FUTURE MEDICAL CARE INDICATED:

At the time of my evaluation of December 19, 2024, Mr. Grande's complaints have surpassed the evidence-based literary standard regarding chronic injury/chronic pain. Therefore, all future medical considerations for these injuries are applicable to the California Code of Regulations; 9792.20-9792.26: Chronic Pain Medical Treatment Guidelines and where said treatments are administered in compliance with the Chronic Medical Treatment Utilization Schedule.

A protective further medical award is required in this case. Limited supportive medical treatment, under guidance of primary treating **medical physician** is recommended and must be consistent with evidence-based medicine, (EBM), utilization reviews standards for chronic pain management.

Ongoing use of medications, including anti-inflammatory agents, muscle relaxants, neuromodulators, and potentially, narcotic analgesics, should be administered through a **medical physician** skilled in chronic pain management, which seems to be ongoing through Boomerang Healthcare, which is both reasonable, necessary, and appropriate.

The use of a trans-cutaneous electrical nerve stimulation, (TENS), unit is recommended for chronic, non-pharmaceutical pain management. Four-pad devices offer the best coverage and allow for varied pad placement. If the TENS unit provides only limited relief, Mr. Grande should reasonably be allowed a trial of an interferential stimulation unit and/or H-wave device. If successful, this type of durable medical equipment device will require provisions for replacement electrodes.

Acupuncture, for chronic pain management, is medically reasonable and reasonably non-invasive, thus unlikely to harm any underlying pathology yet to be determined from the necessary diagnostics he reasonably requires.

With respect to corticoid steroid injections, (CSI), and or platelet-rich plasma, (PRP), injections, at the left and/or right wrist, left and/or right elbow or shoulder, these would be administered consistent with EBM standard of care guidelines. A set-aside provision for such is deemed appropriate and should be determined by an orthopedic hand/wrist/shoulder surgeon, and/or a chronic pain management specialist.

Spinal injection protocols would similarly follow EBM guidelines.

It is medically necessary, on a medical legal basis to proceed with lumbar spine plain x-rays, as a starting point, to determine if suspected, underlying, skeletal pathologies exist which would then be viewed in the context of contributing to LBP, and lend themselves to consideration of apportionable pathologies. The following are necessary and applicable to AMA Guides principles as noted in Chapter 15, Subsection 15.1b, on pages 378-379. regarding potential motion segment integrity: Weightbearing AP, Lateral, Flexion/Extension, R/L Oblique, and R/L Side Bending.

Short-lever, high velocity, spinal manipulation at/over C3-4-5-6, is staunchly contraindicated. Impulse, (Activator), manipulations are reasonable at these levels, and chiropractic treatments would follow EBM protocols.

Finally, a provision should be set-aside to allow for revision left shoulder re-surgery, should symptoms worsen and become increasingly debilitating, and this should be determined by an orthopedic shoulder surgeon. It is foreseeable that the compensatory right shoulder pain, where unresponsive to conservative care, ultimately require surgery.