



PHYSICIAN'S PROGRESS REPORT (PR-2)

Patient First Name:	Patient Last Name:	Date of Birth:	Sex:
Deborah	Savage	08-12-1965	Female
Attending Provider:	DOI	Visit Date:	Chart No.:
Kevin Calhoun M.D.	02-17-2020	09-25-2023	SCL01409
Appointment Location:	Appointment Location Address:		
FRESNO	2440 w. Shaw ave., Suite Number 106, Fresno CA 93711 - 6850		

(X) Periodic Report	() Change in treatment plan	() Released from care
() Change in work status	() Need for referral or consultation	() Change in Patient Condition
(X) Request for Authorization	Info. requested by:	Record Review:

Chief Complaint: Wrist Pain - RT, Wrist Pain - LT, Shoulder Pain - LT, Shoulder Pain - RT, Elbow Pain - LT -
Date of Injury: 02-17-2020

Subjective Complaints (HPI)

Wrist Pain - RT

The patient reports experiencing pain on the right wrist. The patient reports her pain is a 4 on a scale from 0 to 10. Numbness Pain radiating to right elbow and right thumb. The alleviating factor is creams. The exacerbating factor is repetitive movement.

Wrist Pain - LT

The patient reports experiencing pain on the left wrist. The patient reports her pain is a 0 on a scale from 0 to 10. Pain radiating to No Pain Radiation . ***The alleviating factors are medication, creams and icing.*** The exacerbating factors are repetitive movement, lifting, typing and driving. She has received Surgery for the current pain.

Shoulder Pain - LT

The patient reports experiencing pain on the left shoulder. Stiff The patient reports her pain is a 2 on a scale from 0 to 10. The alleviating factors are medication, icing and pillow. The exacerbating factors are repetitive movement, overhead reaching, lifting and typing. She has received None for the current pain.

Shoulder Pain - RT

The patient reports experiencing pain on the right shoulder. The patient reports her pain is a 0 on a scale from 0 to 10. Pain radiating to neck.

Elbow Pain - LT

The patient reports experiencing pain on the left elbow. The patient reports her pain is a 8 on a scale from 0 to 10. Pooping Pain radiating to no pain radiation. Patient states her right elbow is now having pain The alleviating

factors are medication, icing and pillow. The exacerbating factors are repetitive movement, overhead reaching and lifting. She has received Surgery for the current pain.

Finger(s) Pain - LT

The patient reports her pain is a 0 on a scale from 0 to 10. No pain just numbness

Review of systems

Constitutional Symptoms: She has normal appearance. She denies having any kind of disability for any reason whatsoever. Denies fever or weight loss. Reports **fatigue**.

Eyes: Reports **blurred vision**. Denies double vision, glaucoma, discharge, itching, lacrimation, pain or redness of eyes.

Ears/Nose/Throat/Mouth: Denies poor hearing, dry mouth or sore throat.

Cardiovascular: Denies chest pain, chest tightness, tightness/pressure/squeezing, palpitations, prior heart attack, heart murmur or fainting.

Respiratory: Denies shortness of breath with exertion, shortness of breath with lying flat, chest tightness, asthma, COPD or Pneumonia.

Gastrointestinal: Denies blood in stool, ulcers or constipation. Reports **diarrhea**.

Genitourinary: Denies kidney stones, frequent urination or bladder infection.

Skin: Denies cancer, bruising, rash, infection/ulcer or discoloration in legs.

Musculoskeletal: Reports **arthritis**. Denies gout or sore muscles.

Hematologic/Lymphatic: Denies anemia, swelling or leukemia.

Endocrine: Denies diabetes, thyroid disease or Cushing disease.

Neurologic: Denies dizziness, strokes or difficulty walking. Reports **headaches**.

Psychiatric: Denies anxiety. Reports **depression**.

Social History

Health History:

Father - Age: 78.

Mother - Age: 78.

Diseases that run in the family: heart attacks and high blood pressure.

Social Factors: Current Occupation: Customer service rep

Work History: She employed. Her current job involves computer related work. ***She has been in the current profession for years. With company since 2018*** Says that she is satisfied with the current work. ***She rates the stress level at work as medium. At time stress level can be high.***

Family: She lives with her 4 family members. She denies currently taking care of an elderly. She feels safe in home. Stress level at home is medium. She denies any domestic violence. Wears a seat belt while driving. She does exercise for none.

Diet History: She has been on diet since last year. ***She takes coffee / other caffeinated drinks.***

Use of Drugs/Alcohol/Tobacco: Drinks alcohol occasionally. Reports consuming caffeine/caffeinated drinks few times per week.

Sleep History/Mental Health: She wakes up feeling rested. She does not doze off easily during the day. ***She reports using drugs to fall asleep. Medical marijuana***

Allergy

Valium .

RECENT MEDICATION

amitriptyline 25 mg oral tablet, Voltaren 1 % topical gel, Baclofen 10 mg BID, Claritin 10mg 1QD,

Hydrochlorothiazide 12.5mg 1QD, Lexapro 20mg 1QD, Lipitor 40mg 1QD, Lyrica 75mg BID, Norco 10/325 TID, Omeprazole 20mg 1QD, Pepcid 40mg 1QD, Wellbutrin XL 150mg

Objective Findings

Vitals

Weight: 304 lbs.

Height: 5.8 inches.

Physical Examination

PR2 - Grip Strength: Patient is: Right Handed

PR2 - ROM - Elbow:

Flexion - Left (Norm 140): 130

Extension - Left (Norm 0): 0

Pronation - Left: 60

Supination - Left: 60

PR2 - ROM - Shoulder:

Flexion - Right (norm 180): 160

Flexion - Left (Norm 180): 160

Extension - Right(Norm 60): 30

Extension - Left(Norm 60): 30

Abduction - Right(Norm 180): 160

Abduction - Left(Norm 180): 160

Adduction - Right(Norm 50): 30

Adduction - Left (Norm 50): 30

Internal Rotation - Right(Norm 90): 70

Internal Rotation - Left(Norm 90): 70

External Rotation - Right (Norm 90): 70

External Rotation - Left (Norm 90): 70

PR2 - ROM - Wrist:

Dorsiflexion - Right: 30

Dorsiflexion - Left (Norm 60): 30

Palmar Flexion - Right: 30

Palmar Flexion - Left (Norm 60): 30

Radial Deviation - Right: 10

Radial Deviation - Left (Norm 20): 10

Ulnar Deviation - Right: 10

Ulnar Deviation - Left (Norm 30): 10

PR2 - ROM - Injured Finger:

DIP Flexion - IND.:There is 70

DIP Flexion - MID.:There is 70

DIP Flexion - RINC.:There is 70

DIP Flexion - LITTLE: There is 70

DIP Extension - IND.: There is 0

DIP Extension - MID.: There is 0

DIP Extension - RINC.: There is 0

DIP Extension - LITTLE:There is 0

PIP Flexion - IND.: 100

PIP Flexion - MID.: 100

PIP Flexion - RINC.: 100

PIP Flexion - LITTLE: 100

PIP Extension - IND.: 0

PIP Extension - MID.: 0
PIP Extension - RINC: 0
PIP Extension - LITTLE: 0

Procedures

Screenings Today:

Diagnosis

Right wrist pain (M25.531)
Left wrist pain (M25.532)
Pain in left shoulder (M25.512)
Chronic right shoulder pain (M25.511)
Pain in finger of left hand (M79.645)
Left elbow pain (M25.522)
S/P carpal tunnel release (Z98.890)
Right carpal tunnel syndrome (G56.01)
Ulnar neuropathy of left upper extremity (G56.22)
Carpal tunnel syndrome of left wrist (G56.02)

Assessment

This appt was conducted in office face to face.

Refill amitriptyline

The patient states that the current medications being prescribed provides adequate analgesic relief and allows the patient to progress toward normal functionality in regard to activity of daily living. My recommendation is to continue current medication regimen since it is allowing the patient to continue with progression of treatment plan. Patient reports that pain decreases from 9/10 to 5/10 with current medications.

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Treatment Plan

Approved for PENs therapy for her right wrist, completed 5/6

Referred to Ortho Dr. Majors for the left elbow, pending appt.

Ortho Dr. Majors for both hands-right hand surgery on 05/09/23 and 06/26/23, pending report.

Referred to Sierra Imaging for X-ray R elbow- pending completion.

Patient is treating for PT of the right hand requested by Dr Majors

Approved for complete the ergonomic workup at home, pending receipt.

Denied for Psych

Continue with medication.

Prescriptions Today

amitriptyline 25 mg tablet 1 Tablet Every Evening for 30 Days , Prescribe 30 Tablet

For Peer to Peer Contact: Call (866) 980-9580

Work Status

per qme Return to modified work on 09-25-2023 Valid Through 10/18/2023

Employer is able to accommodate restrictions: No **Work Limitations:**

Modified duties: No lifting and No fine manipulation with fingers

No lifting greater than 12 lbs

no continuous typing as per QME recommendations **Follow Up Appointment at Clinic: 10-18-2023 at**

11:30am Per QME with Dr. Previte dated 05/14/22- precluded from forceful use of-the left upper extremity involving gripping, grasping, squeezing, twisting, torquing and forceful use of push and pull with the left upper extremity. She is precluded from lifting and carrying with the left upper extremity objects weighing greater than 12 pounds. No fine manipulation with fingers If work is unable to accommodate restrictions patient is considered TTD.

Stopped Medication

Follow up -

DISCLOSURE:

The patient was interviewed by the above-signed Nurse Practitioner/Physician under the direction and guidance of the signing Physician. The physical examination was performed by the Nurse Practitioner/Physician under the direction and supervision of the Physician. The dictation was prepared by the

Nurse Practitioner/Physician, including any and all impressions and conclusions described in the discussion, and were discussed and reviewed with the Physician. In compliance with the recent Workers Compensation legislation (Labor Code Section 4628 (b): I declare that the above evaluation was performed by the above signed Nurse Practitioner/Physician under the direction and guidance of the signing physician and was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (j) of Section 139.2. In compliance with recent Workers Compensation legislation (Labor Code 4628(j): I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information I have indicated I have received from others. As to that information, the signing Nurse Practitioner/Physician and Physician declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true. In compliance with the recent Workers Compensation legislation (Labor Code Section 5703 under AB 1300): Neither the signing Physician or Nurse Practitioner/Physician have violated Labor Code section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury.

This examination was carried out and the report completed in Fresno County.

Signed in Fresno County, California

By:

A handwritten signature in black ink, appearing to be 'KC' with a stylized flourish.

Kevin Calhoun M.D.

This has been electronically signed by Kevin Calhoun M.D. on 09-25-2023.

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