



Risk Management & Third Party Administration

WORKERS' COMPENSATION TREATMENT AND/OR AUTHORIZATION

DATE: 03-14-2024

TO DOCTOR: Dr. Vinay Chopra PHONE: 908-588-2311 FAX: 908-588-2319

PLEASE NOTE: OUR COMPANY REPRESENTS THIS PATIENT'S EMPLOYER
AND WORKERS' COMPENSATION INSURANCE CARRIER IN THIS MATTER

RETURN TO: CLAIM ADJUSTER (PAYOR):

EMPLOYER: Plainfield Board of Education

PATIENT: Greer, Jason

DATE OF LOSS: 01-11-2024

CLAIM #: PLB086628

WORK INJURY: Head injury and Neck

☒ PLEASE ACCEPT THIS LETTER AS AUTHORIZATION FOR: ☒ TREATMENT ☐ SURGERY ☐ MRI
☐ EMG ☐ OTHER

☒ AFTER YOU HAVE HAD AN OPPORTUNITY TO EXAMINE THE PATIENT, PLEASE COMPLETE THE INFORMATION BELOW AND FAX THIS FORM TO THE NUMBER BELOW. WE WOULD ALSO APPRECIATE YOUR NOTES WHEN COMPLETED

☒ THIS PATIENT HAD AN APPOINTMENT WITH YOU ON //. PLEASE COMPLETE THE INFORMATION BELOW AND FAX THIS FORM TO THE NUMBER BELOW. WE WOULD ALSO APPRECIATE YOUR NOTES WHEN COMPLETED.

☐ OTHER:

1. CURRENT DIAGNOSIS: Concussion, Vestibular dysfunction of both ears, Cervical radiculopathy
2. TREATMENT PLAN: MRI Scan of Cervical Spine, Physical therapy, Vestibular therapy, follow up in 2 weeks.
3. NEXT APPOINTMENT: 03-28-2024 @ 11:15am MMI DATE: _____
4. PHYSICAL CAPACITY: _____ TOTAL BED REST ☒ SEDENTARY ONLY

☒ NO LIFTING

☒ NO DRIVING

☒ OTHER: Please see the attached notes.

☒ NO LIFTING UP TO ^{greater than} 10-15 LBS.

☒ NO CLIMBING

DOCTORS SIGNATURE

DATE

3/14/2024

____ THERAPY - RX FROM REFERRING DOCTOR IS ENCLOSED - PLEASE FORWARD P.T. NOTES TO D&H AS WELL AS REFERRING PHYSICIAN

THIS REQUESTED INFORMATION IS NEEDED IN ORDER FOR ME TO PROPERLY HANDLE THIS WORKERS' COMPENSATION CLAIM AND IS REQUIRED IN ORDER FOR US TO ISSUE PAYMENTS OF YOUR MEDICAL INVOICES. SHOULD YOU HAVE ANY QUESTIONS PLEASE CALL ME AT THE NUMBER BELOW.

PLEASE SEND BILLS AND RECORDS TO THE ADDRESS BELOW.

P.O. Box 68 Newton, New Jersey 07860 • Tel: 973-940-1851 • Fax: 973-940-1852
email address: dh@risksolutions.com • website address: www.risksolutions.com

Order Form

Genesis Orthopaedic and Spine
116 S EUCLID AVE,
WESTFIELD, NJ, 07090-2184
908-588-2311 908-588-2319

Req/Ctrl# (CD-): 94327
Vinay Chopra, MD
NPI: 1730329079
Sport Medicine

Greer, Jason, Male, 07/16/1963 ID: 22597 -NF/WC
Home: 908-377-9800 Cell: 908-377-9800 PO BOX 2978, PLAINFIELD, NJ 07062-0998
Email: revjdgreer@comeast.net

Today: 03/15/2024 11:14 AM
Order Date: 03/14/2024 03:00 PM

RESPONSIBLE PARTY/GUARANTOR INFO:
Name: Greer, Jason
DOB: 07/16/1963

Primary Insurance Name: DandH Alternative Risk Solutions
Insurance Phone: 973-940-1851
Insurance Address: PO BOX 68 , NEWTON , NJ , 07860-0068
Subscriber Number: PLB086628
Insured Name: Greer, Jason
Address: PO BOX 2978, PLAINFIELD, NJ 07062-0998

Priority	Test Name	Assessment(s)	Instructions
Routine	PT/OT Eval and Treat 3x/week for 2 weeks	- M54.12, Cervical radiculopathy	



Electronically Signed By: Vinay Chopra, MD

Signature of Patient/Guardian

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Address: PO BOX 2978, PLAINFIELD, NJ 07062-0998

Priority	Test Name	Assessment(s)	Instructions
Routine	PT/OT Modalities PRN	- S06.0X0D, Concussion without loss of consciousness, subsequent encounter - H81.93, Vestibular dysfunction of both ears - M54.12, Cervical radiculopathy	

Vinay Chopra

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Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Greer, Jason, M, 07/16/1963

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Priority	Test Name	Assessment(s)	Instructions
Routine	Vestibular Rehabilitation 3x week for 2 weeks	- S06.0X0D, Concussion without loss of consciousness, subsequent encounter - H81.93, Vestibular dysfunction of both ears	

Vinay Chopra

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Priority	Diagnostic Name	Assessment(s)	Instructions
STAT	MRI : Cervical without Contrast Notes: w/o contrast, r/o radiculopathy	- M54.12, Cervical radiculopathy	



Electronically Signed By: Vinay Chopra, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Greer, Jason, M, 07/16/1963



Vinay Chopra, MD
Matthew Griffin, MD
Nicholas Delaney, MD
John Griffin, MD
Prashant Patel, MD
Jason Sedgwick, DPM

116 S. Euclid Ave, Suite 1
Westfield NJ 07090
Office: (908) 588-2311
Fax: (908) 588-2319

300 Executive Dr, Suite 110
West Orange, NJ 07052
Office: (973) 434-9575
Fax: (973) 434-9578

25 Lindsley Dr, Suite 208
Morristown, NJ 07960
Office: (862)-345-7955
Fax: (862) 345-7988

1270 NJ 35, Suite 1
Middletown, NJ 07748
Office: (732) 788-3769
Fax: (732) 788-3547

119 Prospect Street, Suite 3
Ridgewood, NJ 07450
Phone: (551) 284-4600
Fax: (551) 284-4699

Date: 03-14-2024

Re: Greer, Jason

To whom it may concern,

This letter is to certify that Greer, Jason has been under my orthopedic care.

This patient was seen and evaluated by Dr. Chopra in our office.

The patient's work/School status is: placed on sedantary / desk

Duty with restrictions of no lifting greater than
10-15 LBS and no heights / ladders.

as of 03-14-2024, until their next evaluation: 03-28-2024

If you have any questions, feel free to call our office at 908-588-2311. Thank you.

Sincerely,

Vinay Chopra, MD

GREER, Jason DOB: 07/16/1963 (60 yo M) Acc No. 22597 -NF/WC DOS: 03/14/2024

ENT:

- Decreased hearing denies.
- Nosebleed denies.
- Sore throat denies.

Endocrine:

- Cold intolerance denies.
- Excessive sweating denies.
- Excessive thirst denies.

Respiratory:

- Cough denies.
- Shortness of breath denies.
- Wheezing denies.

Cardiovascular:

- Chest pain denies.
- Palpitations denies.
- Leg swelling denies.

Gastrointestinal:

- Diarrhea denies.
- Nausea denies.
- Vomiting denies.

Hematology:

- Easy bleeding denies.
- Easy bruising denies.
- Swollen glands denies.

Genitourinary:

- Hematuria denies.
- Difficulty urinating denies.
- Frequent urination denies.
- Burning w/Urination denies.

Skin:

- Skin infection denies.
- Hives denies

- Rash denies.

Neurologic:

- Dizziness denies.
- Headache denies.
- Seizures denies.
- Tremor denies.

Psychiatric:

- Panic attacks denies.
- Depressed mood denies.
- Suicidal thoughts denies.

concussion symptoms including headaches, dizziness, balance problems and neck pain. He has been to 7 total sessions of vestibular therapy in total and states it is helping him slightly. .

Cervical Spine/Neck:

- c/o Neck pain The patient is presenting today on 3/14/24 with ongoing neck pain that occurred due to a workplace injury. The patient works in maintenance and states he was moving a post when a metal pole fell from 5 feet above, hitting the top of his head and neck. He went to JFK Muhlenberg Satellite ER the next day where they did a head CT which showed no brain bleed. He is also complaining of ongoing headaches, dizziness, and balance problems. Patient describes sharp neck pain radiating down to his right arm. Overall pain today is 8/10..

Vital Signs

Temp: 97.1 F, HR: 70 /min, BP: 130/88 mm Hg, Wt: 259 lbs, BMI: 36.12 Index, Ht: 71 in, Oxygen sat %: 94 %, Ht-cm: 180.34 cm, Wt-kg: 117.48 kg.

ExaminationGeneral Examination:

- GENERAL APPEARANCE: in no acute distress, well developed, well nourished, alert, oriented x 3.
- GAIT: non-antalgic gait.
- HEAD: normocephalic, atraumatic.
- EYES: pupils equal, round, , extraocular movement intact (EOMI) , sclera anicteric.
- EARS: normal , hearing intact to whispered voice.
- NOSE: no nasal drainage.
- ORAL CAVITY: mucosa moist.
- THROAT: oropharynx clear, oral mucosa without lesions.
- NECK/THYROID: neck supple, no cervical lymphadenopathy, , no thyromegaly.
- SKIN: no suspicious lesions, warm and dry, no erythema, no rashes, no wounds.
- HEART: no murmurs, regular rate and rhythm, S1, S2 normal.
- LUNGS: clear to auscultation bilaterally.
- ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended.
- EXTREMITIES: no clubbing, cyanosis, or edema.
- PERIPHERAL PULSES: normal , 2+ throughout.
- NEUROLOGIC: nonfocal, sensory exam intact, cranial nerves 2-12 grossly intact, deep tendon reflexes 2+ symmetrical, Babinski absent.

Cervical Spine:

- Inspection no deformity, no scoliosis, no kyphosis.
- Skin no signs of erythema, pressure ulcers, rashes, lacerations.
- Range of Motion limited range of motion on flexion, extension, rotation.
- Palpation positive right paraspinal tenderness, positive midline tenderness.
- Stability no instability noted, can sit upright on exam table with minimum effort.

Progress Note: Vinay Chopra, MD 03/14/2024

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GREER, Jason DOB: 07/16/1963 (60 yo M) Acc No. 22597 -NF/WC DOS: 03/14/2024

- Special tests positive Spurling's.
- Strength 3/5 strength neck.
- Neurological 1+ right biceps reflex.

Assessments

1. Concussion without loss of consciousness, subsequent encounter - S06.0X0D (Primary)
2. Vestibular dysfunction of both ears - H81.93
3. Cervical radiculopathy - M54.12

Treatment

1. Concussion without loss of consciousness, subsequent encounter

PROCEDURE: PT/OT Modalities PRN

PROCEDURE: Vestibular Rehabilitation 3x week for 2 weeks

Clinical Notes: I spent a significant amount of time with the patient here today interviewing the patient, speaking to his case manager, reviewing accident history and records, performing a physical exam, neurological exam, neurobehavioral testing, neuropsychological testing, and balance testing at this visit. The patient has findings consistent with a concussion due to a direct head injury at work. At this time, his symptoms are moderately to severely elevated and his balance testing shows vestibular dysfunction however his cognition tests are within normal limits. Previous MRI of the brain is also normal with no brain bleed or structural abnormalities. Given his findings, the patient will continue with physical therapy program focused on vestibular rehabilitation which has shown in recent studies to improve recovery from a concussion. He will follow up in 2 weeks for further care and testing and will be placed on sedantary/desk duty with restrictions of no lifting greater than 10-15 lbs and no heights/ladders. I spent the following amount of time on concussion testing, analysis, and interpretation:

CPT 96116: 60 minutes

CPT 96121: 180 minutes

CPT 96132: 60 minutes

CPT 96133: 180 minutes

CPT 97750: 40 minutes

2. Vestibular dysfunction of both ears

PROCEDURE: PT/OT Modalities PRN

PROCEDURE: Vestibular Rehabilitation 3x week for 2 weeks

Clinical Notes: I spent the following amount of time on concussion testing, analysis, and interpretation:

CPT 96116: 60 minutes

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3. Cervical radiculopathy

IMAGING: MRI : Cervical without Contrast

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GREER, Jason DOB: 07/16/1963 (60 yo M) Acc No. 22597 -NF/WC DOS: 03/14/2024

Notes: w/o contrast, r/o radiculopathy

PROCEDURE: PT/OT Eval and Treat 3x/week for 2 weeksPROCEDURE: PT/OT Modalities PRN

Clinical Notes: After reviewing imaging done in the office today, reviewing external notes, external imaging, and history and discussing findings with the patient, and based off our exam here today, the patient has findings consistent with cervical radiculopathy. Given the patient's findings, I am sending the patient for an MRI scan of his cervical spine to rule out disc herniation vs radiculopathy. In the mean time, I am also prescribing him PT as this will help with his symptoms. The patient will follow up in 2 weeks after his MRI results.

ProceduresNeurobehavioral Testing:

- Neurobehavioral testing Full Neurobehavioral testing done in the office shows a symptoms score of 57 today which is elevated as it shows findings consistent with headache, "Pressure in head", nausea, dizziness, blurred vision, balance problems, sensitivity to light, sensitivity to noise, feeling slowed down, feeling like "in a fog", "don't feel right", difficulty concentrating, difficulty remembering, fatigue and low energy, confusion, drowsiness, trouble falling asleep, feeling more emotional, irritability, nervousness and anxiety. He also performed full cognition testing and was able to score 34/46 as his cognition is within normal limits.

Neuropsychological Testing:

- Neuropsychological testing Full Neuropsychological testing was done today in the office which showed the following results: Verbal Memory composite score of 23/1%, Visual Memory composite score of 26/2%, Visual Motor Speed composite 9.95/2%, Reaction Time composite score 2.41/1%, Impulse Control composite 14.

Balance testing:

- Balance testing Balance testing done in the office shows the following results: Eyes Open Firm Surface Sway Index 2.76, Eyes Closed Firm Surface Sway Index 4.11, Eyes Open Foam Surface Sway Index 2.87, Eyes Closed Foam Surface Sway Index 3.89, Composite Score Sway Index 3.41 which shows findings consistent with vestibular dysfunction.

Diagnostic Results:

- Cervical Spine X-Ray 1. cervical spine 3 view x-rays done in the office today shows loss of lordosis.

Work/School Excuse:

- Work Excuse sedentary/desk duty.

Visit Codes

- 99215 Office/Outpatient Visit Est. Modifiers: 25

Procedure Codes

- 72050 X-RAY EXAM OF NECK SPINE
- 96116 Neuro Behavioral Exam, Modifiers: 59
- 96121 Neuro Behavioral Exam, Each Additional Hour, Units: 3.00 , Modifiers: 59

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GREER, Jason DOB: 07/16/1963 (60 yo M) Acc No. 22597 -NF/WC DOS: 03/14/2024

- 96132 Neuro Psychological Exam, Modifiers: 59
- 96133 Neuro Psychological Exam, Each Additional Hour, Units: 3.00 , Modifiers: 59
- 97750 Physical Performance Test/Meas W/Reprt Ea 15 Min, Units: 3.00 , Modifiers: 59

Follow Up

2 weeks (as scheduled)



Electronically signed by VINAY CHOPRA , MD on 03/15/2024 at 11:59 AM EDT

Sign off status: Completed

Genesis Orthopaedic and Spine
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Fax: 908-588-2319

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