



## WC Facsimile Transmittal Request

Attention: D&H Alternative Risk Solutions Re: Lewis, DarrellTo: Carolina Shell Claim #: IWC085775-01From: Dr. Chopra Total Pages: \_\_\_\_\_Date: 11-08-2023 Sender's Ref: (862)-345-7988✓ Fax: 973-940-1852 Email: \_\_\_\_\_

- ☒ DDI
- ☒ Work Note
- ☒ Visit Note
- ☒ PT RX
- ☐ MRI RX
- ☐ Surgery
- ☐ Other

Next Appointment Date: 11/22/23 Time: 5:00pmLocation: ☐ West Orange ☐ Westfield ☒ Morristown

Please Fax Next Appointment DDI

ThankYou

**Confidential Notice**

This email/fax transmission contains confidential or legally privileged information, which is intended only for the use of the individual or entity named in this transmittal. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or reliance upon the contents of this email is strictly prohibited. If you received this transmission in error, please notify us immediately, and please forward this email/fax back to us with notification that you have deleted the transmission from your system.



# WORKERS' COMPENSATION TREATMENT AND/OR AUTHORIZATION

16:47

TO DOCTOR:  
P.T. FACILITY

PHONE:

FAX:

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

RETURN TO: CLAIM ADJUSTER (PAYOR): CAROLINA SHELL

EMPLOYER: IRVINGTON TOWNSHIP - POLICE DEPARTMENT  
CLAIM #: IWC085775-01  
NAME: DARREL LEWIS  
DOL: 10/27/2023  
WORK INJURY: EE INJURED HEAD - MVA.

☒ 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: PRIOR MEDICAL NOTES

\*\*\*\*\*  
1. CURRENT DIAGNOSIS: Concussion 506.0x04  
2. TREATMENT PLAN: Vestibular therapy  
3. NEXT APPOINTMENT: 11/8/2023 MMI DATE: 11/8/2023  
4. PHYSICAL CAPACITY: ☒ TOTAL BED REST ☒ SEDENTARY ONLY

☐ NO LIFTING ☐ LIFTING UP TO \_\_\_\_\_ LBS.  
☐ NO DRIVING ☐ NO CLIMBING  
☐ OTHER: None

[Signature]  
DOCTORS SIGNATURE

11/8/2023  
DATE

✓ 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  
email address: dh@risksolutions.com

Tel: 973-940-1851 Fax: 973-940-1852  
website address: www.risksolutions.com



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

Vinay Chopra MD  
Matthew Griffin MD  
Nicholas Delaney MD  
Prashant Patel MD  
John Griffin MD

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

Date: 11-08-23

Re: Lewis, Darrell

To Whom It May Concern,

This letter is to certify that Lewis, Darrell has been seen and evaluated by

Dr. Chopra via in office today.

The patient's work/school status is:

Sedentary Duty only

As of 11-08-23 until next evaluation: 11/22/23

If you have any questions please feel free to contact our office at (862) 345-7955. Thank you.

Sincerely,

**Order Form****Genesis Orthopedic & Spine MT**

25 LINDSEY DRIVE, SUITE 208  
MORRISTOWN, NJ, 07960

908-588-2311 908-588-2319

Req/Ctrl# (CD-): 88407

**Vinay Chopra, MD**

NPI: 1730329079

Sport Medicine

**Lewis, Darrell, Male, 01/17/1980** ID: 21963- WC/NF

Today: 11/08/2023 07:13 PM

973-570-0411 24 LAFAYETTE AVE, SUMMIT, NJ 07901-7501

Order Date: 11/08/2023 04:45 PM

**Primary Insurance Name:** DandH Alternative Risk Solutions**Insurance Address:** PO BOX 68 , NEWTON , NJ , 07860-0068**Subscriber Number:** IWC085775-01**Insured Name:** Lewis, Darrell**Address:** 24 LAFAYETTE AVE, SUMMIT, NJ 07901-7501

Priority	Test Name	Assessment(s)	Instructions
Routine	<b>Vestibular Rehabilitation 3x week for 2 weeks</b>	- S06.0X0A, Concussion without loss of consciousness, Initial encounter - H81.93, Vestibular dysfunction of both ears	



Electronically Signed By: Vinay Chopra, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Lewis, Darrell, M, 01/17/1980

**Order Form****Genesis Orthopedic & Spine MT**

25 LINDSEY DRIVE, SUITE 208  
MORRISTOWN, NJ, 07960  
908-588-2311 908-588-2319

Req/Ctrl# (CD-): 88407

**Vinay Chopra, MD**

NPI: 1730329079

Sport Medicine

**Lewis, Darrell, Male, 01/17/1980** ID: 21983- WC/NF

Today: 11/08/2023 07:13 PM

973-570-0411 24 LAFAYETTE AVE, SUMMIT, NJ 07901-7501

Order Date: 11/08/2023 04:45 PM

Primary Insurance Name: DandH Alternative Risk Solutions

Insurance Address: PO BOX 88 , NEWTON , NJ , 07860-0088

Subscriber Number: IWC085775-01

Insured Name: Lewis, Darrell

Address: 24 LAFAYETTE AVE, SUMMIT, NJ 07901-7501

Priority	Test Name	Assessment(s)	Instructions
Routine	PT/OT Modalities PRN	<ul style="list-style-type: none"> <li>- S06.0X0A, Concussion without loss of consciousness, initial encounter</li> <li>- H81.93, Vestibular dysfunction of both ears</li> </ul>	



Electronically Signed By: Vinay Chopra, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Lewis, Darrell, M, 01/17/1980

11/9/23, 12:28 PM

Print Preview

LEWIS, Darrell DOB: 01/17/1980 (43 yo M) Acc No. 21963- WC/NF DOS: 11/08/2023

**LEWIS, Darrell**

43 Y old Male, DOB: 01/17/1980

Account Number: 21963- WC/NF

24 LAFAYETTE AVE, SUMMIT, NJ-07901-7501

Home: 973-570-0411

Guarantor: Lewis, Darrell Insurance: DandH Alternative Risk Solutions

Appointment Facility: Genesis Orthopaedic &amp; Spine MT

11/08/2023

Vinay Chopra, MD

**Current Medications**

None

**Past Medical History**

Medical History Verified.

**Surgical History**

achilles tendon repair 8 years ago

**Family History**

Father: deceased

Mother: deceased

1 sister(s) - healthy. 1 daughter(s) - healthy.

**Social History**Tobacco Use:

Tobacco Use/Smoking

Are you a: *never smoker*Drugs/Alcohol:Do you drink alcohol?: *Socially.***Allergies**

Seasonale

**Hospitalization/Major****Diagnostic Procedure**

Denies Past Hospitalization

**Review of Systems**General/Constitutional:

Denies Fever. Admits Headache.

Denies Weight loss.

Allergy/Immunology:

Runny nose denies. Itchy

eyes denies. Congestion denies.

Ophthalmologic:

Vision loss denies. Blurry

vision denies. Red eye denies.

ENT:

Decreased hearing denies.

Nosebleed denies. Sore throat denies.

Endocrine:**Reason for Appointment**

1. Head Injury/dizziness, Headache

**History of Present Illness**Work Comp Information:

Claim Number: IWCo85775-01.

Date of injury: 10/27/2023.

Case Manager: Carolina Shell.

Employer: Irvington Township - Police Depart.

Job Description: Police Officer.

Length of employment: 8 1/2 years.

Insurance Company: D&amp;H Alternative Risk Solutions.

Phone Number: 973-940-1851 Ext: 239.

Fax: 973-940-1852.

WC Injury:Questions:Was your supervisor notified immediately? *Yes*Did you continue working after you were injured? *No Ambulance to hospital*Did you go to the emergency room? *Yes*Were X-rays and/or MRIs taken? *Yes Returned to ER 11/2/2023CT*head ScanRate your pain today on a scale of 1-10: *6*Have you ever experienced similar symptoms in the past? *No*How long have you been employed at your current job? *8 years*What is your current work status? *Currently employed Out because*of injuryHave you ever been treated by a Chiropractor? *No*Head/Brain trauma:

c/o Head/brain trauma occurred The patient is presenting today with a head/brain trauma without a loss of consciousness that occurred during work on 10/27/23. The patient works as a police officer and states he was involved a pursuit when he was hit in a head-on collision from a car moving at 80 mph. He was hit on the passenger side, hit his head on the top part of the car, and suffered an abrasion to to the top of his head. He went to the ER at St. Barnabas by ambulance the day of the accident, and then returned 5 days later on 11/2/23 for a CT of his head, which was normal. He does not have any prior history of concussions; however, he is currently experiencing symptoms consistent with a concussion including headaches, dizziness, and light sensitivity..

Progress Note: Vinay Chopra, MD 11/08/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

11/9/23, 12:28 PM

Print Preview

LEWIS, Darrell DOB: 01/17/1980 (43 yo M) Acc No. 21963- WC/NF DOS: 11/08/2023

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.

**Vital Signs**

Temp: 98.1 F, HR: 67 /min, BP: 137/82 mm Hg, Wt: 245 lbs, BMI: 35.15 Index, Ht: 70 in, Oxygen sat %: 96 %, Ht-cm: 177.8 cm, Wt-kg: 111.13 kg.

**Examination****General 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.

**Assessments**

1. Concussion without loss of consciousness, initial encounter - S06.0X0A (Primary)
2. Vestibular dysfunction of both ears - H81.93

**Treatment**

1. Concussion without loss of consciousness, initial 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 mildly to moderately elevated and his balance testing shows vestibular dysfunction however his cognition tests are within normal limits. Given his findings, the patient will be placed into a 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 sedentary/desk duty. I spent the following amount of time on concussion testing, analysis, and interpretation:

CPT 96116: 60 minutes (3PM - 4PM)

CPT 96121: 180 minutes (4PM- 7PM)

Progress Note: Vinay Chopra, MD 11/08/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

LEWIS, Darrell DOB: 01/17/1980 (43 yo M) Acc No. 21963- WC/NF DOS: 11/08/2023

CPT 96132: 60 minutes (3:30PM - 4:30PM)  
 CPT 96133: 180 minutes (4:30PM - 7:30PM)  
 CPT 97750: 40 minutes (5PM - 5:40PM)

## 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 (3PM - 4PM)  
 CPT 96121: 180 minutes (4PM - 7PM)  
 CPT 96132: 60 minutes (3:30PM - 4:30PM)  
 CPT 96133: 180 minutes (4:30PM - 7:30PM)  
 CPT 97750: 40 minutes (5PM - 5:40PM)

## Procedures

### Neurobehavioral Testing:

Neurobehavioral testing Full Neurobehavioral testing done in the office shows a symptoms score of 46 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 41/46 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 31/1%, Visual Memory composite score of 50/6%, Visual Motor Speed composite 28.13/9%, Reaction Time composite score 0.68/43%, Impulse Control composite 2.

### Balance testing:

Balance testing Balance testing done in the office shows the following results: Eyes Open Firm Surface Sway Index 0.38, Eyes Closed Firm Surface Sway Index 0.81, Eyes Open Foam Surface Sway Index 0.77, Eyes Closed Foam Surface Sway Index 2.10, Composite Score Sway Index 1.01 which shows findings consistent with vestibular dysfunction.

### Work/School Excuse:

Work Excuse sedentary/desk duty.

## Visit Codes

99245 Office Consultation New/Estab Patient 80 Min. Modifiers: 25

## Procedure Codes

96116 Neuro Behavioral Exam, Modifiers: 59  
 96121 Neuro Behavioral Exam, Each Additional Hour, Units: 3.00 ,  
 Modifiers: 59  
 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



11/9/23, 12:28 PM

Print Preview

LEWIS, Darrell DOB: 01/17/1980 (43 yo M) Acc No. 21963- WC/NF DOS: 11/08/2023

**Follow Up**  
2 Weeks



Electronically signed by VINAY CHOPRA , MD on 11/09/2023 at  
12:27 PM EST

Sign off status: Completed

---

Genesis Orthopedic & Spine MT  
25 LINDSEY DRIVE  
SUITE 208  
MORRISTOWN, NJ 07960-4456  
Tel: 908-588-2311  
Fax: 908-588-2319

---

**Progress Note: Vinay Chopra, MD 11/08/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*