



## WC Facsimile Transmittal Request

Attention: Carolina Shell Re: Reed, Donofree

To: DantH Alternative risk solutions Claim #: WC086891

From: Dr. Chapiro Total Pages: 12

Date: 3/28/24 Sender's Ref Fax #: (908)-588-2319

Fax: 973-940-1852 Email: \_\_\_\_\_

<input checked="" type="checkbox"/>	DDI
<input checked="" type="checkbox"/>	PT RX
<input type="checkbox"/>	MRI RX
<input checked="" type="checkbox"/>	Work Note
<input checked="" type="checkbox"/>	Visit Note
<input type="checkbox"/>	Surgery
<input type="checkbox"/>	Other

Next Appointment Date: 4/18/24 Time: 1:30pm

Location: ☒ Westfield ☐ West Orange ☐ Morristown  
☐ Middletown ☐ Ridgewood

Please Fax Next Appointment DDI to Designated Location

Thank You!

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 300 Executive Dr. - Suite 110 - West Orange, NJ 07052 - Phone: (973) 434-9575 Fax: (973) 434-9578  
 25 Lindsley Dr. - Suite 208 - Morristown, NJ 07960 - Phone: (862) 345-7955 Fax: (862) 345-7988  
 1270 NJ 35, Suite 1 Middletown, NJ 07748 - Phone: (732) 788-3769 Fax: (732) 788-3547  
 119 Prospect Street, Suite 3 Ridgewood, NJ 07450 - Phone: (551) 284-4600 Fax: (551) 284-4699



Risk Management &amp; Third Party Administration

**WORKERS' COMPENSATION TREATMENT AND/OR AUTHORIZATION**

DATE: 3/28/24

TO DOCTOR: Dr. Chaffa

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: Township of Irvington

PATIENT: Reed, Dorothea

DATE OF LOSS: 2/7/24

CLAIM #: WCO86891

WORK INJURY:

☒ **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: lumbar radiculopathy

2. TREATMENT PLAN: - mkt lumbar spine w/ cast back

3. NEXT APPOINTMENT: continue with pft

4. PHYSICAL CAPACITY: MMI DATE:

☐ NO LIFTING

☐ NO DRIVING

☐ OTHER:

☒ LIFTING UP TO 10-15 LBS.

☒ NO CLIMBING

SEDENTARY ONLY

DOCTORS SIGNATURE

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.

## Order Form

## Genesis Orthopaedic and Spine

116 S EUCLID AVE,  
WESTFIELD, NJ, 07090-2184  
908-588-2311 908-588-2319

Req/Ctrl# (CD-): 94326

Vinay Chopra, MD

NPI: 1730329079

Sport Medicine

Reed, Dorothea, Female, 08/06/1966 ID: 22837 - WC

Home: 973-202-2611 Cell: 973-202-2611 235 BIRCHWOOD AVE, APT 118, CRANFORD, NJ 07016-2544

Email: dreed@irvingtonfire.org

Today: 03/29/2024 09:20 AM

Order Date: 03/28/2024 01:30 PM

RESPONSIBLE PARTY/GUARANTOR  
INFO:

Name: Reed, Dorothea

DOB: 08/06/1966

Primary Insurance Name: DandH Alternative Risk Solutions

Insurance Phone: 973-940-1851

Insurance Address: PO BOX 68 , NEWTON , NJ , 07860-0068

Subscriber Number: IWC086891

Insured Name: Reed, Dorothea

Address: 235 BIRCHWOOD AVE, APT 118, CRANFORD, NJ 07016-2544

Priority	Test Name	Assessment(s)	Instructions
Routine	PT/OT Eval and Treat 3x/week for 4 weeks	<ul style="list-style-type: none"> <li>- M54.16, Lumbar radiculopathy</li> <li>- M53.2X6, Spinal instability, lumbar</li> <li>- M25.551, Right hip pain</li> <li>- M25.552, Left hip pain</li> </ul>	



Electronically Signed By: Vinay Chopra, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Reed, Dorothea, F, 08/06/1966

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Email: dreed@irvingtonfire.org

Today: 03/28/2024 02:52 PM

Order Date: 03/28/2024 01:30 PM

**RESPONSIBLE PARTY/GUARANTOR****INFO:**

Name: Reed, Dorothea

DOB: 08/06/1966

**Primary Insurance Name:** DandH Alternative Risk Solutions**Insurance Phone:** 973-940-1851**Insurance Address:** PO BOX 68 , NEWTON , NJ , 07860-0068**Subscriber Number:** IWC086891**Insured Name:** Reed, Dorothea**Address:** 235 BIRCHWOOD AVE, APT 118, CRANFORD, NJ 07013-2544

Priority	Test Name	Assessment(s)	Instructions
Routine	PT/OT Modalities PRN	<ul style="list-style-type: none"> <li>- M54.16, Lumbar radiculopathy</li> <li>- M53.2X6, Spinal instability, lumbar</li> <li>- M25.551, Right hip pain</li> <li>- M25.552, Left hip pain</li> </ul>	

*Vinay Chopra*

Electronically Signed By: Vinay Chopra, MD

Signature of Patient/Guardian

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Home: 973-202-2611 Cell: 973-202-2611 235 BIRCHWOOD AVE APT 118, CRANFORD, NJ 07016-2544

Email: dreed@irvingtonfire.org

Today: 03/28/2024 02:52 PM

Order Date: 03/28/2024 01:30 PM

**RESPONSIBLE PARTY/GUARANTOR  
INFO:**

Name: Reed, Dorothea

DOB: 08/06/1966

**Primary Insurance Name:** DandH Alternative Risk Solutions**Insurance Phone:** 973-940-1851**Insurance Address:** PO BOX 68 , NEWTON , NJ , 07860-0068**Subscriber Number:** IWC086891**Insured Name:** Reed, Dorothea**Address:** 235 BIRCHWOOD AVE, APT 118, CRANFORD, NJ 07016-2544

Priority	Diagnostic Name	Assessment(s)	Instructions
STAT	<b>MRI : Lumbosacral Spines</b>	- M54.16, Lumbar radiculopathy	
	Notes: w/o contrast, r/o radiculopathy		

*Vinay Chopra*

Electronically Signed By: Vinay Chopra, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Reed, Dorothea, F, 08/06/1966



# Genesis

## Orthopaedic and Spine

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  
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1270 NJ 35, Suite 1  
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Fax: (732) 788-3547

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

Date: 3/28/24

Re: Reed, Dorothea

To whom it may concern,

This letter is to certify that Reed, Dorothea has been under my orthopedic care.

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

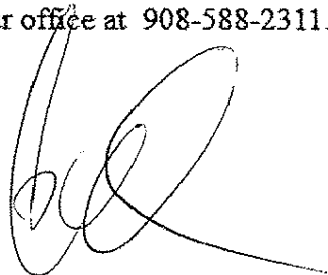
The patient's work/School status is: Light duty  
no lifting greater than  
10-15 lbs, no ladders

as of 3/28/24, until their next evaluation: 04-18-2024 @ 1:30 PM

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

Sincerely,

Vinay Chopra, MD



3/28/24, 2:52 PM

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REED, Dorothea DOB: 08/06/1966 (57 yo F) Acc No. 22837 - WC DOS: 03/28/2024



**REED, Dorothea**

57 Y old Female, DOB: 08/06/1966

Account Number: 22837 - WC

235 BIRCHWOOD AVE, APT 118, CRANFORD, NJ-07016-2544

Home: 973-202-2611

Guarantor: Reed, Dorothea Insurance: DandH Alternative Risk

Solutions Payer ID: PAPER

Appointment Facility: Genesis Orthopaedic and Spine

03/28/2024

Vinay Chopra, MD

### Current Medications

#### Taking

- Meloxicam 15 MG Tablet 1 tablet Orally Once a day
  - traMADol HCl 50 MG Tablet 1 tablet as needed Orally Once a day
- Medication List reviewed and reconciled with the patient

### Past Medical History

- Hypertension.

### Surgical History

- Left hip replacement. 03/01/2022

### Family History

- Father: deceased
- Mother: alive, hypertension
- 1 brother(s) , 2 sister(s) - healthy. 2 son(s) , 2 daughter(s) - healthy.

### Social History

#### Tobacco Use:

- Tobacco Use/Smoking
- Are you a: *never smoker*

### Allergies

- N.K.D.A.

### Hospitalization/Major

### Diagnostic Procedure

- No Hospitalization History.

### Review of Systems

#### General/Constitutional:

- Denies Fever.
- Denies Headache.
- Denies Weight loss.

#### Allergy/Immunology:

- Runny nose denies.
- Itchy eyes denies.
- Congestion denies.

#### Ophthalmologic:

### Reason for Appointment

1. LOWER BACK AND B/L hip

### History of Present Illness

#### Work Comp Information:

- Claim Number: IWCo86891.
- Date of injury: 02/07/2024.
- Case Manager: Carolina Shell.
- Employer: Township Of Irvington.
- Job Description: Fire Inspector.
- Insurance Company: D&H Alternative Risk Solutions.
- Phone Number: 973-940-1851.
- Fax: 973-940-1852.

#### WC Injury:

- Questions:

Was your supervisor notified immediately? *Yes*

Did you continue working after you were injured? *No*

Did you go to the emergency room? *Yes*

Were X-rays and/or MRIs taken? *Yes*

Rate your pain today on a scale of 1-10: *5*

Have you ever experienced similar symptoms in the past? *Yes*

How long have you been employed at your current job? *5 5 months*

What is your current work status? *Currently employed*

Have you ever been treated by a Chiropractor? *Yes*

#### Left hip:

- c/o Left hip pain The patient is presenting with bilateral hip pain due to a workplace injury that occurred on 2/7/24. The patient works as a fire prevention inspector and states she was exiting a building in a complex, reached down, and was hit on her left side by a golf cart-like vehicle moving 5 mph. She went to Newark Beth Israel ER the same day where X-rays of her bilateral hips were done showing no fractures. She has a history of a left hip replacement 2 years ago and states getting hit on her left side reagravated that area. She describes a burning pain in the groin bilaterally, worse in the morning when getting up and with internal/external rotation. She has been taking Meloxicam and Tramadol with mild relief. Pain reaches a 9/10. The

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3/28/24, 2:52 PM

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REED, Dorothea DOB: 08/06/1966 (57 yo F) Acc No. 22837 - WC DOS: 03/28/2024

- Vision loss denies.
- Blurry vision denies.
- Red eye denies.

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.

patient is following up on 3/28/24 stating PT has helped to reduce her hip pain slightly, however, it is ongoing in the groin area..

Right hip:

- c/o Right hip pain.

Lower back:

- c/o low back pain The patient is presenting with lower back pain due to a workplace injury that occurred on 2/7/24. The patient works as a fire prevention inspector and states she was exiting a building in a complex, reached down, and was hit on her left side by a golf cart-like vehicle. She went to Newark Beth Israel ER the same day where X-rays of her bilateral hips were done showing no fractures. She has a history of lower back pain receiving an epidural injection over 2 years ago and a recent cortisone injection about 2 months ago. She also has scoliosis. She describes sharp pain over her midline spine and right paraspinals, particularly with getting up from sitting and bending over. The pain radiates into both of her thighs with numbness/tingling, right worse than left. She is also developing instability in her lower back and reduced ROM. She has been taking Meloxicam and Tramadol with mild relief. Pain reaches a 9/10. The patient is following up on 3/28/24 stating her lower back pain has reduced slightly with PT, however it is ongoing with sitting and bending over. She also continues to have radicular symptoms into both thighs..

Vital Signs

Temp: **98.0** F, HR: **64** /min, BP: **126/91** mm Hg, Wt: **189** lbs, BMI: **30.5** Index, Ht: **66** in, RR: **15** /min, Oxygen sat %: **99** %, Ht-cm: **167.64** cm, Wt-kg: **85.73** 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.

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Lumbar Spine:

- Inspection loss of lordosis and scoliosis.
- Skin no signs of erythema, pressure ulcers, rashes, lacerations.
- Palpation positive tenderness at L4-L5 and L5-S1
- Range of Motion decreased range of motion due to pain on flexion, extension, and rotation
- Strength 4/5 strength lumbar spine and lower extremities left side.
- Stability no instability noted, can sit upright on exam table with minimum effort.
- Special tests positive left straight leg raise, positive right straight leg raise,
- Neurological 2+ reflexes bilaterally, negative Babinski.

Left hip:

- INSPECTION: no deformity noted.
- WOUNDS: no wounds appreciated.
- LEG LENGTH: equal.
- PALPATION: positive tenderness anterior hip
- HIP RANGE OF MOTION: decreased ROM
- STABILITY: no instability noted on internal and external rotation, abduction and adduction.
- STRENGTH: 4/5 all motor groups.
- SKIN: no pressure ulcers, rashes, erythema or wounds.
- SENSATION: intact to light touch.
- VASCULAR: good distal pulses 2+, neurovascularly intact (NVI) distally.
- GAIT: without abnormality.

Right hip:

- INSPECTION: no deformity noted.
- WOUNDS: no wounds appreciated.
- LEG LENGTH: equal.
- PALPATION: positive tenderness anterior hip,
- HIP RANGE OF MOTION: decreased ROM,
- STABILITY: no instability noted on internal and external rotation, abduction and adduction.
- STRENGTH: 4/5 all motor groups.
- SKIN: no pressure ulcers, rashes, erythema or wounds.
- SENSATION: intact to light touch.
- VASCULAR: good distal pulses 2+, neurovascularly intact (NVI) distally.
- GAIT: without abnormality.

Left knee:

- INSPECTION: no deformity, no ecchymosis present, no effusion or erythema, no significant swelling.
- LEG EXAMINATION: negative Homan's sign, neurovascularly intact distally, calf soft and non-tender.

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- ALIGNMENT: no varus or flexion contracture.
- WOUNDS: no wounds.
- PALPATION: no specific pain to palpation.
- TENDERNESS: no specific tenderness on palpation.
- KNEE RANGE OF MOTION: full flexion and extension, 0 degrees to 130 degrees intact.
- STABILITY: negative abduction medial collateral ligament (MCL) laxity, negative adduction lateral collateral ligament (LCL) laxity, negative anterior drawer test, negative Lachman's test, negative patella laxity, negative posterior drawer test.
- STRENGTH: 5/5 strength on extension, 5/5 on flexion.
- SKIN: no pressure ulcers, rashes, erythema or wounds.
- LIGAMENTOUS LAXITY: all ligaments appear stable, but there is guarding on exam.
- TESTS: negative McMurray's, negative patella grind.
- GAIT: normal, heel to toe.
- SENSATION: normal to light touch.
- VASCULAR: 2+ palpable distal pulses.

Right knee:

- INSPECTION: no deformity, no ecchymosis present, no swelling or erythema, no significant swelling.
- LEG EXAMINATION: negative Homan's sign, neurovascularly intact distally, calf soft and non-tender.
- ALIGNMENT: no varus or flexion contracture.
- WOUNDS: no wounds.
- PALPATION: no specific pain to palpation.
- TENDERNESS: no specific tenderness on palpation.
- KNEE RANGE OF MOTION: full flexion and extension, 0 degrees to 130 degrees intact.
- STABILITY: negative abduction medial collateral ligament (MCL) laxity, negative adduction lateral collateral ligament (LCL) laxity, negative anterior drawer test, negative Lachman's test, negative patella laxity, negative posterior drawer test.
- STRENGTH: 5/5 strength on extension, 5/5 on flexion.
- SKIN: no pressure ulcers, rashes, erythema or wounds.
- TESTS: negative McMurray's, negative patella grind.
- GAIT: normal, heel to toe.
- SENSATION: normal to light touch.
- VASCULAR: 2+ palpable distal pulses.

**Assessments**

1. Lumbar radiculopathy - M54.16 (Primary)
2. Spinal instability, lumbar - M53.2X6
3. Right hip pain - M25.551
4. Left hip pain - M25.552

**Treatment****1. Lumbar radiculopathy**IMAGING: MRI : Lumbosacral Spines

Notes: w/o contrast, r/o radiculopathy

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

**Notes:**

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 lumbar radiculopathy. Given the patient's ongoing pain despite conservative management with PT, Meloxicam, and Tramadol, I am sending the patient for an MRI of her lumbar spine for further evaluation on radiculopathy. She will be placed on light duty with restrictions of no lifting greater than 10-15 lbs and no heights/ladders. She will follow up in 2 weeks for MRI results.

**2. Spinal instability, lumbar**

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

**3. Right hip pain**

PROCEDURE: PT/OT Eval and Treat 3x/week for 2 weeks  
PROCEDURE: 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 bilateral hip pain. Given the patient's ongoing pain despite conservative management with PT, Meloxicam, and Tramadol, I am sending the patient for an MRI of her lumbar spine for further evaluation on radiculopathy. I believe her hip pain is also being referred from her lumbar spine. She will be placed on light duty with restrictions of no lifting greater than 10-15 lbs and no heights/ladders. She will follow up in 2 weeks for MRI results.

**4. Left hip pain**

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

**Procedures**Work/School Excuse:

- Work Excuse Light duty until next appointment, no lifting greater than 15 lbs, no ladders/heights..

**Visit Codes**

- 99214 Office/Outpatient Visit Est.

**Follow Up**

2 Weeks

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*Vinay Chopra*

Electronically signed by VINAY CHOPRA , MD on 03/28/2024 at 02:10 PM EDT

Sign off status: Completed

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

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