM . There is restricted range of motion in the right fingers as noted below. Finger 2 right MCP and right IP; There is no muscle weakness in the hand and fingers.

Cardiovascular: The left radial and brachial pulses are 2+/2+ and the left capillary refill time is normal. The right radial and brachial pulses are 2+/2+ and the right capillary refill time is normal.

Neurologic: The bicipital, brachioradialis and tricipital deep tendon reflexes are 4/4 in the left upper extremities. Sensation is intact to light touch and pinprick in the left upper extremities. The bicipital, brachioradialis and tricipital deep tendon reflexes are 4/4 in the right upper extremities. Sensation is intact to light touch and pinprick in the right upper extremities. There is no atrophy of the right hypothenar eminence . There is no atrophy of the right thenar eminence .

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

Hand Right 3 Views - Standard

Findings

Preliminary interpretation of these x-rays are Normal -

Medical Necessity:

Hand Right 3 Views - Standard trauma

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

Internal Lab Orders:**External Lab Orders:****Diagnoses**

Fracture - Hand, Closed Right (815.00)

First Aid: This is not a first aid claim.

Causation: The findings on exam and diagnosis are consistent with the injury reported by patient. Prior factors such as injuries / medical conditions / diseases / prior activities or exposures are not contributing to the findings. The findings can not be possibly produced by natural progression of pre-existing conditions or aging. The reported injury / exposure is not causing an aggravation to the above pre-existing condition. In conclusion, the reported injury, more likely than not, is causing the current symptoms and findings.

Treatment Plan:

Last Saved By: Admin Admin 09-04-2014 15:43 PST

Dispensed Medications: **New:** Nabumetone 750 mg Tabs #20 . One tablet twice a day with food/Un tableta dos veces al dia con comida., Dispense 1 Bottle

Prescribed Medications:**Current Medications at Close of Encounter:**

Nabumetone 750 mg Tabs #20 . One tablet twice a day with food/Un tableta dos veces al dia con comida., Dispense 1 Bottle

Medications Completed or Stopped:**Supplies:**

Item Name	Quantity	Hcpc / Cpt
Dressings-Bandage Elas Slf-Clsr Prem N/S Lf 3"	2	
Wrist-Colles Splint (Forearm/Wrist) Padded Rt Med	1	

Dispensed orthotics were applied and fit ensuring patient comfort, no neurovascular compromise, with capillary refill intact. Patient verbally acknowledged their understanding of use and care of the device."

Supply Comments: Static splinting of hand to reduce pain, inflammation, and/or to prevent further injury to area.

Treatment Plan Narrative:

Expected Maximum Medical Improvement (MMI) date 10-31-2014. Narcotics were not prescribed. Patient will require specialist consultation for further direction of care.

Functional deficits include

- Impaired functional mobility
- Decreased range of motion
- Strength deficits
- Painful movement patterns.

This encounter was coded utilizing the General Multi System CMS 1995 Evaluation and Management Guidelines.

Work Status:

Return to work with restrictions as of 09-04-2014.

Work Restrictions:

No use of hand - right hand. Patient must wear splint.

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.

Employer Contact:

Discussed case with Patrice Karley. The following items were addressed: causation, diagnosis, prognosis, RTW, treatment plan.

Referral/Evaluation: A Hand Surgery evaluation has been ordered. The reason for evaluation is right hand.



Carlos Garrett, M.D.

This has been electronically signed on 09-04-2014

Next Appointment with Termeh Hedieh on 09-08-2014 01:00 pm.

Encounter Addendum Notes



WORK STATUS REPORT

Date Generated: 12-13-2017 10:17:08

NAME: Last: AGUILAR First: SONIA Date of Exam: 10-04-2017 Case #: 148556411
Occupation: PRODUCTION DOB: 10-14-1967 DOI: 07-23-2017 06:30 Claim #: 005777001860-WC-01
Employer: LA BREA BAKERY/VAN NUYS *** Contact: GERALD MARTINEZ [HR MANAHER] Tel.: (818)904-8212 Fax: (818)997-5022
Claims Administrator: GALLAGHER BASSETT Tel.: (866)517-6782 Fax:

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

(X) Not improved significantly

DIAGNOSES

Lumbosacral strain, subsequent encounter (S39.012D), Strain of right knee, subsequent encounter (S86.911D)

TREATMENT

Physical Therapy	<input type="checkbox"/> Start <input checked="" 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"/>	

Medications:

Consult / Referral: MRI has been ordered R knee--r/o meniscus tear.

WORK STATUS

This is not a first aid claim. Patient is advised to continue to work without restrictions. Expected Maximum Medical Improvement (MMI) date 10-30-2017.

Work Restrictions:

TREATING PROVIDER

Name: Dale . Pietrowski, P.A.

Lic. #: PA14003

Signature (Original)

Specialty: Occupational Medicine

Date of Exam: 10-04-2017

NEXT APPOINTMENT

Next Appointment with on .

Executed at: US HealthWorks 16300 Roscoe Blvd., Van Nuys CA 91406 - 1258 Ph:818 893-4426

Check In Time: 10-04-2017 1128

Check Out Time: 12:14 pm

MEDICAL DOCUMENTATION : DO NOT DETACH
Followup Patient Narrative



U.S. HealthWorks
16300 Roscoe Blvd.
Van Nuys CA 91406 - 1258
Ph: 818 893-4426

Date of Service:	10-04-2017	Insurance:	GALLAGHER BASSETT
Patient Name:	AGUILAR, SONIA	Claim #:	005777001860-WC-01
Patient Account Number:	148556411		
Date Of Injury:	07-23-2017 06:30		
Date Of Birth:	10-14-1967		
Employer Name:	LA BREA BAKERY/VAN NUYS ***		
Chart #:	EMR/RLEGBACK/MR		

PR2 Reason: follow-up. There is a need for referral or consultation.

Patient Status: Since the last exam, this patient's condition has: Not improved significantly

History Of Present Illness:

Patient is here for follow up visit for injury sustained on 07-23-2017 06:30. Patient's injury is the same, Pt. lower back pain and R knee pain feels the same, R knee is swollen a pops/clicks. The treatment was followed. The treatment was tolerated. Patient is currently on modified duty. Patient is tolerating their current medication. The DME are helping with their symptoms. Light duty is being accommodated. There are no new symptoms.

Back Complaints / Symptoms

Complaint: Patient's complaint at this time is as follows: pain - L/S. Patient describes the symptom(s) as dull. She says it is mild. She reports having symptoms for 73 days. The frequency is intermittent. The symptoms are exacerbated by ROM. The symptoms are lessened by rest.

Associated Symptoms: The patient denies dysuria . The patient denies polyuria . The patients states there is no hematuria . The patient denies fever, chills, and sweats . The patient denies parasthesias . The patient states the back pain does not radiate . The patient denies any limitations to motion of the back . The patient denies any leg weakness . The patient states there is no numbness or tingling of the lower extremities . The patient denies any changes in bowel habits . The patient denies any bladder or bowel dysfunction .

Knee Complaints / Symptoms

Complaint: Patient's complaint at this time is as follows: pain, swelling, popping - R knee. Patient describes the symptom(s) as dull. She says it is mild. She reports having symptoms for 73 days. The frequency is intermittent. The symptoms are exacerbated by ROM. The symptoms are lessened by rest.

Associated Symptoms: The patient also complains of knee pain - . The patient states there is no numbness or tingling of the knee . The patient states there is knee weakness - . The patient states there is edema of the knee - . The patient denies discoloration . The patient complains of pain with knee motion - . The patient states there is no foot and ankle pain . The patient states there is no restriction to knee motion . The patient admits to locking or clicking of the affected knee - .

Relevant History NOTES: Patient denies history of ulcers or gastritis. No history of Diabetes. She denies any possibility of being pregnant.

Occupational history: Length of employment is reported as 6 months to 2 yrs. She works 40 hours per week. Main job

characteristics include prolonged standing or walking, repetitive use of hands/keyboard/mouse, kneeling or squatting, bending, stooping, climbing, overhead work and operating hand tools/machinery, lifting, pushing, or pulling up to 50lbs. She denies any lost work-time as a result of this injury. She denies any other source of employment.

Past Medical:

Surgeries:No Known Surgical History

Medical History: Patient denies history of ulcers or gastritis. No history of Diabetes. Work-related injuries/illnesses ()
BACK .

Tetanus History:

Last tetanus - 4 YEARS.

Family Social History:

Family History: Non-contributory Family History.

Social History: Alcohol or Tobacco use: She 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 08-15-2017 was done and any interval changes are noted.

Constitutional Symptoms: Constitutional Symptoms - .

Cardiovascular symptoms: No cardiovascular symptoms.

Head: Trauma, injuries or frequent or severe headaches .

Ear, nose, throat symptoms: No ear, nose, throat symptoms.

Respiratory symptoms: No respiratory symptoms.

Gastrointestinal symptoms: Gastrointestinal symptoms - .

Hematological symptoms: No hematological symptoms.

Skin symptoms: No skin symptoms.

Eye symptoms: No eye symptoms.

Genitourinary symptoms: No genitourinary symptoms.

Musculoskeletal symptoms: Musculoskeletal symptoms - .

Endocrine symptoms: Endocrine symptoms - .

Neurological symptoms: No neurological symptoms.

Gynecological symptoms: No gynecological symptoms .

Current Medications at the start of Encounter:

Acetaminophen 500mg Caps #40 . 1-2 every 8 hours as needed for pain/ 1-2 cada 8 horas mientras sea necesario para el dolor, Dispense 1 Bottle

Ketoprofen 50mg #45 . 1 Capsule by mouth every 6 to 8 hrs with food / 1 tableta por via oral, cada 6-8 horas con comida, cuando es necesario., Dispense 1 Bottle

Omeprazole D.R. 20mg #30 . 1 tablet po daily / 1 Tableta por via oral cada dia, Dispense 1 Bottle

Allergies:

PENICILLINS Allergy .

Patient Report Of Injury

Physical Examination:

Pulse: 54/min. Blood Pressure: 130/84 mmHg. Temperature: 97.4 deg F Respiratory rate: 16 per min.

On a severity scale the pain is 6 out of 10.

Constitutional: The patient appears obese - .

Psychiatric: She is alert and oriented to person, place and time . Mood and affect appear appropriate . Waddell signs for symptom magnification are negative .

Respiratory: There are no apparent signs of respiratory distress .

Gastrointestinal: Abdominal palpation is normal .

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

Skin: The chest examination reveals no evidence of the following conditions: erythema, ecchymosis, scars, swelling, masses and open wound - . Examination of the thoracolumbar region reveals no evidence of the following conditions: Erythema, ecchymosis, scars, swelling, masses and open wound - . Examination of the left knee reveals no evidence of the following conditions: erythema, ecchymosis, scars, swelling, masses, deformities and open wounds - . Following conditions of the right knee are present: swelling - .

Musculoskeletal: The patient has an abnormal gait - .The patient has an abnormal posture - . There is no weakness of the lower extremities . The spine is not kyphotic . The patient does not have scoliosis . The patient has no loss of lumbosacral lordosis . The pelvis is symmetrical . There are no spasms of the thoracolumbar spine and paravertebral musculature . There is tenderness of the thoracolumbar spine and paravertebral musculature - . Patrick-Fabere test for pathology of the sacroiliac joint is negative . Extensor hallucis longus test is negative . There is no restriction of range of motion of the back. The left knee is not tender on the left medial joint line . The left knee is not tender on the left lateral joint line . The left patella does not have subluxation - . The left patella is not tender - . There is no joint effusion present in the knee. The popliteal fossa is nontender . Exam of the following LLE areas was normal: foot, ankle, lower leg, thigh and hip . Range of motion of the left knee is normal per AMA guidelines. There is 5/5 muscle strength on strength testing of the left lower extremities in extension and flexion.

Right knee affected/injured.The right knee is tender on the right medial joint line - .The right knee is tender on the right lateral joint line - . The right patella does not have subluxation . The right patella is tender - . There is no joint effusion present in the knee . The right popliteal fossa is nontender - . McMurray test is positive for meniscal tears. - . Range of motion of the right knee is normal per AMA guidelines. On muscle strength testing of the right lower extremities there is some weakness as follows: Extension R: 4/5, Flexion: R 4/5.

Cardiovascular: The popliteal, anterior tibial and posterior tibial pulses are 2+/2+ on the left and capillary refill time is normal on the left. The popliteal, anterior tibial and posterior tibial pulses are 2+/2+ on the right and capillary refill time is normal on the right. The popliteal, anterior tibial and posterior tibial pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally.

Neurologic: Heel/toe ambulation is performed without difficulty . Bilateral patellar and achilles deep tendon reflexes are 2/4. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The straight leg raising test (SLR) is negative. The back muscles display no weakness . Left patellar and achilles deep tendon reflexes are 2/4. Sensation is intact to light touch and pinprick in all dermatomes of the left lower extremities. Right patellar and achilles deep tendon reflexes are 2/4. Sensation is intact to light touch and pinprick in all dermatomes of the right lower extremities.

Musculoskeletal: There is no asymmetry of the left quadriceps - . There is no asymmetry of the right quadriceps . There is no atrophy of the left quadriceps . There is no atrophy of the right quadriceps .

Diagnostic Tests: Prior diagnostic studies were reviewed.

Medical Necessity:

Internal Lab Orders:

External Lab Orders:

Diagnoses:

Lumbosacral strain, subsequent encounter (S39.012D)

Strain of right knee, subsequent encounter (S86.911D)

First Aid: This is not a first aid claim.

Treatment Plan:

Last Saved By: Admin Admin 10-04-2017 13:25 PST

Dispensed Medications:

Prescribed Medications:

Medications Completed or Stopped:

Medications to be Continued until Next Visit: Acetaminophen 500mg Caps #40 . 1 Capsule take as directed

Omeprazole D.R. 20mg #30 . 1 Tablet by mouth, every day

Ketoprofen 50mg #45 . 1 Capsule by mouth every 6 to 8 hrs with food

Treatment Plan Narrative:

Expected Maximum Medical Improvement (MMI) date 10-30-2017. Pt. doing the same, referred to MRI for the R knee to r/o meniscus tear, also continue PT and see after MRI for results and if + refer to Ortho for further level of care.

Work Status:

Patient is advised to continue to work without restrictions.

Work Restrictions:**Therapeutic Services:****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.

Additional Treatment: Patient should continue Physical Therapy treatment.

Consult / Referral: MRI has been ordered R knee--r/o meniscus tear.



Dale Pietrowski, P.A.

This has been electronically signed on 10-04-2017



Carlos Garrett M.D.
Supervising Provider

Next Appointment with Turner Mischelle on 10-17-2017 12:00 pm.

Encounter Addendum Notes



WORK STATUS REPORT

Date Generated: 12-13-2017 10:17:11

NAME: Last: AGUILAR First: SONIA Date of Exam: 09-27-2017 Case #: 148556411
 Occupation: PRODUCTION DOB: 10-14-1967 DOI: 07-23-2017 06:30 Claim #: 005777001860-WC-01
 Employer: LA BREA BAKERY/VAN NUYS *** Contact: GERALD MARTINEZ [HR MANAHER] Tel.: (818)904-8212 Fax: (818)997-5022
 Claims Administrator: GALLAGHER BASSETT Tel.: (866)517-6782 Fax:

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

(X) Improved, but slower than expected

DIAGNOSES

Strain of lumbar region, subsequent encounter (S39.012D), Strain of right knee, subsequent encounter (S86.911D), Strain of right ankle, subsequent encounter (S96.911D)

TREATMENT

Physical Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Renew	(3) times / week for	(2) 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"/>	

Medications:

Consult / Referral: PM&R consult has been ordered lumbar, right knee/ankle.

WORK STATUS

Patient is advised to continue to work without restrictions. Expected Maximum Medical Improvement (MMI) date 10-30-2017.

Work Restrictions:

TREATING PROVIDER

Name: Carlos . Garrett,M.D.

Lic. #: G058607

Signature (Original)

Specialty: Internal Medicine

Date of Exam: 09-27-2017

NEXT APPOINTMENT

Next Appointment with Pietrowski Dale on 10-04-2017 11:30 am.

Executed at: US HealthWorks 16300 Roscoe Blvd., Van Nuys CA 91406 - 1258 Ph:818 893-4426

Check In Time: 09-27-2017 1046

Check Out Time: 11:14 am

MEDICAL DOCUMENTATION : DO NOT DETACH
Followup Patient Narrative



U.S. HealthWorks
16300 Roscoe Blvd.
Van Nuys CA 91406 - 1258
Ph: 818 893-4426

Date of Service:	09-27-2017	Insurance:	GALLAGHER BASSETT
Patient Name:	AGUILAR, SONIA	Claim #:	005777001860-WC-01
Patient Account Number:	148556411		
Date Of Injury:	07-23-2017 06:30		
Date Of Birth:	10-14-1967		
Employer Name:	LA BREA BAKERY/VAN NUYS ***		
Chart #:	EMR/RLEGBACK/MR		

PR2 Reason: follow-up. There is a need for referral or consultation. There is a request for authorization.

Patient Status: Since the last exam, this patient's condition has: Improved but slower than expected

History Of Present Illness:

Patient is here for follow up visit for injury sustained on 07-23-2017 06:30. Patient's injury is the same, stiff and sore. The treatment was followed. The treatment was tolerated. Patient is currently working regular job duties. Ancillary services used are Physical Therapy visits completed 6. Patient is tolerating their current medication. The DME are helping with their symptoms. There are no new symptoms.

Back Complaints / Symptoms

Complaint: Patient's complaint at this time is as follows: pain - low back. Patient describes the symptom(s) as dull. She says it is mild. The frequency is constant.

Associated Symptoms: The patient complains of limited back motion - .

Knee Complaints / Symptoms

Complaint: Patient's complaint at this time is as follows: pain - right knee. Patient describes the symptom(s) as dull. She says it is mild. The frequency is intermittent.

Associated Symptoms: The patient states there is knee weakness - .The patient complains of restricted motion of the knee - .

Ankle Complaints / Symptoms

Complaint: Patient's complaint at this time is as follows: pain - right ankle. Patient describes the symptom(s) as dull. She says it is mild. The frequency is intermittent.

Associated Symptoms: The patient believes the affected ankle and foot has weakness - .The patient states there is pain with motion of the affected ankle - .

Relevant History NOTES: Patient denies history of ulcers or gastritis. No history of Diabetes. She denies any possibility of being pregnant.

Occupational history: Length of employment is reported as 6 months to 2 yrs. She works 40 hours per week. Main job characteristics include prolonged standing or walking, repetitive use of hands/keyboard/mouse, kneeling or squatting, bending, stooping, climbing, overhead work and operating hand tools/machinery, lifting, pushing, or pulling up to 50lbs.

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

Past Medical:

Surgeries:No Known Surgical History

Medical History: Patient denies history of ulcers or gastritis. No history of Diabetes. Work-related injuries/illnesses ()
BACK .

Tetanus History:

Last tetanus - 4 YEARS.

Family Social History:

Family History: Non-contributory Family History.

Social History: Alcohol or Tobacco use: She 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 08-15-2017 was done and any interval changes are noted.

Constitutional Symptoms: Constitutional Symptoms - .

Cardiovascular symptoms: No cardiovascular symptoms.

Head: Trauma, injuries or frequent or severe headaches .

Ear, nose, throat symptoms: No ear, nose, throat symptoms.

Respiratory symptoms: No respiratory symptoms.

Gastrointestinal symptoms: Gastrointestinal symptoms - .

Hematological symptoms: No hematological symptoms.

Skin symptoms: No skin symptoms.

Eye symptoms: No eye symptoms.

Genitourinary symptoms: No genitourinary symptoms.

Musculoskeletal symptoms: Musculoskeletal symptoms - .

Endocrine symptoms: Endocrine symptoms - .

Neurological symptoms: No neurological symptoms.

Gynecological symptoms: No gynecological symptoms .

Current Medications at the start of Encounter:

Acetaminophen 500mg Caps #40 . 1-2 every 8 hours as needed for pain/ 1-2 cada 8 horas mientras sea necesario para el dolor, Dispense 1 Bottle

Ketoprofen 50mg #45 . 1 Capsule by mouth every 6 to 8 hrs with food / 1 tableta por via oral, cada 6-8 horas con comida, cuando es necesario., Dispense 1 Bottle

Omeprazole D.R. 20mg #30 . 1 tablet po daily / 1 Tableta por via oral cada dia, Dispense 1 Bottle

Allergies:

PENICILLINS Allergy .

Patient Report Of Injury

Physical Examination:

Pulse: 61/min. Blood Pressure: 127/68 mmHg. Temperature: 97.6 deg F Respiratory rate: 16 per min.

On a severity scale the pain is 5 out of 10.

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

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

Respiratory: There are no apparent signs of respiratory distress .

Gastrointestinal: Abdominal palpation is normal .

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

Skin: Examination of the thoracolumbar region reveals no evidence of the following conditions: Erythema, ecchymosis, scars, swelling, masses and open wound - . Examination of the right knee reveals no evidence of the following conditions: erythema, ecchymosis, scars, swelling, masses, deformities and open wounds - . Examination of the right ankle is negative for the following: erythema, ecchymosis, scars, swelling, masses, deformities and open wounds .

Musculoskeletal: The patient ambulates with a normal gait, full weightbearing on both lower extremities . **The patient has an abnormal posture - stiff.** There is no weakness of the lower extremities . Exam of the following RLE was normal: foot, lower leg, knee, thigh and hip .

Right ankle affected/injured. **There is point tenderness in the right ankle - .** Range of motion of the right ankle is unrestricted per AMA guidelines. Right ankle muscle strength testing is 5/5 in dorsiflexion and plantar flexion. The spine is not kyphotic . The patient does not have scoliosis . The patient has no loss of lumbosacral lordosis . The pelvis is symmetrical . There are no spasms of the thoracolumbar spine and paravertebral musculature . **There is tenderness of the paravertebral musculature - .** There is no tenderness of the thoracolumbar spine and paravertebral musculature - . **Range of motion of the back is restricted.** Flexion with the fingertips approximating the midtibia . Extension 20/30 deg, **Right knee affected/injured.** The right knee is not tender on the right medial joint line . **The right knee is tender on the right lateral joint line - .** The right patella does not have subluxation . The right patella is not tender . There is no joint effusion present in the knee . The right popliteal fossa is nontender - . Exam of the following RLE areas was normal: foot, ankle, lower leg, thigh and hip . Bulge/ballotement testing is negative for joint effusion. Range of motion of the right knee is normal per AMA guidelines. There is 5/5 muscle strength on strength testing of the right lower extremities in extension and flexion.

Cardiovascular: The popliteal, anterior tibial and posterior tibial pulses are 2+/2+ on the right and capillary refill time is normal on the right. The popliteal, anterior tibial and posterior tibial pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally.

Neurologic: Heel/toe ambulation is performed without difficulty . Bilateral patellar and achilles deep tendon reflexes are 2/4. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The straight leg raising test (SLR) is negative. The back muscles display no weakness . Right patellar and achilles deep tendon reflexes are 2/4. Sensation is intact to light touch and pinprick in all dermatomes of the right lower extremities.

Musculoskeletal: There is no asymmetry of the right quadriceps . There is no atrophy of the right quadriceps .

Diagnostic Tests:

Medical Necessity:

Internal Lab Orders:

External Lab Orders:

Diagnoses:

Strain of lumbar region, subsequent encounter (S39.012D)

Strain of right knee, subsequent encounter (S86.911D)

Strain of right ankle, subsequent encounter (S96.911D)

Treatment Plan:

Last Saved By: Admin Admin 09-27-2017 12:24 PST

Dispensed Medications:**Prescribed Medications:****Medications Completed or Stopped:**

Medications to be Continued until Next Visit: Acetaminophen 500mg Caps #40 . 1 Capsule take as directed

Omeprazole D.R. 20mg #30 . 1 Tablet by mouth, every day

Ketoprofen 50mg #45 . 1 Capsule by mouth every 6 to 8 hrs with food

Treatment Plan Narrative:

Expected Maximum Medical Improvement (MMI) date 10-30-2017. Failure of conservative care plan to resolve functional deficits. Patient will require specialist consultation for further direction of care.

Functional deficits include

- Impaired functional mobility
- Decreased range of motion
- Strength deficits
- Painful movement patterns
- Postural dysfunction.

Work Status:

Patient is advised to continue to work without restrictions.

Work Restrictions:**Therapeutic Services:****Therapeutic Services:****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.

Additional Treatment: An additional course of Physical Therapy has been requested. 3 times per week; for 2 week(s). The patient is responding well to Physical Therapy - .

Consult / Referral: PM&R consult has been ordered lumbar, right knee/ankle.



Carlos Garrett, M.D.

This has been electronically signed on 09-27-2017

Next Appointment with Sheen Tracy on 10-04-2017 11:30 am.



WORK STATUS REPORT

Date Generated: 12-13-2017 10:17:13

NAME: Last: AGUILAR First: SONIA **Date of Exam:** 09-13-2017 **Case #:** 148556411
Occupation: PRODUCTION **DOB:** 10-14-1967 **DOI:** 07-23-2017 06:30 **Claim #:** 005777001860-WC-01
Employer: LA BREA BAKERY/VAN **Contact:** GERALD MARTINEZ [HR **Tel.:** (818)904-8212 **Fax:** (818)997-5022
NUYS *** **MANAHER]**
Claims Administrator: GALLAGHER BASSETT **Tel.:** (866)517-6782 **Fax:**

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

☒ Improved as expected

DIAGNOSES

Lumbosacral strain, subsequent encounter (S39.012D)

TREATMENT

Physical Therapy	<input type="checkbox"/> Start <input checked="" 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"/>	

Medications:

WORK STATUS

This is not a first aid claim. Patient is advised to continue to work without restrictions. Expected Maximum Medical Improvement (MMI) date 09-16-2017.

Work Restrictions:

TREATING PROVIDER

Name: Dale . Pietrowski,P.A.

Lic. #: PA14003

Signature (Original)

Specialty: Occupational Medicine

Date of Exam: 09-13-2017

A handwritten signature in black ink, appearing to read "Dale Pietrowski PA".

NEXT APPOINTMENT

Next Appointment with Sheen Tracy on 09-27-2017 11:00 am.

Executed at: US HealthWorks 16300 Roscoe Blvd., Van Nuys CA 91406 - 1258 Ph:818 893-4426

Check In Time: 09-13-2017 1423

Check Out Time: 02:44 pm

MEDICAL DOCUMENTATION : DO NOT DETACH
Followup Patient Narrative



U.S. HealthWorks
16300 Roscoe Blvd.
Van Nuys CA 91406 - 1258
Ph: 818 893-4426

Date of Service: 09-13-2017 **Insurance:** GALLAGHER BASSETT
Patient Name: AGUILAR, SONIA **Claim #:** 005777001860-WC-01
Patient Account Number: 148556411
Date Of Injury: 07-23-2017 06:30
Date Of Birth: 10-14-1967
Employer Name: LA BREA BAKERY/VAN
NUYS ***
Chart #: EMR/RLEGBACK/MR

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 07-23-2017 06:30. Patient's injury is 70% better, Pt. doing better, PT has helped a lot. The treatment was followed. The treatment was tolerated. Patient is currently on modified duty. Ancillary services used are Physical Therapy visits completed 5. Patient is tolerating their current medication. The DME are helping with their symptoms. There are no new symptoms.

Back Complaints / Symptoms

Complaint: Patient's complaint at this time is as follows: pain - L/S. Patient describes the symptom(s) as faint. She says it is minimal. She reports having symptoms for 52 days. The frequency is intermittent. The symptoms are exacerbated by ROM. The symptoms are lessened by rest.

Associated Symptoms: The patient denies dysuria . The patient denies polyuria . The patients states there is no hematuria . The patient denies fever, chills, and sweats . The patient denies parasthesias . The patient states the back pain does not radiate . The patient denies any limitations to motion of the back . The patient denies any leg weakness . The patient states there is no numbness or tingling of the lower extremities . The patient denies any changes in bowel habits . The patient denies any bladder or bowel dysfunction .

Relevant History NOTES: Patient denies history of ulcers or gastritis. No history of Diabetes. She denies any possibility of being pregnant.

Occupational history: Length of employment is reported as 6 months to 2 yrs. She works 40 hours per week. Main job characteristics include prolonged standing or walking, repetitive use of hands/keyboard/mouse, kneeling or squatting, bending, stooping, climbing, overhead work and operating hand tools/machinery, lifting, pushing, or pulling up to 50lbs. She denies any lost work-time as a result of this injury. She denies any other source of employment.

Past Medical:

Surgeries:No Known Surgical History

Medical History: Patient denies history of ulcers or gastritis. No history of Diabetes. Work-related injuries/illnesses ()
BACK .

Tetanus History:

Last tetanus - 4 YEARS.

Family Social History:

Family History: Non-contributory Family History.

Social History: Alcohol or Tobacco use: She 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 08-15-2017 was done and any interval changes are noted.

Constitutional Symptoms: Constitutional Symptoms - .

Cardiovascular symptoms: No cardiovascular symptoms.

Head: Trauma, injuries or frequent or severe headaches .

Ear, nose, throat symptoms: No ear, nose, throat symptoms.

Respiratory symptoms: No respiratory symptoms.

Gastrointestinal symptoms: Gastrointestinal symptoms - .

Hematological symptoms: No hematological symptoms.

Skin symptoms: No skin symptoms.

Eye symptoms: No eye symptoms.

Genitourinary symptoms: No genitourinary symptoms.

Musculoskeletal symptoms: Musculoskeletal symptoms - .

Endocrine symptoms: Endocrine symptoms - .

Neurological symptoms: No neurological symptoms.

Gynecological symptoms: No gynecological symptoms .

Current Medications at the start of Encounter:

Acetaminophen 500mg Caps #40 . 1-2 every 8 hours as needed for pain/ 1-2 cada 8 horas mientras sea necesario para el dolor, Dispense 1 Bottle

Ketoprofen 50mg #45 . 1 Capsule by mouth every 6 to 8 hrs with food / 1 tableta por via oral, cada 6-8 horas con comida, cuando es necesario., Dispense 1 Bottle

Omeprazole D.R. 20mg #30 . 1 tablet po daily / 1 Tableta por via oral cada dia, Dispense 1 Bottle

Allergies:

PENICILLINS Allergy .

Patient Report Of Injury**Physical Examination:**

Pulse: 77/min. Blood Pressure: 119/74 mmHg. Temperature: 97.7 deg F Respiratory rate: 16 per min.

On a severity scale the pain is 5 out of 10.

Constitutional: The patient appears obese - .

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

Respiratory: There are no apparent signs of respiratory distress .

Gastrointestinal: Abdominal palpation is normal .

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

Skin: The chest examination reveals no evidence of the following conditions: erythema, ecchymosis, scars, swelling, masses and open wound - . Examination of the thoracolumbar region reveals no evidence of the following conditions: Erythema, ecchymosis, scars, swelling, masses and open wound - .

Musculoskeletal: The patient ambulates with a normal gait, full weightbearing on both lower extremities . The patient has normal posture . There is no weakness of the lower extremities . The spine is not kyphotic . The patient does not have scoliosis . The patient has no loss of lumbosacral lordosis . The pelvis is symmetrical . There are no spasms of the thoracolumbar spine and paravertebral musculature . **There is tenderness of the thoracolumbar spine and paravertebral musculature - .** There is no restriction of range of motion of the back.

Cardiovascular: The popliteal, anterior tibial and posterior tibial pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally.

Neurologic: Heel/toe ambulation is performed without difficulty . Bilateral patellar and achilles deep tendon reflexes are 2/4. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The back muscles display no weakness .

Diagnostic Tests: Prior diagnostic studies were reviewed.

Medical Necessity:

Internal Lab Orders:

External Lab Orders:

Diagnoses:

Lumbosacral strain, subsequent encounter (S39.012D)

First Aid: This is not a first aid claim.

Treatment Plan:

Last Saved By: Admin Admin 09-13-2017 14:46 PST

Dispensed Medications:**Prescribed Medications:****Medications Completed or Stopped:**

Medications to be Continued until Next Visit: Acetaminophen 500mg Caps #40 . 1 Capsule take as directed
Omeprazole D.R. 20mg #30 . 1 Tablet by mouth, every day
Ketoprofen 50mg #45 . 1 Capsule by mouth every 6 to 8 hrs with food

Treatment Plan Narrative:

Expected Maximum Medical Improvement (MMI) date 09-16-2017. Pt. improving so will finish PT and see next week for case closure, pt. in agreement and understanding.

Work Status:

Patient is advised to continue to work without restrictions.

Work Restrictions:**Therapeutic Services:****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.

Additional Treatment: Patient should continue Physical Therapy treatment. The patient is responding well to Physical Therapy - .

Encounter Addendum Notes



WORK STATUS REPORT

Date Generated: 12-13-2017 10:17:16

NAME: Last: AGUILAR First: SONIA Date of Exam: 09-01-2017 Case #: 148556411
 Occupation: PRODUCTION DOB: 10-14-1967 DOI: 07-23-2017 06:30 Claim #: 005777001860-WC-01
 Employer: LA BREA BAKERY/VAN NUYS *** Contact: GERALD MARTINEZ [HR MANAHER] Tel.: (818)904-8212 Fax: (818)997-5022
 Claims Administrator: GALLAGHER BASSETT Tel.: (866)517-6782 Fax:

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

(X) Improved as expected

DIAGNOSES

Strain of lumbar region, subsequent encounter (S39.012D)

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"/>	

Medications:

WORK STATUS

This is not a first aid claim. Patient is advised to continue to work without restrictions. Expected Maximum Medical Improvement (MMI) date 09-16-2017.

Work Restrictions:

TREATING PROVIDER

Name: Mischelle . Turner,P.A.

Lic. #: PA14175

Signature (Original)

Specialty: Occupational Medicine

Date of Exam: 09-01-2017

NEXT APPOINTMENT

Next Appointment with Pietrowski Dale on 09-13-2017 11:00 am.

Executed at: US HealthWorks 16300 Roscoe Blvd., Van Nuys CA 91406 - 1258 Ph:818 893-4426

Check In Time: 09-01-2017 1109

Check Out Time: 11:38 am