

Garden State Orthopaedic Associates, P.A.
Pre-Cert/Authorization Department
400 Franklin Turnpike, Suite 110
Mahwah, NJ 07430

Date: 11/8/2022

Attention: CAROLINA

To: DH ALTERNATIVE RISK

Fax #: 973-940-1852

Re: BRIAN MANLEY

Claim # PV8080024

From: Andrea Vachon x2151
Pre-Cert Department Manager
Tel: 201-475-0019. Fax : 201-475-8740
Email: andreav@gardenstateortho.com

MRI IS TO BE
SCHEDULED AT
A CLOSED UNIT
FACILITY PER
DR QUELER.

of pages: 4 (including this page)

- ☐ Office Notes dated _____
- ☒ Prescription for PHYSICAL THERAPY, Occupational Therapy or Work Conditioning
CONT @ KNEE & @ ACHILLES
- ☐ Prescription for FCE
- ☒ Prescription for MRI/CT/US/EMG @ ANKLE
- ☐ Work Status Note
- ☐ MG-2/C-4 Form
- ☐ Other

SETH R.QUELER, M.D.
LICENSE # 25MA07432800 NPI# 1811947187
ORTHOPAEDIC SURGERY

GARDEN STATE ORTHOPAEDIC ASSOCIATES, P.A.
28-04 BROADWAY, FAIR LAWN, NJ 07410
400 FRANKLIN TPK, SUITE 112, MAHWAH, NJ 07430
33-41 NEWARK STREET, HOBOKEN, NJ 07030
925 CLIFTON AVE, SUITE 106, CLIFTON, NJ 07013
22 MADISON AVE, SUITE 202, PARAMUS, NJ 07652
2 SYLVAN WAY, PARSIPPANY, NJ 07054
Pre-certification: Phone: (201) 475-0019 FAX: (973) 685-9779

Name: Brian Manley D.O.B: 05/25/1984 38 years

Address: 379 HICKORY STREET
Kearny, NJ 07032

Patient's Phone#: 201-997-3499 Alternate Phone #: 201-702-9330

ACCOUNT NUMBER: 1217899

Rx:

LEFT. ANKLE. MRI Without Contrast. CLOSED.

Procedures ordered or performed:

MRI: DX 1: M76.62 , DX 2: M25.562 , DX 3: S82.192D , DX 4: S86.912D.

Diagnosis: Achilles tendinitis, left leg 11-07-22 00:00:00

Pain in left knee 11-07-22

Other fracture of upper end of left tibia, subsequent encounter for closed fracture with routine healing 11-07-22

Strain of unspecified muscle(s) and tendon(s) at lower leg level, left leg, subsequent encounter 11-07-22

R/O PARITAL TEAR

Please give DISC to patient.



Provider Signature: Seth R. Queler, M.D.

Date: 11-07-2022

INS.CO: D&H Alternative Risk Solutions
PO Box 68 Fredon NJ 07860

Authorization #: Contact Name:

Facility:

Expiration:

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*Douglas S. Holden, M.D. Adam D. Bernstein, M.D. Steven B. Shamash, D.O.
Brian P. VanGrouw, D.O. Ryan T. Cassilly, M.D.
Frederick F. Fakharzadeh, M.D. Erik C. Zachwieja, M.D. Seth R. Queler, M.D.
William G. Thomson, PA-C Bryan D. Sheldon, PA-C Long K. Bui-Le, PA-C
Jeffrey R. Lee, PA-C Justin P. VanGrouw, PA-C*

THERAPY PRESCRIPTION

NAME: *Brian Manley*

DATE OF BIRTH: 05/25/1984 38 years y.o.

DATE: 11-07-2022

ACCOUNT NUMBER: 1217899

PHYSICAL THERAPY

DIAGNOSIS: Left knee tibial plateau

FREQUENCY: 3 x per wk x 2 wks

Continuation of Present Treatment

Modalities as needed

OTHER:

I CERTIFY THAT THE ABOVE IS MEDICALLY NECESSARY FOR THE FOLLOWING GOALS:

GOALS: IMPROVE ROM, IMPROVE STRENGTH and DECREASE PAIN

GAIT TRAINING:



Provider Signature: *Douglas S. Holden, M.D.*

*****PLEASE SEND MOST RECENT DAILY NOTES/PROGRESS REPORT TO PHYSICIAN PRIOR TO PATIENT'S APPOINTMENT WITH THIS OFFICE *****

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THERAPY PRESCRIPTION

NAME: *Brian Manley*

DATE OF BIRTH: 05/25/1984 38 years y.o.

DATE: 11-07-2022

ACCOUNT NUMBER: 1217899

PHYSICAL THERAPY

DIAGNOSIS: Left ACHILLES TENDINITIS

FREQUENCY: 3 x per week x 4 weeks

Continuation of Present Treatment

Modalities as needed

Eccentric strengthening program for gastrocnemius-soleus complex.
General range of motion & stretching, foot & ankle (including Achilles stretching).
General strengthening program.
Instruct daily HEP.
Modalities PRN.

OTHER: INCLUDE ECCENTRIC STRENGTHING LEFT ACHILLES/CALF

I CERTIFY THAT THE ABOVE IS MEDICALLY NECESSARY FOR THE FOLLOWING GOALS:

GOALS: IMPROVE ROM, IMPROVE STRENGTH, IMPROVE FUNCTION, IMPROVE MOBILITY, IMPROVE GAIT, DECREASE PAIN and DECREASE EDEMA

GAIT TRAINING: WBAT



Provider Signature: *Seth R. Queler, M.D.*