



### PHYSICIAN'S PROGRESS REPORT (PR-2)

Patient First Name:	Patient Last Name:	Date of Birth:	Sex:
Celerino	Rodriguez	09-06-1966	Male
Attending Provider:	DOI	Visit Date:	Chart No.:
Kevin Calhoun M.D.	09-28-2011	11-02-2023	SCL00346
Appointment Location:	Appointment Location Address:		
Telemedicine	2440 w. Shaw ave., Suite Number 106, Fresno CA 93711 - 6850		

<input checked="" type="checkbox"/> Periodic Report	<input type="checkbox"/> Change in treatment plan	<input type="checkbox"/> Released from care
<input type="checkbox"/> Change in work status	<input type="checkbox"/> Need for referral or consultation	<input type="checkbox"/> Change in Patient Condition
<input checked="" type="checkbox"/> Request for Authorization	Info. requested by:	Record Review:

**Chief Complaint:** Shoulder Pain - RT, Shoulder Pain - LT, Neck pain - **Date of Injury:** 09-28-2011

#### **Subjective Complaints (HPI)**

##### ***Shoulder Pain - RT***

The patient reports experiencing pain on the Right shoulder . The patient reports his pain is a 5 on a scale from 0 to 10. Pain radiating to right arm, T/s, right elbow, hand and fingers with numbness, tingling and weakness . ***The alleviating factors are medication and resting. Patient states medication helps decrease pain from 8/10 to 5/10 and helps sleep more and does more activities during the day*** The exacerbating factors are cold weather and using the joint.

##### ***Shoulder Pain - LT***

The patient reports experiencing pain on the Left shoulder . The patient reports his pain is a 5 on a scale from 0 to 10. Pain radiating to left arm, left elbow, hand and fingers with numbness, tingling, and weakness . ***The alleviating factors are medication and resting. Patient states medication helps decrease pain from 8/10 to 5/10 and helps sleep more and does more activities during the day.*** The exacerbating factors are cold weather and using the joint.

##### ***Neck pain***

The patient reports experiencing pain on the Neck . The patient reports his pain is a 5 on a scale from 0 to 10. Pain radiating to bilateral arms, hands and fingers with numbness, tingling, and weakness . ***The alleviating factors are medication and resting. Patient states medication helps decrease pain from 8/10 to 5/10 and helps sleep more and does more activities during the day*** The exacerbating factors are cold weather, using the joint and repetitive movement.

#### **Review of systems**

**Constitutional Symptoms:** Denies fatigue.

**Eyes:** Denies blurred vision, 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, diarrhea or constipation.

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

**Musculoskeletal:** Denies sore muscles.

**Hematologic/Lymphatic:** Denies anemia, swelling or leukemia.

**Endocrine:** Reports **diabetes** pre-diabetic. Denies thyroid disease or Cushing disease.

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

**Psychiatric:** Denies anxiety or depression.

### **Social History**

**Family:** He is married. Number of children: 2.

**Use of Drugs/Alcohol/Tobacco:** Drinks alcohol occasionally. Smoking Status (MU) no.

### **Allergy**

No Known Drug Allergies.

### **RECENT MEDICATION**

diclofenac potassium 50 mg oral tablet, gabapentin 600 mg oral tablet, atorvastatin 40mg QD, Januvia 100mg QD, lisinopril 20mg QD

### **Objective Findings**

#### **Vitals**

**Weight:** 164 lbs.

**Height:** 5.4 inches.

### **Physical Examination**

**PR2 - Grip Strength:** Patient is: Right Handed

#### **PR2 - ROM - Cervical Spine:**

Flexion - Active (Norm 50): 40

Extension - Active (Norm 60): 50

Right Rot. - Active (Norm 80): 70

Left Rot. - Active (Norm 80): 70

R. Lat Flex - Active (Norm 45): 35

L. Lat Flex - Active (Norm 45): 35

#### **PR2 - ROM - Shoulder:**

Flexion - Right ( norm 180): 180

Flexion - Left (Norm 180): 180

Extension - Right(Norm 60): 50

Extension - Left(Norm 60): 50

Abduction - Right(Norm 180): 180

Abduction - Left(Norm 180): 180

Adduction - Right(Norm 50): 50

Adduction - Left (Norm 50): 50

Internal Rotation - Right(Norm 90): 90  
Internal Rotation - Left(Norm 90): 90  
External Rotation - Right (Norm 90): 90  
External Rotation - Left (Norm 90): 90

## **Procedures**

## **Screenings Today:**

## **Diagnosis**

Chronic right shoulder pain (M25.511)  
Pain in left shoulder (M25.512)  
Cervicalgia (M54.2)  
History of shoulder surgery (Z98.890)  
Cervical spine pain (M54.2)  
Pain in right shoulder (M25.511)  
Chronic pain (G89.29)  
Labral tear of shoulder (S43.439A)  
Incomplete rotator cuff tear (M75.110)  
Depression screening (Z13.31)  
Spinal stenosis in cervical region (M48.02)

## **Assessment**

This was a Telehealth visit conducted via interactive audio and video. Claimant verbally agreed to telemedicine appointment.

Refill diclofenac and gabapentin

The patient states that the current medications being prescribed provides adequate analgesic relief, and allows the patient to progress toward normal functionality in regards 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 6/10 to 3/10 with current medications.

## **Treatment Plan**

Approved for BMP and referred to Quest Diagnostics- Pending appt

Continue with meds.

**Prescriptions Today**

diclofenac potassium 50 mg tablet 1 Tablet Every 12 Hours for 30 Days , Prescribe 60 Tablet  
gabapentin 600 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 11-02-2023 Valid through 11/30/2023 **Work Limitations:**

Modified duties: No lifting

No lifting greater than 20 lbs **Follow Up Appointment at Clinic: 11-30-2023 at 8.30am** Per Dr. Schroder's QME dated 8/25/2021: No repetitive use of the bilateral upper extremities. No overhead use of the bilateral upper extremities. No repetitive lifting, carrying, pushing, or pulling over 20-pounds (more than 6-8 times per day). One-time maximal lift of 30-40 pounds.

Interpreter:Yes Halo Interpreting service

**Stopped Medication**

lidocaine 4 % topical adhesive patch,medicated (01-29-2020 Enter Reason)

lidocaine 5 % topical ointment (01-29-2020 Enter Reason)

Tylenol Extra Strength 500 mg oral tablet (01-29-2020 Enter Reason)

**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 County.*

*Signed in 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 11-02-2023.*

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