

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

MEDICAL DOCUMENTATION : DO NOT DETACH
Narrative Review - New Patient



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Van Nuys CA 91406 - 1258
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