

3/28/24, 11:12 AM

Burton, Danita A (MR # 11623070) Encounter Date: 02/26/2024

# Burton, Danita A

MRN: 11623070



James Michael Kipnis, MD  
Physician  
Orthopedics

Progress Notes   
Signed

Encounter Date: 2/26/2024

## Chief Complaint

Patient presents with

- Follow Up  
*Follow up for the left hip and left knee*

## History of present illness

The patient presents today for follow up of left hip and left knee pain . Pt had an injection in her left bursa with no significant improvement. She was breaking up a fight at school and she fell on her left side and an individual fell on top of her almost one year prior. She ambulates with a cane. She describes the pain in her left upper buttock region radiating into her left groin and her left posterior knee. She is not working at this time. She saw pain management and had trigger point injections without improvement. She reports she had an ultrasound to check for hernia demonstrating a swollen lymph node.

## History

### Past Medical History:

Diagnosis	Date
• Cataract <i>bilateral</i>	
• Hyperlipidemia	
• Hypertension	
• Migraines	

History reviewed. No pertinent family history.

### Past Surgical History:

Procedure	Laterality	Date
• ROTATOR CUFF REPAIR		

## Social History

Substance and Sexual Activity  
Alcohol Use                      Never

## Social History

Substance and Sexual Activity  
Drug Use                      Never

## Social History

Tobacco Use  
Smoking Status                      Never  
Smokeless Tobacco                      Never

3/28/24, 11:12 AM

Burton, Danita A (MR # 11623070) Encounter Date: 02/26/2024

**Allergies****Allergen**

- Shellfish Containing Products

**Reactions**

Rash and Shortness Of Breath

**Review of Systems**

Neurological ROS: no neurological symptoms/sensory or motor

**Objective**

She appears well, in no apparent distress. Alert and oriented times three, pleasant and cooperative. Vital signs are as documented in vital signs section.

Examination of the left knee demonstrates lacks 30 degrees of full extension in the seated position reporting pain in her left hip and left knee, no specific joint line tenderness, pain with attempted left hip flexion.

**Radiology:** Xrs left knee are reviewed and interpreted by me and demonstrates possible loose body in posterior compartment.

MRI's reviewed.

**Assessment:****Encounter Diagnoses**

Code	Name	Primary?
• M25.562	Left knee pain, unspecified chronicity	Yes
• M23.42	Loose body of left knee	
• M70.62	Trochanteric bursitis, left hip	
• M54.16	Lumbar radiculopathy	
• M46.1	Sacroiliitis	
• S30.0XXA	Contusion of pelvis, initial encounter	

**Plan:** Diagnosis as above. All treatment options were discussed with patient. Ongoing left knee pain. Symptoms persist, as such MRI to be obtained. Further recommendations forthcoming. Continue formal PT. Pt advised to follow with her medical doctor for evaluation of her ultrasound findings. She will continue on temporary total disability and remain out of work. Follow up in 6 weeks.

2/26/2024  
5:43 AM2/26/2024  
5:41 AM2/26/2024  
5:39 AM**Patient Reported Outcome (PRO) Scores**

PROMIS-10 Global v1.2

24 (Poor)

Physical Health (Range:  
15 - 70 )

21 (Poor)

PROMIS-10 Global v1.2

Mental Health ( Range:  
20 - 70 )

29 (severe dysfunction)

PROMIS Physical  
Function CAT v2.0 (

Range 10 - 90 )

PROMIS Pain Intensity 62

3a v1.0 ( Range 10 - 90

)

By signing my name below, I, MEMON, ZEESHAN, attest that this documentation has been prepared under the direction and in the presence of Dr. James Kipnis.

3/28/24, 11:12 AM

Burton, Danita A (MR # 11623070) Encounter Date: 02/26/2024

Electronically Signed: MEMON, ZEESHAN, Scribe. 02/26/24

I, Dr. James Kipnis, personally performed the services described in this documentation, as scribed by MEMON, ZEESHAN in my presence. I have reviewed the chart and agree that the record reflects my personal performance and is accurate and complete.

Electronically signed by James Michael Kipnis, MD at 2/26/2024 6:41 PM

Office Visit on 2/26/2024      *Note viewed by patient*

## Additional Documentation

Vitals: Ht 1.575 m (5' 2") Wt 69.2 kg (152 lb 8.9 oz) BMI 27.90 kg/m<sup>2</sup> BSA 1.74 m<sup>2</sup>

Flowsheets: Patient-Reported Data, Anthropometrics, Weight Change

## Orders Placed

MRI KNEE WITHOUT IV CONTRAST LEFT (Resulted 3/20/2024)

AMB REFERRAL TO PHYSICAL THERAPY Pending Review

## Medication Changes

As of 2/26/2024 9:13 AM

None

## Visit Diagnoses

Primary: Left knee pain, unspecified chronicity M25.562

Loose body of left knee M23.42

Trochanteric bursitis, left hip M70.62

Lumbar radiculopathy M54.16

Sacroiliitis M46.1

Contusion of pelvis, initial encounter S30.0XXA

Laryssa Bohdan

Subject: MRI Left Knee 3/20/2024

## MRI KNEE LEFT WITHOUT IV CONTRAST Results

# MRI KNEE WITHOUT IV CONTRAST LEFT [IMG1408]

Status: **Final result**

Full Report

### IMPRESSION:

Degeneration with partial thickness radial tearing along the free margin of the lateral meniscal body segment. No displaced meniscal flap fragment. Lateral compartment osteoarthritis and chondromalacia with partial thickness chondral loss and fissuring as described, along with degenerative marrow edema in the lateral tibial plateau.

Subtle degenerative fraying along the free margin of the medial meniscal posterior horn segment without displaced meniscal flap fragment.

Additional mild medial and patellofemoral compartment chondromalacia as described. No knee joint effusion. No intra-articular ossific body, the questioned ossific body in the posterior joint recess corresponds to prominent osteophyte formation along the posterior margin of the medial tibial plateau.

History: Left knee pain

MRI of the left knee

Technique: Multiplanar, multisequential images were obtained on a 3.0T scanner according to standard protocol.

Prior studies: Radiographs 1/18/2024

Findings:

Ligaments/tendons/retinaculum: The anterior cruciate ligament is intact. The posterior cruciate ligament is intact. The extensor mechanism is intact. The medial collateral ligament complex is intact. The iliotibial band, fibular collateral ligament, biceps femoris, and popliteus tendons are intact. The semimembranous tendon is intact.

From: Laryssa Bohdan  
Sent: Tuesday, March 26, 2024  
To: wcb.sa Xeroxapp  
Subject: Danita Burton - WCB#G3539998; CC#GLEN-033-22

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Hello,

Please add the attached to claimant's file.

Thank you,

[cid:image001.png@01DA7F8D.C85CC450]

Laryssa Bohdan

Senior Paralegal - Workers Compensation

666 OLD COUNTRY ROAD

SUITE 605

GARDEN CITY, NY 11530

ØÝ“Tel: (516) 471-1782 ª ØÝ“ Fax: (516) 742-3994

Email: lbohdan@workerslaw.com<mailto:lbohdan@workerslaw.com>

Website: [www.workerslaw.com<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.workerslaw.com%2F&data=05%7C02%7Cwcb.sa.Xeroxapp%40nysemail.onmicrosoft.com%7C0892fc05402344d0cb7108dc4dc6759a%7Cf46cb8ea79004d108ceb80e8c1c81ee7%7C0%7C0%7C638470762327472286%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLiAwMDA1LCJQIjojV2luMziiLCJBTh6Ik1haWwiLCJXVCi6Mn0%3D%7C0%7C%7C%7C&sdata=pAt%2BF0Fev6RQjValBBfmRszsUhzC99kz5D4cJ910DfE%3D&reserved=0>](http://www.workerslaw.com<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.workerslaw.com%2F&data=05%7C02%7Cwcb.sa.Xeroxapp%40nysemail.onmicrosoft.com%7C0892fc05402344d0cb7108dc4dc6759a%7Cf46cb8ea79004d108ceb80e8c1c81ee7%7C0%7C0%7C638470762327472286%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLiAwMDA1LCJQIjojV2luMziiLCJBTh6Ik1haWwiLCJXVCi6Mn0%3D%7C0%7C%7C%7C&sdata=pAt%2BF0Fev6RQjValBBfmRszsUhzC99kz5D4cJ910DfE%3D&reserved=0>)

Follow us on: [cid:image002.png@01DA7F8D.C85CC450]

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Medial compartment: Degenerative fraying along the free margin of the medial meniscal posterior horn segment. Remainder of the meniscus is intact without displaced tear.. Low-grade chondral wear along the central weightbearing portion of the femoral condyle. There is marginal osteophyte formation along the posterior rim of the tibial plateau, which corresponds to the questionable loose body in the posterior joint recess on the previous performed radiographs (series 6/7 images 12-17)..

Lateral compartment: Degeneration with truncation and partial-thickness radial tearing along the free margin of the lateral meniscal body segment. Anterior and posterior horns of the meniscus remains intact. There is partial thickness chondral loss and fissuring along the central/posterior weightbearing portions of the tibial plateau and posterior weightbearing portion of the femoral condyle. Associated degenerative marrow edema within the posterior aspect of the lateral tibial plateau..

Patellofemoral compartment: Partial thickness chondral loss and thinning along the lateral patellar facet. Trochlear cartilage is overall maintained..

Additional bone findings: There is no evidence of acute fracture, osseous contusion, or osseous stress response. No destructive osseous lesion..

Joint space: No joint effusion or intra-articular body. The questioned ossific body within the posterior joint recess on the prior radiograph corresponds to a prominent osteophyte formation along the posterior margin of the medial tibial plateau. Tiny popliteal cyst measuring 1.6 x 0.7 x 2.0 cm.

Neurovascular structures: Unremarkable

Musculature: Normal muscle signal intensity without strain injury, denervation edema, or atrophy.

Subcutaneous tissues: Unremarkable

Electronic Signature: I personally reviewed the images and agree with this report. Final Report: Dictated by and Signed by Attending Valentino Abballe MD 3/20/2024 9:57 AM

**NYU Langone Health  
System**

FAX UNIT SURGEONS/ROUS  
AV  
1999 Marcus Avenue, Suite  
202  
Lake Success NY 11042-1034

Burton, Danita A  
MRN: 11623070, DOB: 1/2/1961, Sex: F

**Patient Demographics**

Name	Patient ID	SSN	Gender Identity	Birth Date
Burton, Danita A	11623070	xxx-xx-1911	Female	01/02/61 (63 yrs)
Address	Phone	Email		
80 Valentine Street #A Glen Cove NY 11542	631-836-8338 (M) 631-836-8338 (H)	danitaburton@hotmail.com		

Reg Status	PCP	Date Last Verified	Next Review Date
Verified	John Anthony Reyes, MD516-671-6900	02/15/24	03/16/24

Emergency Contact 1  
Vanessa Shaw (SISTER)  
516-567-4205 (M)

**XR HIP COMBO WITH PELVIS [542403660]**

Electronically signed by: James Michael Kipnis, MD on 01/18/24 0938

Status: Completed

This order may be acted on in another encounter.

Ordering user: James Michael Kipnis, MD 01/18/24 0938

Dictated by: James Michael Kipnis, MD

Frequency: 01/18/24 -

Diagnoses:

Trochanteric bursitis, left hip [M70.62]

Lumbar radiculopathy [M54.16]

Sacroiliitis [M46.1]

Confusion of pelvis, initial encounter [S30.0XXA]

Left knee pain, unspecified chronicity [M25.562]

Questionnaire

Question	Answer
Reason for exam:	pain
Specify views of the PELVIS:	AP Pelvis
Specify laterality on each hip:	Left
Designate views LEFT:	Frog Lateral
Release to patient	Immediate

**Result date and time is equivalent to report date and time.**

Legend: A! = Abnormal

**XR HIP COMBO WITH PELVIS [542403660]**

Resulted: 01/18/24 1033. Result status: Final result

Submitted by: Renata La Rocca Vieira, MD

Performed: 01/18/24 0950 - 01/18/24 0951

Accession number: 40557476

Resulting lab: NYU RADIOLOGY SWF

Narrative:

CLINICAL INDICATION: 1.pain

TECHNIQUE: XR HIP WITH PELVIS 2 OR 3 VIEWS LEFT

COMPARISON STUDIES: None

Electronic Signature: I personally reviewed the images and agree with this report. Final Report: Dictated by and Signed by Attending Renata La Rocca Vieira MD 1/18/2024 10:33 AM

Impression:

FINDINGS/IMPRESSION:

Bilateral hip joint degenerative disease manifested by marginal osteophytes. Degenerative disease of the symphysis pubis. Otherwise, no osseous or articular abnormality. There is no significant soft tissue abnormality.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
133 - NYU Rad Syngo	NYU RADIOLOGY SWF	Unknown	Unknown	07/06/10 0826 - Present

**XR KNEE LEFT [542403661]**

Electronically signed by: James Michael Kipnis, MD on 01/18/24 0938

Status: Completed

Generated on 2/21/24 9:41 AM

Page 1

**27 Pgs Received, 21 Pgs Transmitted**

**From:** Laryssa Bohdan <lbohdan@workerslaw.com>  
**Sent:** Wednesday, February 28, 2024 08:58:43 AM  
**To:** wcb.dl.WCBClaimsFiling <webclaimsfiling@wcb.ny.gov>  
**CC:** Laryssa Bohdan <lbohdan@workerslaw.com>  
**Subject:** Danita Burton - WCB#G3539998; CC#GLEN-033-22

**ATTENTION:** This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Hello,

Please add the attached to claimant's file.

Thank you,

**Laryssa Bohdan**

Senior Workers Compensation Paralegal

666 OLD COUNTRY ROAD

SUITE 605

GARDEN CITY, NY 11530

Tel: (516) 471-1782 • Fax: (516) 742-3994

Email: [lbohdan@workerslaw.com](mailto:lbohdan@workerslaw.com)

Website: [www.workerslaw.com](http://www.workerslaw.com)

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**NYU Langone Health  
System**

NYU Langone Orthopedic

Associates - Lake Success

1999 Marcus Avenue, Suite

202

Lake Success NY 11042-1034

BUTON, Darlene R

MRN: 11623070, DOB: 1/2/1961, Sex: F

Visit date: 1/18/2024

**XR KNEE LEFT [S42403661] (continued)**

This order may be acted on in another encounter.

Ordering user: James Michael Kipnis, MD 01/18/24 0938

Authorized by: James Michael Kipnis, MD

Frequency: 01/18/24 -

**Diagnoses**

Trochanteric bursitis, left hip [M70.62]

Lumbar radiculopathy [M54.16]

Sacroiliitis [M46.1]

Contusion of pelvis, initial encounter [S30.0XXA]

Left knee pain, unspecified chronicity [M25.562]

**Questionnaire****Question****Answer**

Reason for exam:

pain

Release to patient

Immediate

Do you want NYU standard XR knee study (AP Supine, Lateral, Patellofemoral) instead of customized study? (For views of the right side, place XR Knee Right order. For combo views, place XR Knee Combo with Bilateral Views order.)

SELECT CUSTOM VIEWS

Individual views on LEFT knee:

AP Weightbearing

Lateral

Patellofemoral (Sunrise, Skyline, Merchant's)

**Result date and time is equivalent to report date and time.****Legend: A! = Abnormal****XR KNEE LEFT [S42403661]**

Resulted: 01/18/24 1035, Result status: Final result

Resulting by: Renata La Rocca Vieira, MD

Performed: 01/18/24 0952 - 01/18/24 0952

Accession number: 40557477

Resulting lab: NYU RADIOLOGY SWF

Narrative:

CLINICAL INDICATION: 1.pain

TECHNIQUE: XR KNEE 3 VIEWS LEFT

COMPARISON STUDIES: None

Electronic Signature: I personally reviewed the images and agree with this report. Final Report: Dictated by and Signed by Attending Renata La Rocca Vieira MD 1/18/2024 10:35 AM

Impression:

FINDINGS/IMPRESSION:

Left knee: Distal quadriceps enthesophytes. Mild tricompartmental degenerative disease manifested by small marginal osteophytes. Intra-articular body projecting over the posterior aspect of the knee measuring approximately 1.4 cm.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
133 - NYU Rad Syngo	NYU RADIOLOGY SWF	Unknown	Unknown	07/06/10 0826 - Present

**VISIT SUMMARY****Reason for Visit**

Follow Up Follow up for the left hip

**Diagnoses****Comments**

Trochanteric bursitis, left hip - Primary

Lumbar radiculopathy

Sacroiliitis

Contusion of pelvis, initial encounter

Left knee pain, unspecified chronicity

HPI

Follow Up

**NYU Langone Health  
System**

NYU Langone Orthopedic  
Associates - Lake Success  
1999 Marcus Avenue, Suite  
202  
Lake Success NY 11042-1034  
Amb Encounter Report

BURTON, Darlene R  
MRN: 11623070, DOB: 1/2/1961, Sex: F  
Visit date: 1/18/2024

## HPI (continued)

Additional comments: Follow up for the left hip

Last edited by Wendy Rivas, MA on 1/18/2024 9:22 AM.

## Problem List as of 1/18/2024

Date Reviewed: 12/16/2022

	Codes	Priority	Class	Noted - Resolved
Tear of right rotator cuff	ICD-10-CM: M78.301 ICD-9-CM: 842.4			6/20/2022 - Present
Cervical spondylosis	ICD-10-CM: M47.812 ICD-9-CM: 721.0			8/1/2022 - Present

## Allergies as of 1/18/2024

Verified by Wendy Rivas, MA on 1/18/2024

Shelfish Containing Products	Noted	Reaction Type	Reactions
	09/23/2021	Allergy	Rash, Shortness Of Breath

## Immunizations

Name	Date	Dose	Route	Site
Covid-19 Vaccine, Moderna	04/01/21			
Given By:				
Covid-19 Vaccine, Moderna	03/04/21			
Given By:				

## Vitals

Ht	Wt	BMI	Most recent update: 1/18/2024 9:26 AM
1.575 m (5' 2")	68.9 kg (152 lb)	27.80 kg/m <sup>2</sup>	

## MEDICATIONS

## Medications at Start of Encounter

	Disp	Refills	Start	End
metoprolol succinate (TOPROL-XL) 25 mg XL tablet	—	—	7/26/2023	—
Sig - Route: Take by mouth. - Oral Class: Historical Med				
meloxicam (MOBIC) 15 mg tablet	30 tablet	0	8/16/2023	—
Sig - Route: TAKE 1 TABLET BY MOUTH EVERY DAY - Oral				
cyclobenzaprine (FLEXERIL) 10 mg tablet	60 tablet	0	6/26/2023	—
Sig - Route: TAKE 1 TABLET BY MOUTH 2 TIMES DAILY AS NEEDED FOR MUSCLE SPASMS. WAITING FOR AUTHORIZATION*				
lidocaine (LIDODERM) 5 % patch	60 Patch	0	6/26/2023	—
Sig - Route: PLACE 1 PATCH ONTO THE SKIN DAILY. APPLY FOR UP TO 12 HOURS WITHIN A 24-HOUR PERIOD. - TransDermal				
methylPREDNISolone (MEDROL DOSPACK) 4 mg tablet	1 Packet	0	8/1/2022	—
Sig - Route: Take 1 tablet by mouth use medications as directed by provider. - Oral				
losartan-hydroCHLORothiazide (HYZAAR) 100-25 mg per tablet	—	—	4/1/2022	—
Sig - Route: Take 1 tablet by mouth daily. - Oral Class: Historical Med				
ibuprofen (ADVIL;MOTRIN) 800 mg tablet	—	—	9/11/2021	—
Class: Historical Med				
nortriptyline (PAMELOR) 25 mg capsule	60 capsule	1	7/27/2021	—
Sig: 1 tab PO qhs 7 days then 2 tabs PO qhs				
ALPRAZOLAM (XANAX) 0.5 mg tablet	—	—	7/15/2020	—
Class: Historical Med				
butalbital-acetaminophen-caffeine (FIORICET, ESGIC) 50-325-40 mg per tablet	—	—	8/14/2020	—
Class: Historical Med				
carvedilol (COREG) 12.5 mg tablet	—	—	7/12/2020	—
Sig: TK 1 T PO BID WC Class: Historical Med				
diclofenac (VOLTAREN) 1 % gel	—	—	7/9/2020	—
Sig: APP 2 GRAMS TO UPPER EXTREMITIES QID Class: Historical Med				
hydroCHLORothiazide (HYDRODIURIL) 25 mg tablet	—	—	2/9/2020	—
Sig: TK 1 T PO QD				

**NYU Langone Health  
System**

NYU Langone Orthopedic  
Associates - Lake Success  
1999 Marcus Avenue, Suite  
202  
Lake Success NY 11042-1034  
Amb Encounter Report

## Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
Class: Historical Med <b>sertraline (ZOLOFT) 50 mg tablet</b> Sig: TK 1 T PO QD UTD	—	—	7/9/2020	—
Class: Historical Med <b>simvastatin (ZOCOR) 40 mg tablet</b> Sig: TK 1 T PO QHS	—	—	5/26/2020	—
Class: Historical Med <b>zolpidem (AMBIEN) 10 mg tablet</b> Class: Historical Med	—	—	7/10/2020	—

## Ordered Facility-Administered Medications

	Dose	Freq	Start	End
<b>methylPREDNISolone acetate (DEPO-Medrol) injection 40 mg</b> Route: IntraArticular	40 mg	Once	1/18/2024	1/18/2024

## All Meds and Administrations

<b>methylPREDNISolone acetate (DEPO-Medrol) injection 40 mg</b> [#43403662]	Status: Completed (Past End Date/Time)
Ordering Provider: James Michael Kipnis, MD	Starts/Ends: 01/18/24 1015 - 01/18/24 1004
Ordered On: 01/18/24 1004	Route: IntraArticular
Ordered Dose (Remaining/Total): 40 mg (0/1)	Ordered Basal/Order Duration: — / —
Frequency: Once	

Timestamps	Action	Dose	Route	Other Information
01/18/24 1004	Given	40 mg	IntraArticular	Performed by: James Michael Kipnis, MD

**CALL CONTACT INFORMATION**

## Call Information

1/18/2024 9:15 AM	Provider	Department	Center
	James Michael Kipnis, MD	FGP ORT SURG-MARCUS AV	ACLS

## Reason for Call

<b>Follow Up</b>	Follow up for the left hip
------------------	----------------------------

## Care Advice Given

No Care Advice given for this encounter.

**ORDERS AND RESULTS**

Result date and time is equivalent to report date and time.

NYU Langone Health  
System

NYU Langone Orthopaedic  
Associates - Lake Success  
1999 Marcus Avenue, Suite  
202  
Lake Success NY 11042-1034  
Amb Encounter Report

## Orders/Results - Order Type: Imaging

## XR HIP COMBO WITH PELVIS [542403660]

Electronically signed by: James Michael Kipnis, MD on 01/18/24 0938

Status: Completed

This order may be acted on in another encounter.

Ordering user: James Michael Kipnis, MD 01/18/24 0938

Authorized by: James Michael Kipnis, MD

Frequency: 01/18/24 -

## Diagnoses:

Trochanteric bursitis, left hip [M70.62]

Lumbar radiculopathy [M54.16]

Sacroillitis [M46.1]

Contusion of pelvis, initial encounter [S30.0XXA]

Left knee pain, unspecified chronicity [M25.562]

## Questionnaire

Question	Answer
Reason for exam:	pain
Specify views of the PELVIS:	AP Pelvis
Specify laterality on each hip:	Left
Designate views LEFT:	Frog Lateral
Release to patient	Immediate

## XR HIP COMBO WITH PELVIS [542403660]

Resulted: 01/18/24 1033, Result status: Final result

Resulted by: Renata La Rocca Vieira, MD

Performed: 01/18/24 0950 - 01/18/24 0951

Accession number: 40557476

Resulting lab: NYU RADIOLOGY SWF

Narrative:

CLINICAL INDICATION: 1.pain

TECHNIQUE: XR HIP WITH PELVIS 2 OR 3 VIEWS LEFT

COMPARISON STUDIES: None

Electronic Signature: I personally reviewed the images and agree with this report. Final Report: Dictated by and Signed by Attending Renata La Rocca Vieira MD 1/18/2024 10:33 AM

Dictated by:

FINDINGS/IMPRESSION:

Bilateral hip joint degenerative disease manifested by marginal osteophytes. Degenerative disease of the symphysis pubis. Otherwise, no osseous or articular abnormality. There is no significant soft tissue abnormality.

## Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
133 - NYU Rad Syngo	NYU RADIOLOGY SWF	Unknown	Unknown	07/06/10 0826 - Present

## XR KNEE LEFT [542403661]

Electronically signed by: James Michael Kipnis, MD on 01/18/24 0938

Status: Completed

This order may be acted on in another encounter.

Ordering user: James Michael Kipnis, MD 01/18/24 0938

Authorized by: James Michael Kipnis, MD

Frequency: 01/18/24 -

## Diagnoses:

Trochanteric bursitis, left hip [M70.62]

Lumbar radiculopathy [M54.16]

Sacroillitis [M46.1]

Contusion of pelvis, initial encounter [S30.0XXA]

Left knee pain, unspecified chronicity [M25.562]

## Questionnaire

Question	Answer
Reason for exam:	pain

## NYU Langone Health System

NYU Langone Orthopaedic  
Associates - Lake Success  
1999 Marcus Avenue, Suite  
202  
Lake Success NY 11042-1034  
Amb Encounter Report

## Orders/Results - Order Type: Imaging (continued)

## XR KNEE LEFT [542403661] (continued)

## Release to patient

Do you want NYU standard XR knee study (AP Supine, Lateral, Patellofemoral) instead of customized study? (For views of the right side, place XR Knee Right order. For combo views, place XR Knee Combo with Bilateral Views order.)

## Immediate

SELECT CUSTOM VIEWS

## Individual views on LEFT knee:

AP Weightbearing

Lateral

Patellofemoral (Sunrise, Skyline, Merchant's)

## XR KNEE LEFT [542403661]

Resulted: 01/18/24 10:35 Result status: Final result

Resulted by: Renata La Rocca Vieira, MD

Performed: 01/18/24 0952 - 01/18/24 0952

Accession number: 40557477

Resulting lab: NYU RADIOLOGY SWF

Narrative:

CLINICAL INDICATION: 1.pain

TECHNIQUE: XR KNEE 3 VIEWS LEFT

COMPARISON STUDIES: None

Electronic Signature: I personally reviewed the images and agree with this report. Final Report: Dictated by and Signed by Attending Renata La Rocca Vieira MD 1/18/2024 10:35 AM

Impression:

FINDINGS/IMPRESSION:

Left knee: Distal quadriceps enthesophytes. Mild tricompartmental degenerative disease manifested by small marginal osteophytes. Intra-articular body projecting over the posterior aspect of the knee measuring approximately 1.4 cm.

## Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
133 - NYU Rad Syngo	NYU RADIOLOGY SWF	Unknown	Unknown	07/06/10 0826 - Present

## Orders/Results - Order Type: Medications

## methylPREDNISolone acetate (DEPO-Medrol) injection 40 mg [542403662]

Status: Completed

Electronically signed by: James Michael Kipnis, MD on 01/18/24 1004

Ordering user: James Michael Kipnis, MD 01/18/24 1004

Ordering provider: James Michael Kipnis, MD

Authorized by: James Michael Kipnis, MD

Frequency: Once 01/18/24 1015 - 1 occurrence

Package: 0009-3073-01

## Progress Notes - All Notes

## Progress Notes by James Michael Kipnis, MD at 1/18/2024 9:15 AM

Author: James Michael Kipnis, MD

Specialty: Orthopedic Surgery, Sports Medicine

Author Type: Physician

Filed: 1/19/2024 10:48 AM

Encounter Date: 1/18/2024

Status: Signed

Editor: James Michael Kipnis, MD (Physician)

## Chief Complaint

Patient presents with

- Follow Up

*Follow up for the left hip*

**NYU Langone Health  
System**

NYU Langone Orthopedic  
Associates - Lake Success  
1999 Marcus Avenue, Suite  
202  
Lake Success NY 11042-1034  
Amb Encounter Report

BURTON, Darlene R  
MRN: 11623070, DOB: 1/2/1961, Sex: F  
Visit date: 1/18/2024

Progress Notes - All Notes (continued)

Progress Notes by James Michael Kipnis, MD at 1/18/2024 9:15 AM (continued)

### **History of present illness**

The patient presents today for initial evaluation of left lumbar region and left hip pain . Patient is 9 months from injury. She report left hip pain is still severe and occasional left knee pain 1.5 week onset. Patient reports PT provided no relief. She also reports burning in left foot with numbness. She states she sees PT management. She mentions she had trigger point injections, taken NSAIDs and prednisone which did not relieve her pain. She also has seen a chiropractor and done icing with no relief. She is not currently working.

### **History**

Past Medical History:

Diagnosis

Date

- Cataract  
*bilateral*
- Hyperlipidemia
- Hypertension
- Migraines

History reviewed. No pertinent family history.

Past Surgical History:

Procedure

Laterality

Date

- ROTATOR CUFF REPAIR

Social History

Substance and Sexual Activity

Alcohol Use

Never

Social History

Substance and Sexual Activity

Drug Use

Never

Social History

Tobacco Use

Smoking Status

Smokeless Tobacco

Never

Never

**NYU Langone Health  
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Amb Encounter Report

Burton, Darria A  
MRN: 11623070, DOB: 1/2/1961, Sex: F  
Visit date: 1/18/2024

Progress Notes - All Notes (continued)

Progress Notes by James Michael Kipnis, MD at 1/18/2024 9:15 AM (continued)

Allergies

Allergen

- Shellfish Containing Products

Reactions

Rash and Shortness Of Breath

**Review of Systems**

Neurological ROS: no neurological symptoms/sensory or motor

**Objective**

She appears well, in no apparent distress. Alert and oriented times three, pleasant and cooperative. Vital signs are as documented in vital signs section.

Examination of the left hip demonstrates tender left lower lumbar region, left groin pain, and tenderness over the greater trochanteric bursa. She does sit listing to the right with pain when she tries to sit straight.

Examination of the left knee demonstrates pain over the lateral aspect and tenderness lateral and posterior aspect. No gross effusion. No instability.

**Radiology:** XRs of the left knee are reviewed and interpreted by me and demonstrates no significant degenerative findings. Loose body noted posterior lateral aspect.

XRs of the left hip are reviewed and interpreted by me and demonstrates no significant degenerative findings. No change from her prior x-ray.

MRIs reviewed. No evidence of disc related herniation. No gross abnormality noted on her hip or pelvis.

**Assessment:**

Encounter Diagnoses

Code	Name	Primary?
• M70.62	Trochanteric bursitis, left hip	Yes
• M54.16	Lumbar radiculopathy	
• M46.1	Sacroiliitis	
• S30.0XXA	Contusion of pelvis, initial encounter	
• M25.562	Left knee pain, unspecified chronicity	

**Plan:** Diagnosis as above. All treatment options were discussed with patient. Pain persists despite 9 months of treatment. An element of her symptoms it does appear to be coming from the trochanteric bursa. Also may have a loose body left knee which recently became symptomatic.

The risk, benefits, and alternatives of surgical intervention, aspirations and injections were discussed including the operative and post operative and post procedure course. All questions answered and no guarantees given. Patient verbalized understanding.

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Burton, Daritta A  
MRN: 11623070, DOB: 1/2/1961, Sex: F  
Visit date: 1/18/2024

Progress Notes - All Notes (continued)

Progress Notes by James Michael Kipnis, MD at 1/18/2024 8:15 AM (continued)

### **Corticosteroid injection of the left bursa**

Today under sterile conditions, using a 25 gauge needle, the skin was infiltrated with 3 mL of lidocaine with 40 mg Depo-Medrol into the left bursa. The patient tolerated the procedure well. The patient was advised to ice the area for 10 minutes following the injection and to use a barrier between the ice and skin and to contact the office with worsening pain, swelling, or discomfort. A bandage was applied.

Patient unable to return to work at this time. Temporary total disability. Follow up in 6 weeks.

1/17/2024	1/17/2024	1/17/2024
4:25 PM	4:24 PM	4:18 PM

### **Patient Reported Outcome (PRO) Scores**

PROMIS-10 Global v1.2	27 (Poor)
Physical Health (Range: 15 - 70 )	
PROMIS-10 Global v1.2	25 (Poor)
Mental Health ( Range: 20 - 70 )	
PROMIS Physical Function CAT v2.0 (	29 (severe dysfunction)
Range 10 - 90 )	
PROMIS Pain Intensity 3a v1.0 ( Range 10 - 90 )	

I, Petrucia Jean-Baptiste, am scribing for, and in the presence of Dr. James Michael Kipnis, MD on 1/18/2024.

I, Dr. James Kipnis, personally performed the services described in this documentation, as scribed by JEAN-BAPTISTE, PETRUCIA in my presence. I have reviewed the chart and agree that the record reflects my personal performance and is accurate and complete.

Electronically signed by James Michael Kipnis, MD on 1/18/2024 10:48 AM

### **Follow-up and Disposition History**

01/19/2024 10:48 - James Michael Kipnis, MD

Disposition: Return in about 6 weeks (around 2/29/2024).

### **Flowsheets (all recorded)**

Encounter Vitalis - Thu January 18, 2024

Row Name 0926

Enc Vitalis

Weight 68.9 kg (152 lb) -Wt

Height 1.575 m (5' 2") -Ht

Patient-Reported Data - Thu January 18, 2024

Row Name 0919

OTHER

**NYU Langone Health  
System**

NYU Langone Orthopedic  
Associates - Lake Success  
1999 Marcus Avenue, Suite  
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Lake Success NY 11042-1034  
Amb Encounter Report

Burton, Darlene A  
MRN: 11623070, DOB: 1/2/1961, Sex: F  
Visit date: 1/18/2024

## Flowsheets (all recorded) (continued)

Have you had a fever? No (P) - patient:  
with cough and/or  
fever with rash in the  
last three days?

Custom Formula Data - Thu January 18, 2024

Row Name	0926
<b>OTHER</b>	
BMI	27.9 -WR
BSW	50.1 -WR
BMI	27.86 -WR
NYU IPO NEONATAL	114.9 -WR
TFL WEIGHT SCALE	
60	
NYU IPO NEONATAL	229.8 -WR
TFL DOsing	
WEIGHT SCALE %G	
NYU IPO NEONATAL	172.4 -WR
TFL WEIGHT SCALE	
100	
NYU IPO NEONATAL	287.3 -WR
TFL WEIGHT SCALE	
100	
NYU IPO NEONATAL	344.7 -WR
TFL WEIGHT SCALE	
120	
NYU IPO NEONATAL	402.2 -WR
TFL WEIGHT SCALE	
140	
NYU IPO NEONATAL	459.6 -WR
TFL WEIGHT SCALE	
160	
NYU IPO NEONATAL	143.6 -WR
TFL WEIGHT SCALE	
50	
NYU IPO NEONATAL	201.1 -WR
TFL WEIGHT SCALE	
70	
NYU IPO NEONATAL	258.6 -WR
TFL WEIGHT SCALE	
90	
NYU IPO NEONATAL	316 -WR
TFL WEIGHT SCALE	
110	
NYU IPO NEONATAL	373.5 -WR
TFL WEIGHT SCALE	
130	
NYU IPO NEONATAL	430.9 -WR
TFL WEIGHT SCALE	
150	
HD EDW BMI (Calculated)	0 -WR
PD EDW BMI (Calculated)	0 -WR
BSA (Calculated - sq m)	1.74 sq meters -WR
BMI (Calculated)	27.8 -WR
BSW (Calculated)	54.6 kg -WR
MBS	
Low Range VI Scoring	327.6 mL -WR
MALE	
Adult Moderate Range	436.8 mL -WR
VI Scoring MA	

**NYU Langone Health  
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**NYU Langone Orthopedic  
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1999 Marcus Avenue, Suite  
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Lake Success NY 11042-1034  
Amb Encounter Report**

**Burton, Darlita R  
MRN: 11623070, DOB: 1/2/1961, Sex: F  
Visit date: 1/18/2024**

**Flowsheets (all recorded) (continued)**

Adult High Range VI 546 mL WR  
160kg MALE

BSW/kg (Calculated) 50.1 kg WR

FEMALE

Low Range VI: 60kg 300.6 mL WR

FEMALE

Adult Moderate Range 400.8 mL WR  
VI: 60kg FEMALE

BSW/kg (Calculated) 50.1 WR

Low Range VI: 60kg 300.6 mL WR

Adult Moderate Range 400.8 mL WR  
VI: 60kg

Adult High Range VI 501 mL WR  
160kg

BMI-Based Weight Overweight (BMI 25-  
Status 29.9) WR

**RETINED - Measurements (Adult/Pediatric)**

RETINED - BMI 27.86 WR  
(kg/m<sup>2</sup>)

**RETINED Protein (gm/kg)**

RETINED 0.6 Gm 41.45 WR

Protein (gm)

RETINED 0.7 Gm 48.36 WR

Protein (gm)

RETINED 0.8 Gm 55.27 WR

Protein (gm)

RETINED 0.9 Gm 62.18 WR

Protein (gm)

RETINED 1.0 Gm 69.09 WR

Protein (gm)

RETINED 1.1 Gm 76 WR

Protein (gm)

RETINED 1.2 Gm 82.91 WR

Protein (gm)

RETINED 1.3 Gm 89.82 WR

Protein (gm)

RETINED 1.4 Gm 96.73 WR

Protein (gm)

RETINED 1.5 Gm 103.64 WR

Protein (gm)

RETINED 1.6 Gm 110.55 WR

Protein (gm)

RETINED 1.7 Gm 117.45 WR

Protein (gm)

RETINED 1.8 Gm 124.36 WR

Protein (gm)

RETINED 1.9 Gm 131.27 WR

Protein (gm)

RETINED 2.0 Gm 138.18 WR

Protein (gm)

RETINED 2.1 Gm 145.09 WR

Protein (gm)

RETINED 2.2 Gm 152 WR

Protein (gm)

RETINED 2.3 Gm 158.91 WR

Protein (gm)

RETINED 2.4 Gm 165.82 WR

Protein (gm)

RETINED 2.5 Gm 172.73 WR

Protein (gm)

RETINED Gestalt Needs for Pregnancy

RETINED 24 Kcal/Kg 1658.18 WR

**NYU Langone Health  
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Amb Encounter Report

Burton, Darlene R  
MRN: 11623070, DOB: 1/2/1961, Sex: F  
Visit date: 1/18/2024

## Flowsheets (all recorded) (continued)

(kg) RETIRED 30 Kg/Kg 2072.73 -WR

(kg) RETIRED 36 Kg/Kg 2487.27 -WR

(kg) RETIRED 38 Kg/Kg 2625.45 -WR

(kg) RETIRED 40 Kg/Kg 2763.64 -WR

## RETIRED Owen Equation

RETIRED energy 1291.07 -WR

Expenditure, Female,

## RETIRED Fluid Requirements

RETIRED 30 mL/kg 2072.73 -WR

(Fluid Requirements)

RETIRED 36 mL/kg 2418.18 -WR

(Fluid Requirements)

RETIRED 40 mL/kg 2763.64 -WR

(Fluid Requirements)

## RETIRED Harris-Benedict Equation

RETIRED SEE 1320.1 -WR

(Female) (kcal/d)

(Harris-Benedict

Equation)

## RETIRED Anthropometrics (Special Considerations)

RETIRED Apposite 47.3 -WR

Total Body Weight

(BW) Estimate

## RETIRED Ideal Body Weight (IBW)

RETIRED IBW Body 47.3 -WR

Weight (BW) (kg)

RETIRED % Met 135.64 -WR

Body Weight

## IBW Adjustment, Para/Tetraplegia

7% Adjustment, Para 47.91 -WR

(IBW)

10% Adjustment, Para 45.39 -WR

(IBW)

10% Adjustment, 45.39 -WR

Tema (BW)

15% Adjustment, 42.87 -WR

Tema (BW)

## RD Method Mals (Adolescent)

PDA Male (13-14 years) (kcal)

3792.09 -WR

PDA Male (15-18 years) (kcal)

3102.62 -WR

KCAL/KG

20 Kg/Kg (kcal) 1378.94 -WR

25 Kg/Kg (kcal) 1723.68 -WR

30 Kg/Kg (kcal) 2068.41 -WR

35 Kg/Kg (kcal) 2413.15 -WR

40 Kg/Kg (kcal) 2757.88 -WR

45 Kg/Kg (kcal) 3102.62 -WR

50 Kg/Kg (kcal) 3447.35 -WR

KCAL/KG

20 Kg/Kg (kcal) 1378.94 -WR

25 Kg/Kg (kcal) 2757.88 -WR

30 Kg/Kg (kcal) 4136.82 -WR

**NYU Langone Health  
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Burton, Dafina A  
MRN: 11623070, DOB: 1/2/1961, Sex: F  
Visit date: 1/18/2024

Flowsheets (all recorded) (continued)

80 Kcal/Kg (kgal)	5515.76	-WR
100 Kcal/Kg (kgal)	6894.7	-WR
120 Kcal/Kg (kgal)	8273.64	-WR
140 Kcal/Kg (kgal)	9652.58	-WR
160 Kcal/Kg (kgal)	11031.52	-WR
180 Kcal/Kg (kgal)	12410.46	-WR
200 Kcal/Kg (kgal)	13789.4	-WR

RDA Method

RDA (< 1 year)	7032.59	-WR
RDA (1-3 years) (kgal)		
RDA (4-6 years) (kgal)	6205.23	-WR
RDA (7-10 years) (kgal)	4826.29	-WR

Schofield Female

Schofield Female (0-3	2318.36	-WR
years) (kgal)		
Schofield Female (4- 10 years) (kgal)	1795.96	-WR
Schofield Female (11- 18 years) (kgal)	1509.02	-WR

Schofield Male

Schofield Male (0-3 years) (kgal)	1783.52	-WR
Schofield Male (4-10 years) (kgal)	1970.76	-WR
Schofield Male (11-18 years) (kgal)	1851.95	-WR

WHO Equation Female

WHO Equation Female (0-3 years) (kgal)	4154.77	-WR
WHO Equation Female (4-10 years) (kgal)	2050.31	-WR
WHO Equation Female (11-18 years) (kgal)	1587.15	-WR

Ideal Body Weight (IBW)

Ideal Body Weight (IBW) (kg)	50.43	-WR
% Ideal Body Weight	136.71	-WR

WHO Equation Male

WHO Equation Male (0-3 years) (kgal)	4144.87	-WR
WHO Equation Male (4-10 years) (kgal)	2060.1	-WR
WHO Equation Male (11-18 years) (kgal)	1857.57	-WR

RDA Method (Infant)

RDA (0-6 months old) (kgal)	7446.28	-WR
RDA (6-12 months old) (year old) (kgal)	6756.81	-WR

RDA Method Female (Adolescent)

RDA Female (11-14 years) (kgal)	3240.51	-WR
RDA Female (15-18 years) (kgal)	2757.88	-WR

Mifflin-St. Jeor Equation

**NYU Langone Health  
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Amb Encounter Report

BURTON, Darlene R  
MRN: 11623070, DOB: 1/2/1961, Sex: F  
Visit date: 1/18/2024

## Flowsheets (all recorded) (continued)

PMM (Mann-St. Jerni) 1197.72 -WR  
Equation)

## Fluid Requirements

Holiday-Segar 6894.7 -WR

Method (<= 10 kg)

(ml)

Holiday-Segar 4447.35 -WR

Method 10 <= 20 kg)

(ml)

Holiday-Segar 4947.35 -WR

Method (> 20 kg) (ml)

## Anthropometrics

Predicted Height 62 -WR

Starling (in)

## Fluid Requirements

Holiday-Segar 2878.94 -WR

Method (over 20 kg)

## Body Mass Index (BMI)

BMI (kg/m<sup>2</sup>) 27.86 -WR

## Ventilator Data

Predicted Body Weight 50.12 kg -WR

Weight

Total Volume 4 ml per 200 ml -WR

PEEP

Total Volume 6 ml per 301 ml -WR

PEEP

Total Volume 8 ml per 401 ml -WR

PEEP

## Fluid exclusion documentation

I will administer 20 4101.3 -WR

ml/kg as an IV bolus

based on this ideal

body weight which

calculates to:

Patient is obese with 136.71 -WR

BMI >30. Patient ideal

body weight is as

follows:

## 6 Minute Walk Test

Predicted Distance 477.25 -WR

Walked (meters)

(SAMWT)

Predicted Distance 477.25 -WR

Walked (meters)

(SAMWT)

## Anthropometrics - Thu January 18, 2024

Row Name 0926

## Anthropometrics

Weight Change 0 -WR

## Weight Change - Thu January 18, 2024

Row Name 0926

## Weight Change

Weight Change (%) -1.3 -WR

## User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
WR	Wendy Rivas, MA	05/07/18 -
proxy	Welcome Kiosk, Accli2wk02	—

*NYU Langone Health  
System*

NYU Langone Orthopedic  
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1999 Marcus Avenue, Suite  
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Amb Encounter Report

Burton, Daritta A  
MRN: 11623070, DOB: 1/2/1961, Sex: F  
Visit date: 1/18/2024

---

Flowsheets (all recorded) (continued)

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Encounter-Level Documents:

There are no encounter-level documents.

Order-Level Documents:

There are no order-level documents.

AVS Reports

After Visit Summary printed by James Michael Kipnis, MD on 1/18/2024 10:48 AM (Automatically Generated)

---

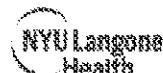
After Visit Summary (below)

**NYU Langone Health  
System**

NYU Langone Orthopedic  
Associates - Lake Success  
1999 Marcus Avenue, Suite  
202  
Lake Success NY 11042-1034  
Amb Encounter Report

BURTON, Danita A  
MRN: 11623070, DOB: 1/2/1961, Sex: F  
Visit date: 1/18/2024

AVS Reports (continued)


**AFTER VISIT SUMMARY**
**Danita A Burton** DOB: 1/2/1961

1/18/2024 9:15 AM NYU Langone Orthopedic Associates - Lake Success 516-457-8600

**INSTRUCTIONS** from James Michael Kipnis


Return in about 6 weeks  
(around 2/29/2024).

**What's Next**

Follow Up Appointment with  
James Michael Kipnis  
Thursday February 29 9:15 AM  
Arrive 15 minutes prior to  
appointment.

NYU Langone  
Orthopedic Associates -  
Lake Success  
1999 Marcus Avenue,  
Suite 202  
Lake Success NY  
11042-1034  
516-457-8600

Information and Instructions About My Care:

**NYU Langone Health App & MyChart**

- Download the NYU Langone Health app on the **App Store** or **Google Play** to stay connected to your care anytime and anywhere.
- Sign in with your NYU Langone Health MyChart account username and password.
- You can schedule appointments, view test results, request prescription refills, send secure messages to your providers, have a virtual urgent care visit, and more.

**Today's Visit**


You saw James Michael Kipnis  
on Thursday January 18, 2024  
for:

- Follow Up

The following issues were addressed:

- Trochanteric bursitis, left hip
- Lumbar radiculopathy
- Sacroiliitis
- Contusion of pelvis, initial encounter
- Left knee pain, unspecified chronicity



BMI  
27.80



Weight  
152 lb



Height  
5' 2"

## Done Today

XR HIP COMBO WITH PELVIS

XR KNEE LEFT

## Medications Given

methylPREDNISolone acetate (DEPO-Medrol) Last given: 1/18/2024 10:04 AM

NYU Langone Health  
System

NYU Langone Orthopedic  
Associates - Lake Success  
1999 Marcus Avenue, Suite  
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Lake Success NY 11042-1034  
Amb Encounter Report

Burton, Danita A  
MRN: 11623070, DOB: 1/2/1961, Sex: F  
Visit date: 1/18/2024

## AVS Reports (continued)

## Your Medication List as of January 18, 2024 11:19 PM

- ①** For your privacy, any medications your clinician marked as private are not included in this list. This message appears even if the list is complete. If you have any questions about a medication you don't see here, contact your doctor. Always use your most recent med list.

Alprazolam 0.5 mg tablet  
Commonly known as: XANAX

TK 1 T PO BID WC

Ibuprofen-acetaminophen-coffeeine 50-325-40 mg per  
tablet  
Commonly known as: IBUPROFEN, ECGRIC

Carvedilol 12.5 mg tablet  
Commonly known as: COREG

TAKE 1 TABLET BY MOUTH 2 TIMES DAILY AS NEEDED  
FOR MUSCLE SPASMS. WAITING FOR  
AUTHORIZATION\*

Diclofenac 1 % gel  
Commonly known as: Voltaren

APP 2 GRAMS TO UPPER EXTREMITIES QID

Hydrochlorothiazide 25 mg tablet  
Commonly known as: HYDROCHLOR

TK 1 T PO QD

Ibuprofen 800 mg tablet  
Commonly known as: ADVIL, MOTRIN

PLACE 1 PATCH ONTO THE SKIN DAILY. APPLY FOR UP  
TO 12 HOURS WITHIN A 24-HOUR PERIOD.

Ibuprofen 5 % patch  
Commonly known as: EUDODEPM

Take 1 tablet by mouth daily.

Ibuprofen-hydrochlorothiazide 100-25 mg per tablet  
Commonly known as: HYZAR

TAKE 1 TABLET BY MOUTH EVERY DAY

Meloxicam 15 mg tablet  
Commonly known as: MOBIC

TAKE 1 TABLET BY MOUTH EVERY DAY

Methylprednisolone 4 mg tablet  
Commonly known as: MECOPOL DOSPACK

TAKE 1 TABLET BY MOUTH EVERY DAY

Metformin hydrochloride 25 mg XL tablet  
Commonly known as: TOPMET-XL

TAKE 1 TABLET BY MOUTH

Nortriptyline 25 mg capsule  
Commonly known as: PAMHLOP

TAKE 1 TAB PO qhs 7 days then 2 tabs PO qhs

Sertindole 50 mg tablet  
Commonly known as: ZOLINDY

TAKE 1 T PO QD UTD

Simvastatin 40 mg tablet  
Commonly known as: ZOCOR

TAKE 1 T PO QHS

**NYU Langone Health  
System**

NYU Langone Orthopedic  
Associates - Lake Success  
1999 Marcus Avenue, Suite  
202  
Lake Success NY 11042-1034  
Amb Encounter Report

Burton, Danita A  
MRN: 11623070, DOB: 1/2/1961, Sex: F  
Visit date: 1/18/2024

**AVS Reports (continued)**

zolpidem 10 mg tablet  
Commonly known as AMBEN

**Access to Clinical Notes and Test Results**

At NYU Langone Health, we believe that sharing information supports patients taking an active role in their health. In support of this, clinical notes and test results are made available to patients in MyChart and the NYU Langone Health App, as soon as they are available. This is in accordance with the 21st Century Cures Act, which is intended to give patients and their healthcare providers secure access to health information. ([www.healthit.gov/curesrule](https://www.healthit.gov/curesrule))

This means that a patient may see test results before their health care provider does. If you do access your test results right away, please keep in mind that some results may be hard to interpret without guidance from a health care professional. All results will be reviewed by members of your care team. They will continue to follow-up with you as they have done in the past.

**Allergies as of 1/18/2024**

Shellfish Containing Products

Rash, Shortness Of Breath

**If you feel that any of the information in this summary is inaccurate, please talk with your healthcare provider.**

**Information About Medication Safety**

It is important to keep an updated record of the medications you are taking, and to bring this updated list of medications every time you visit your Health Care Provider and when you come to the hospital. We want to help you in managing your medications safely after your visit or discharge. This includes the potential side effects of your medications. If you have any questions regarding the medications you are taking, please speak to your Health Care Provider or Pharmacist.

**Have questions about your bills?**

Our physician and hospital customer service representatives are available to answer any billing questions: <https://nyulangone.org/insurance-billing-financial-assistance>

Physician Billing: 1 - 877 - 648 - 2964

Hospital Billing: 1 - 800 - 237 - 6977

**Finding a Physician Within NYU Langone Health**

As one of the nation's premier academic medical centers, NYU Langone Health is devoted to excellence in patient care, education, and research. We are proud that our care team includes leading specialists for every condition.

Should you need assistance finding a physician or service, please visit us on our website at <https://nyulangone.org/specialties>.

To reach us by phone:

NYU Langone Physician Referral Services - (855) 314-2978

NYU Langone Orthopedic Hospital - (888) 453-3627

*NYU Langone Health  
System*

NYU Langone Orthopedic  
Associates - Lake Success  
1999 Marcus Avenue, Suite  
202  
Lake Success NY 11042-1034  
Amb Encounter Report

Burton, Danita A  
MRN: 11623070, DOB: 1/2/1961, Sex: F  
Visit date: 1/18/2024

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AVS Reports (continued)

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Family Health Centers at NYU Langone -- (718) 630-7942

Additional resources include:

If you or someone you know is struggling or in crisis, help is available. Call or text 988 or chat [988lifeline.org](https://988lifeline.org)  
NYC Suicide Hotline - **(888) 692-9355**

NYU Langone Health  
System

NYU Langone Orthopedic  
Associates - Lake Success  
1999 Marcus Avenue, Suite  
202  
Lake Success NY 11042-1034  
Amb Encounter Report

Burton, Darria A  
MRN: 11623070, DOB: 1/2/1961, Sex: F  
Visit date: 1/18/2024

AVS Reports (continued)

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**END OF REPORT**

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**Glen Cove Chiropractic & Physical Therapy**  
**189A Forest Ave.**  
**Glen Cove, NY 11542**  
**516-759-2032**



Patient Name: Danita Burton  
 DOB: 1/2/1961  
 Sex: Female  
 Date of Service: 12/13/2023

Visit Type: Initial/Re-eval

### **Accident Details**

#### **Accident Details:**

#### **Worker's Compensation Questions:**

Visit: initial

Patient worsening

Date of injury: 04/03/2023

Brief Description of Accident: Patient fell at work while restraining a student in a fight

Location: School

Did patient go to the hospital or urgent care: yes

Did patient suffer any cuts, scrapes, or bruises?: no

Did patient lose consciousness?: no

Did patient lose time from work as a result of this accident?: yes

Is patient working at current time: no

At work patient is required to: Stand, Walk, Lift and Sit

What limitations did patient experience as a result of injury? Standing, Driving, Walking, Lifting and Sitting

#### **Additional Subjective Notes:**

Ms. Burton presents today with injuries sustained on the job while working as a lunch monitor in the Glen Cove school district on 04/03/2023. She fell backwards while restraining a student in which the student fell on top of her. She did not lose consciousness but did go to Glen Cove Hospital where she was examined, given a CT scan and discharged. She sustained injuries to her lumbar spine and left hip. She was seen by an Orthopedist who prescribed physical therapy for her left hip. She has begun treatment for her left hip at another facility.

### **Subjective**

#### **Lumbar radiating pain**

Patient presents with Lumbar radiating pain.

Onset: traumatic.

Located, radiating to left hip, leg, radiating pain up along back and spine, radiating around torso and radiating to left buttock and hip.

On a scale of 1 to 10, with 10 being the worst pain, the patient rates it as 7 8 9 Intensity varies..

Duration: since date of the accident.

Frequency: Constant, Worse during day, Progressively worsens as day progresses, Worse with movement, Worse with sitting, Worse with walking and Worse with any weight bearing posture or activity.

Quality: pain, stiff, sore, radiating, severe, sharp, spasms, numbing, paresthesia and pins & needles.

Aggravating Factors: going up stairs, postural changes, bending, lifting, sitting, standing, walking, movement, sudden movements, random and weight bearing.

Alleviating factors: nothing.

Associated symptoms are loss of motion, paraspinal myospasms, numbness, radiating pain, stiffness, soreness, tenderness, paresthesia and trouble walking.

Similar symptoms previously: no.

Patient was previously treated by None.

## History

### Social History:

Alcohol consumption is negative.

Patient is former smoker

## ROS

Constitutional: no constitutional symptoms

Musculoskeletal: no musculoskeletal symptoms

Respiratory: no respiratory symptoms

CVS: no CVS symptoms

Endocrine: no endocrine symptoms

GI: no GIT symptoms

GU: no GU symptoms

Psychiatric: no psychiatric symptoms

Skin: no skin symptoms

## Physical Exam

Height is 62 inches.

Weight is 154 lbs.

BMI is 28.

Blood Pressure is : 138/88.

Pulse is : 60.

Patient is alert and oriented X3.

Patient is right handed.

### Lumbopelvic ROM:

Flexion (0-90): with pain, restricted, significantly restricted

Extension (0-25): with pain significantly restricted

Lt Lat Flexion (0-25): with pain and mild restriction

Rt Lat Flexion (0-25): with pain and moderate restriction

Lt Rotation: with pain and moderate restriction

Rt Rotation: with pain and moderate restriction

### Lumbopelvic Ortho Tests:

Left Trendelenberg: positive. Right Trendelenberg: negative.

Left Kemp's: positive. Right Kemp's: positive.

Left Bechterew: positive. Right Bechterew: negative.

Left Bowstring: positive. Right Bowstring: positive and negative.

Left Minor Hip: positive. Right Minor Hip: negative.

Left Braggards: positive. Right Braggards: positive.

SLR Left: Positive 30 degrees. SLR Right: Positive 50 degrees.

Derifield Leg Check Left: Positive. Derifield Leg Check Right: Negative.

Fabere-Patrick Left: Positive. Fabere-Patrick Right: Negative.

### Muscle Testing:

Quad Lumborum: tender- moderate and left greater than right

Gluteus medius: spasms moderate

Piriformis: tender- moderate and left sided

Paralumbar: tender- severe and left greater than right, trigger pt.- moderate and right sided and spasms

severe and left greater than right

**Dermatomes L3-S1:**

Rt L4: hypersensitive.

Rt L5: hypersensitive.

**Reflexes L4 S1:**

WNL.

**X-Ray Report**

**Lumbar Spine**

Loss of Curve: moderate , % loss: 30

Loss Disc Height: L5/S1

IVF & Nerve Compress: L5/S1

Rotational: Left: L1, L2 and L3 Right: L5.

Lateral Malposition: L4.

Pelvic Unleveling: left high difference in MM: 6

A-P Lower Lumbar Angle (L): 3.

Mid-Lumbar Angle (R): 4.

**Assessment**

Other Biomechanical Lesions Of Lumbar Region (M99.83)

Injury Of Lumbosacral Plexus, Initial Encounter (S34.4XXA)

Low Back Pain, Unspecified (M54.50)

Sciatica, Left Side (M54.32)

Muscle Spasm Of Back (M62.830)

Ms. Burton has been more consistent with her care recently and reports post adjustment relief with gradual return of less but continued and varying moderate to severe pain.

She notes less but continued pain with walking and has less of a limp. She is still unable to walk for longer than 15 minutes due to increasing pain.

She notes persistent moderate to severe low back pain on the left more than right side radiating to her left hip, buttock and leg. She has moderate to severe lumbar paraspinal left dominant muscle spasms and rigidity. She still notes restricted ROM and ADLs.

She is able stand and bear weight on her left hip and leg but notes increased pain the longer she is weight bearing.

Her pain disturbs her sleep and disables her from returning to work at this time.

She reports temporary relief with use of cyclobenzaprine and Methocarbamol.

Ms. Burton remains totally disabled and is unable to return to work due to pain, restricted lumbar and left hip mobility and weight bearing exacerbations.

I have continued her disability from the date of her injury, 4/3/2023 to 1/15/2024.

She reports severe exacerbation last week when she submitted for her orthopedic IME and the doctor move her left hip abruptly and has been in severe pain since then.

**Use of imaging studies for low back pain**

X-Ray of lower spine- sacrum and coccyx X-ray.

**Documentation of current medications in the medical record**

Current medications documented.

**Preventive care and screening: body mass index (BMI) screening and follow-up**

BMI management not needed.

**Preventive care and screening: tobacco use: screening and cessation intervention**  
Non-smoker for personal reasons.

**Plan**

Treatment: Chiro Manipulation 3-5 Regions

Mechanical Traction

Therapeutic Exercise

Re-exam -99212

**Frequency of Care:** 3 times per week for 4 week then re-evaluate in 4 weeks.

Prognosis: Poor

Treatment goals: Short term goals: Decrease inflammation, Improve self care and Decrease spasm

Decrease pain by 50%.

Increase ROM by 50%.

Work Status: Unable to work due to pain

Disability status/Additional Notes: Exam time 10:15-11:05am; Total Exam time 50min

**Education**

HOME EDUCATION

**Disability Status**

% Disability: 75%.



This visit was electronically signed off by Frank Cohen on 12/13/2023 11:46:53 AM

From: Laryssa Bohdan  
Sent: Tuesday, February 20, 2024  
To: wcb.sa Xeroxapp  
Subject: Danita Burton - WCB#G3539998; CC#GLEN-033-22

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Hello,

Please add the attached to claimant's file.

Thank you,  
[cid:image001.png@01DA6408.2169AAA0]  
Laryssa Bohdan  
Workers Compensation Paralegal  
666 OLD COUNTRY ROAD  
SUITE 605  
GARDEN CITY, NY 11530  
ØÝ“Tel: (516) 471-1782 ØÝ“ Fax: (516) 742-3994  
Email: lbohdan@workerslaw.com<mailto:lbohdan@workerslaw.com>  
Website: [www.workerslaw.com<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.workerslaw.com%2F&data=05%7C02%7Cwcb.sa.Xeroxapp%40nysemail.onmicrosoft.com%7C319805ff58e24f16536608dc32493005%7Cf46cb8ea79004d108ceb80e8c1c81ee7%7C0%7C0%7C638440537417630584%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLiAwMDAiLCJQIjojV2luMziiLCJBTIi6Ik1haWwiLCJXVCi6Mn0%3D%7C0%7C%7C%7C&sdata=tDGLp%2FlcBJHINr3esEAyNXuY4yidcCmBnbwrhprP6VA%3D&reserved=0>](http://www.workerslaw.com<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.workerslaw.com%2F&data=05%7C02%7Cwcb.sa.Xeroxapp%40nysemail.onmicrosoft.com%7C319805ff58e24f16536608dc32493005%7Cf46cb8ea79004d108ceb80e8c1c81ee7%7C0%7C0%7C638440537417630584%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLiAwMDAiLCJQIjojV2luMziiLCJBTIi6Ik1haWwiLCJXVCi6Mn0%3D%7C0%7C%7C%7C&sdata=tDGLp%2FlcBJHINr3esEAyNXuY4yidcCmBnbwrhprP6VA%3D&reserved=0>)  
Follow us on: [cid:image002.png@01DA6408.2169AAA0]  
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2F>



## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL INSURANCE CLAIMS COMMITTEE (NICC) 09/12

WRIGHT RISK MANAGEMENT  
900 STEWART AVENUE, SUITE 600

GARDEN CITY, NY 11530-4869

PROA

1. INSURANCE		2. PATIENT'S NAME		3. PRESENT ADDRESS		4. INSURANCE POLICY NUMBER	
MEDICARE		LAST NAME, FIRST NAME, MIDDLE INITIAL		STATE		5. INSURANCE PLAN NUMBER	
<input type="checkbox"/> Retired <input type="checkbox"/> Medicare <input type="checkbox"/> Medicare & Medicaid <input type="checkbox"/> Other		BURTON, DANITA A.		01 02 1961		X 087-58-1911	
ZIP CODE		6. PATIENT'S ADDRESS (see above)		7. PATIENT'S RELATIONSHIP TO INSURED		6. INSURANCE ADDRESS (see above)	
11542		80 VALENTINE STREET #A		8. PRESCRIBED FOR NUCC USE		80 VALENTINE STREET #A	
CITY		CITY		9. PRESCRIBED FOR NUCC USE		CITY	
GLEN COVE		NY				GLEN COVE	
ZIP CODE		STATE		10. IS PATIENT'S CONDITION RELATED TO:		STATE	
11542		(631) 836-8338		a. EMPLOYMENT? Current or Previous <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. INSURANCE POLICY NUMBER OR FILE NUMBER NONE	
CITY		STATE		b. AUTO ACCIDENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12. INSURANCE DATE OF BIRTH 01 02 1961	
GLEN COVE		NY		c. OTHER ACCIDENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13. OTHER POLICY NUMBER OR FILE NUMBER Y4GLEN-033-22	
ZIP CODE		STATE		d. OTHER ACCIDENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. INSURANCE PLAN NAME OR INSURER NAME GENERIC WORKER-OTHER WORKER C	
11542		(631) 836-8338		e. IS THIS ANOTHER MEMBERS BENEFIT PLAN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15. IS THIS ANOTHER MEMBERS BENEFIT PLAN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
CITY		STATE		f. INSURER'S CONSENTED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.		16. SIGNATURE ON FILE	
GLEN COVE		NY		REPSX***		REPSX***	
ZIP CODE		STATE		17. DATE OF CURRENT EMPLOYMENT, PAYMENT, OR PRESCRIPTION 04 03 2023		18. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION 04 03 2023	
11542		NY		19. HOSPITALIZATION FROM 04 03 2023 TO 04 03 2023		20. OUTPATIENT CHARGES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 000	
CITY		STATE		21. PATIENT'S ACCOUNT NO 1762414870		22. PRESCRIPTION COIN ORIGINAL RX NO	
GLEN COVE		NY		23. PRIOR AUTHENTICATION NUMBER		24. REFERRING PHYSICIAN ID # 1386615532	
ZIP CODE		STATE		25. FEDERAL TAX ID NUMBER 135562308		26. TOTAL CHARGE \$ 77.67	
11542		NY		27. AMOUNT PAID \$ 0.00		28. FEE FOR NUCC USE 187A 648-2964	
CITY		STATE		29. PATIENT'S ACCOUNT NO 1762414870		30. SERVICE FACILITY/CLINIC INFORMATION NYU LANGONE ORTHOPAEDIC SU 1999 MARCUS AVENUE NEW HYDE PARK, NY 11042-10	
GLEN COVE		NY		31. BILLING PHYSICIAN INFO & PPS NYU FACULTY GROUP PRACTICE PO BOX 415662 BOSTON, MA 02241-5662 1285826438 Z2207X00000X		32. APPROVED ON 03/29/2024 FORM 1830 (08-12)	
ZIP CODE		STATE		33. SIGNATURE OF PHYSICIAN OR SUPERVISOR Indicating knowledge of information I certify that the information on this form apply to the bill and one month's past charges		34. APPROVED ON 03/29/2024 FORM 1830 (08-12)	
11542		NY		JAMES MICHAEL KIPNIS 01 30 2024 1285826438		35. APPROVED ON 03/29/2024 FORM 1830 (08-12)	

2/14/24, 1:35 PM

Burton, Danita A (MR # 11623070) Encounter Date: 01/18/2024

MRN: 11623070

# Burton, Danita A



James Michael Kipnis, MD  
Physician  
Orthopedics

Progress Notes   
Signed

Encounter Date: 1/18/2024

## Chief Complaint

Patient presents with

- Follow Up  
*Follow up for the left hip*

## History of present illness

The patient presents today for initial evaluation of left lumbar region and left hip pain. Patient is 9 months from injury. She report left hip pain is still severe and occasional left knee pain 1.5 week onset. Patient reports PT provided no relief. She also reports burning in left foot with numbness. She states she sees PT management. She mentions she had trigger point injections, taken NSAIDs and prednisone which did not relieve her pain. She also has seen a chiropractor and done icing with no relief. She is not currently working.

## History

### Past Medical History:

Diagnosis	Date
• Cataract <i>bilateral</i>	
• Hyperlipidemia	
• Hypertension	
• Migraines	

History reviewed. No pertinent family history.

### Past Surgical History:

Procedure	Laterality	Date
• ROTATOR CUFF REPAIR		

## Social History

Substance and Sexual Activity	
Alcohol Use	Never

## Social History

Substance and Sexual Activity	
Drug Use	Never

## Social History

Tobacco Use	
Smoking Status	Never
Smokeless Tobacco	Never

2/14/24, 1:35 PM

Burton, Danita A (MR # 11623070) Encounter Date: 01/18/2024

**Allergies**

## Allergen

- Shellfish Containing Products

## Reactions

Rash and Shortness Of Breath

**Review of Systems**

Neurological ROS: no neurological symptoms/sensory or motor

**Objective**

She appears well, in no apparent distress. Alert and oriented times three, pleasant and cooperative. Vital signs are as documented in vital signs section.

Examination of the left hip demonstrates tender left lower lumbar region, left groin pain, and tenderness over the greater trochanteric bursa. She does sit listing to the right with pain when she tries to sit straight.

Examination of the left knee demonstrates pain over the lateral aspect and tenderness lateral and posterior aspect. No gross effusion. No instability.

**Radiology:** XRs of the left knee are reviewed and interpreted by me and demonstrates no significant degenerative findings. Loose body noted posterior lateral aspect.

XRs of the left hip are reviewed and interpreted by me and demonstrates no significant degenerative findings. No change from her prior x-ray.

MRIs reviewed. No evidence of disc related herniation. No gross abnormality noted on her hip or pelvis.

**Assessment:****Encounter Diagnoses**

Code	Name	Primary?
• M70.62	Trochanteric bursitis, left hip	Yes
• M54.16	Lumbar radiculopathy	
• M46.1	Sacroiliitis	
• S30.0XXA	Contusion of pelvis, initial encounter	
• M25.562	Left knee pain, unspecified chronicity	

**Plan:** Diagnosis as above. All treatment options were discussed with patient. Pain persists despite 9 months of treatment. An element of her symptoms it does appear to be coming from the trochanteric bursa. Also may have a loose body left knee which recently became symptomatic.

The risk, benefits, and alternatives of surgical intervention, aspirations and injections were discussed including the operative and post operative and post procedure course. All questions answered and no guarantees given. Patient verbalized understanding.

**Corticosteroid injection of the left bursa**

Today under sterile conditions, using a 25 gauge needle, the skin was infiltrated with 3 mL of lidocaine with 40 mg Depo-Medrol into the left bursa. The patient tolerated the procedure well. The patient was advised to ice the area for 10 minutes following the injection and to use a barrier between the ice and skin and to contact the office with worsening pain, swelling, or discomfort. A bandage was applied.

Patient unable to return to work at this time. Temporary total disability. Follow up in 6 weeks.

1/17/2024 4:25 PM	1/17/2024 4:24 PM	1/17/2024 4:18 PM
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**Patient Reported Outcome (PRO) Scores**

PROMIS-10 Global v1.2 27 (Poor)

Physical Health (Range:

15 - 70 )

2/14/24, 1:35 PM

Burton, Danita A (MR # 11623070) Encounter Date: 01/18/2024

1/17/2024 4:25 PM	1/17/2024 4:24 PM	1/17/2024 4:18 PM
PROMIS-10 Global v1.2 Mental Health ( Range: 20 - 70 )	25 (Poor)	
PROMIS Physical Function CAT v2.0 ( Range 10 - 90 )		29 (severe dysfunction)
PROMIS Pain Intensity 62 3a v1.0 ( Range 10 - 90 )		

I, Petrucia Jean-Baptiste, am scribing for, and in the presence of Dr. James Michael Kipnis, MD on 1/18/2024.

I, Dr. James Kipnis, personally performed the services described in this documentation, as scribed by JEAN-BAPTISTE, PETRUCIA in my presence. I have reviewed the chart and agree that the record reflects my personal performance and is accurate and complete.

Electronically signed by James Michael Kipnis, MD at 1/19/2024 10:48 AM

Office Visit on 1/18/2024      *Note viewed by patient*

## Additional Documentation

Vitals: Ht 1.575 m (5' 2") Wt 68.9 kg (152 lb) BMI 27.80 kg/m<sup>2</sup> BSA 1.74 m<sup>2</sup>

Flowsheets: Patient-Reported Data, Anthropometrics, Weight Change

## Orders Placed

XR HIP COMBO WITH PELVIS (Resulted 1/18/2024)

XR KNEE LEFT (Resulted 1/18/2024)

## Medication Changes

As of 1/18/2024 10:04 AM

None

## Medications Administered

methylprednisolone acetate 40 mg

## Visit Diagnoses

Primary: Trochanteric bursitis, left hip M70.62  
Lumbar radiculopathy M54.16  
Sacroiliitis M46.1  
Contusion of pelvis, initial encounter S30.0XXA  
Left knee pain, unspecified chronicity M25.562

WRIGHT RISK MANAGEMENT  
900 STEWART AVENUE, SUITE 600

GARDEN CITY, NY 11530-4869

**HEALTH INSURANCE CLAIM FORM**

APPROVED BY NATIONAL UNIFORM CLAIMS COMMITTEE (NUCC) 06/02/02

NUCC

FPCA

1. INSURER		MEDICAL INSURANCE		CANCER		DISABILITY		DENTAL PLAN		PREGNANCY		GENE		IN-HOSPITAL CARE		OUT-PATIENT CARE		SUSPENDED		FOR PROGRESSIVE DISEASE			
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)				3. PATIENT'S BIRTH DATE				SEX						4. INSURER'S NAME (Last Name, First Name, Middle Initial)									
BURTON, DANITA A				01 02 1961				<input checked="" type="checkbox"/>		<input type="checkbox"/>				SAME									
5. PATIENT'S ADDRESS (City, State)				6. PATIENT'S RELATIONSHIP TO INSURED										7. INSURER'S ADDRESS (City, State)									
80 VALENTINE STREET #A				<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other										80 VALENTINE STREET #A									
CITY		STATE		8. RESTRICTED FOR MEDICAL USE				CITY		STATE				CITY		STATE							
GLEN COVE		NY						GLEN COVE		NY				GLEN COVE		NY							
ADDRESS		TELEPHONE NUMBER Area Code						ZIP CODE		TELEPHONE NUMBER Area Code				ADDRESS		TELEPHONE NUMBER Area Code							
11542		(631) 836-8338						11542		(631) 836-8338													
9. OWNER INSURER'S NAME (Last Name, First Name, Middle Initial)				10. PATIENT'S INSURANCE POLICY NO.				11. INSURER'S POLICY GROUP NUMBER						12. PATIENT'S DATE OF BIRTH				13. OTHER CLASSIC INSURANCE BY NUCC					
SAME								NONE						11542		YY		Y4GLEN-033-22					
14. INSURER'S POLICY GROUP NUMBER				15. EMPLOYMENT (Current or Previous)				16. AUTO ACCIDENT		PLACE OF LOSS				17. OTHER ACCOUNTS				18. INSURANCE PLAN ISSUED BY INSURER					
GLEN-033-22				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						GENERAL WORKER-OTHER WORKER C					
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21. INSURANCE PLAN NAME (IN INSURER'S NAME)				22. CLARK CLINIC Incorporated by NUCC				23. PATIENT'S ADDRESS (City, State)		24. PATIENT'S BIRTH DATE				25. SIGNATURE ON FILE				26. SIGNATURE ON FILE					
ONE CALL MEDICAL INC								11542		04 03 2023													
27. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.				28. PATIENT'S OR ATTACHED PATIENT'S SIGNATURE				29. HOSPITAL LOCATION INETERATED TO CURRENT SERVICES				30. PATIENT'S LAST NAME				31. PATIENT'S ADDRESS (City, State)				32. PATIENT'S SIGNATURE			
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2/14/24, 12:23 PM

Burton, Danita A (MRN: 11623070) DOB: 1/2/1961



**NYU Langone Health**  
**NYU LANGONE RADIOLOGY ASSOCIATES - LONG ISLAND**  
1999 Marcus Avenue  
New Hyde Park, NY 11042-1034

**Pt Name:** Burton, Danita A  
**DOB:** 1/2/1961  
**MRN:** 11623070  
**Referring:** James Michael Kipnis  
**CC Recipient(s):**  
**Pt Phone:** 631-836-8338

Procedure(s)...

Accession Number(s)  
40557477

Date of Service

**FINDINGS/IMPRESSION:**

Left knee: Distal quadriceps enthesophytes. Mild tricompartmental degenerative disease manifested by small marginal osteophytes. Intra-articular body projecting over the posterior aspect of the knee measuring approximately 1.4 cm.

## FINDINGS:

**CLINICAL INDICATION:** 1. pain

#### TECHNIQUE: XR KNEE 3 VIEWS LEFT

COMPARISON STUDIES: None

Electronic Signature: I personally reviewed the images and agree with this report. Final Report: Dictated by and Signed by Attending: Renata La Rocca Vieira MD 1/18/2024 10:35 AM

Burton, Danita A.

MBN: 11623070

DOB: 1/2/1961

Date of Service: 1/18/24

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Page: 1 of 1

NYS Workers' Compensation Board, Centralized Mailing, PO Box 5205, Binghamton, NY 13902-5205

**State of New York  
WORKERS' COMPENSATION BOARD**

**INDEPENDENT EXAMINER'S REPORT OF REQUEST FOR INFORMATION/RESPONSE  
TO REQUEST REGARDING INDEPENDENT MEDICAL EXAMINATION**

1. INDEPENDENT EXAMINER'S NAME AND ADDRESS  Woodley Desir 601 Franklin Avenue #215 Garden City, NY 11530	2. NAME AND ADDRESS OF PARTY REQUESTING INFORMATION  Wright Risk Management 900 Stewart Ave Garden City, NY 11530	
3. INDEPENDENT EXAMINER'S IME AUTHORIZATION NO.  010019 280159-5B	4. IME ENTITY REGISTRATION NO. (If Applicable)  010019	5. DATE OF INDEPENDENT MEDICAL EXAMINATION  12/05/2023
6. CLAIMANT'S NAME  Danita Burton	7. CLAIMANT'S WCB CASE NO.  G3539998	8. DATE OF INJURY  04/03/2023
		9. DATE OF THIS REPORT  1/23/2024

Pursuant to Section 137 of the Workers' Compensation Law (WCL), if an independent examiner who has performed or will be performing an independent medical examination of a workers' compensation claimant receives a request for information regarding the claimant, including faxed or electronically-transmitted requests, the independent examiner must submit a copy of the request for information to the Workers' Compensation Board within ten days of the receipt of the request. In addition, copies of all responses to such requests, shall be submitted by the responding independent examiner to the Board within ten days of the submission of the response to the requester.

**PLEASE NOTE:** Do not use this form to file documents, records, reports or items that are part of the official Board file. Any such items that are not part of the Board file at the time the IME is scheduled, should be submitted to the Board at the time of scheduling. The IME-3 should not be used for such submissions.

If the request for information is limited to a request for scheduling of an independent medical examination, you need not file this form. However, you must send a copy of Form IME-5 ("Claimant's Notice of Independent Medical Examination") to the Workers' Compensation Board.

## ADDENDUM

**Instructions:**

- Complete all identifying information, items 1-9 above.
- To report a request for information, complete item 10-A below, sign, date and mail to the Workers' Compensation Board within ten days of receipt of request. A copy of the request must be attached.
- To report independent examiner's response to a request for information, complete item 10-B below, sign, date and mail to the Workers' Compensation Board within ten days of submission of response to the requester. A copy of the response must be attached.
- If the independent examiner responds to the requester within ten days of the receipt of the request, complete, sign and date items 10-A and 10-B and mail to the Workers' Compensation Board within ten days of receipt of the request, with copies of the request and response attached. Otherwise, submit separate forms to report request and your response within the time limits given in b. and c. above.

**NOTE:** The independent examiner's release of medical and/or workers' compensation records to the Board and/or to the requesting party is subject to applicable laws regarding the confidentiality of such records, including but not limited to Section 110-a of the Workers' Compensation Law, Section 18 of the Public Health Law, and other applicable state and federal laws.

**HIPAA Notice:** In order to adjudicate a workers' compensation claim, WCL Sections 13-a and 137 permit an employer or carrier to have a claimant examined by a health care provider. Pursuant to 45 CFR 512 a health care provider who has been retained by an employer or carrier to evaluate a workplace injury is exempt from HIPAA's restrictions on disclosure of health information.

**INDEPENDENT EXAMINER'S MINERS WHO FAIL TO FILE REQUIRED FORMS MAY BE SUBJECT TO DISCIPLINE,  
INCLUDING REMOVAL OF AUTHORIZATION TO PERFORM INDEPENDENT MEDICAL EXAMINATIONS.**

**10-A. INDEPENDENT EXAMINER'S REPORT OF REQUEST FOR INFORMATION REGARDING INDEPENDENT MEDICAL EXAMINATION**

Date request received 01/23/2024

Attached is a copy of a request for information received in the case identified above.

Woodley Desir, M.D.

Independent Examiner's Name

*[Signature]*

1/23/2024

Date

**10-B. INDEPENDENT EXAMINER'S REPORT OF RESPONSE TO REQUEST FOR INFORMATION REGARDING INDEPENDENT MEDICAL EXAMINATION**

Date response submitted to requester 01/23/2024

Attached is a copy of my response to a request for information received in the case identified above, and all materials supplied to the requester which are not already part of the official case record.

Woodley Desir, M.D.

Independent Examiner's Name

*[Signature]*

1/23/2024

Date



# SUPPORT CLAIM SERVICES

01/12/2024

Dr. Woodley Desir  
 Patel Kao Pain and Rehab Associates LLC  
 150 Maple Ave, Suite #111  
 South Plainfield, NJ 07080

Insurance Co.	Wright Risk Management
DOI	4/3/2023
Claimant	Danita Burton
Claim #	GLEN-033-22
Insured	Glen Cove
SCS #	WRM-2023-50
Case Manager	Kristine McCarthy

## This is a request for an addendum to your report

We are confirming the following request for an addendum.

DOCTOR	DATE NEEDED BY	TIME	Exam Type
Dr. Woodley Desir	1/16/2024	12:00 PM	Orthopedic Surgeon
<i>Examiner Instructions</i>			

Please issue an addendum addressing the following issues:

- Degree of Disability
- Schedule Loss of Use
- Causal Relationship
- Need for Treatment
- Duration of Treatment
- Need for Surgery
- Return to Work
- Apportionment
- M & S Issues
- Review Additional Medical Records
- Other

### Comments:

Comment on degree of disability and claimant's work restrictions

### SEND ALL REPORTS AND BILLS TO:

3 Huntington Quadrangle  
 Suite 401N  
 Melville, NY 11747  
 Phone: 631-454-9800  
 Fax: 631-980-4364

---

**Woodley Desir, M.D.**

---

American Board of Orthopedic Surgery

601 Franklin Avenue, Suite 215, Garden City, NY 11530

---

**Report Date:** 1/23/2024

Support Claim Services Inc.  
3 Huntington Quadrangle Suite 401N  
Melville, NY 11747, United States

**Claimant:** Danita Burton  
**Date of Loss:** 4/3/2023  
**WCB#:** G3539998  
**Carrier Case#:** GLEN-033-22  
**Case#:** WRM-2023-50  
**Employer:** Glen Cove  
**Exam Type:** Worker's Compensation IME-Addendum  
**Specialty:** Orthopedic Surgery

To Whom It May Concern:

As per your request, I performed an independent orthopedic examination on the above claimant on December 05, 2023, at the Garden City office.

This is an addendum to my report:

**Additional medical records:**

- IME report dated 12/5/2023 by Woodley Desir, M.D.

**DISCUSSION:**

Based on my examination dated 12/5/2023, there was no (0%) degree of disability.

The claimant is capable of working full duty and performing activities of daily living without any restrictions.

My assessment is in accordance with the New York State Workers' Compensation Board Guidelines effective 12/15/14 Treatment Guidelines, the New York State Guidelines for Determining Permanent Impairment and Loss of Wage-Earning Capacity, January 2012, as well as the New York State Workers' Compensation Guidelines for Determining Impairment effective 1/1/18.

Pursuant to CPLR 2106, I, Woodley Desir, MD, a Diplomate of the American Board of Orthopedic Surgeons are duly licensed to practice medicine in the State of New York. I affirm, under the penalties of perjury, that the information contained within this document

**Woodley Desir, M.D.**

Claimant: Danita Burton  
Date of Loss: 4/3/2023  
WCB #: G3539998  
Carrier Case #: GLEN-033-22  
Case #: WRM-2023-50  
Page 2 of 2

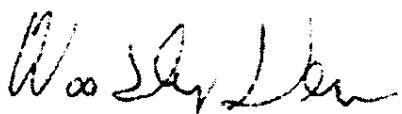
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was prepared is the work product of the undersigned, and is true to the best of my knowledge and information.

This report is a full and truthful representation of my professional opinion with respect to the claimant's condition in accordance with Workers' Compensation Law Sections 13-a (4)(e)(i), 13-k (3)(e)(i), 13-l (3)(e)(i) or 13-m (4)(e)(i), as appropriate. No person or entity has caused, directed, or encouraged me to submit a report that differs substantially from my professional opinion. I have reviewed the report and attest to its accuracy.

With reasonable notice, I am available to testify, by appointment, should the need arise.

Sincerely,



---

Woodley Desir, MD  
Board Certified in Orthopedics  
NY License #: 280159

**SUPPORT CLAIM SERVICE<sup>TM</sup>****RAISING THE BAR - REDUCING THE COST**

3 Huntington Quadrangle Ste 401N

Melville, NY 11747

Telephone: 631-454-9800

Toll Free: 800-880-5888

TODAY DATE: 01-24-2024

Re: Danita Burton

WCB# : G3539998

Claim#: GLEN-033-22

Carrier : Wright Risk Management

SCS #: WRM-2023-50

The following attached report was sent to all parties per Section 137

**CC'S:*****Claimant*** : Danita Burton

Client: Kristine McCarthy

WORKERS' COMPENSATION BOARD: 877-533-0337

Attorney: Pasternack Tilker Ziegler Walsh Stanton & Romano L  
Claimant C/O Atty Pasternack Tilker Ziegler Walsh Stanton & Romano L**TREATING DOCTOR:**

Community Medical Wellness

Karen Porti, Aman Deep 631-828-4552

Glen Cove Chiropractic &amp; Physical Therapy

Frank Cohen 516-759-2117

NYU Langone Ortho

James Kipnis 646-754-9820

Greico Michael

516-676-1914

"This e-mail/fax message and any documents attached to it are confidential and may contain information that is protected from disclosure by various federal and state laws, including the HIPAA privacy rule (45 C.F.R., Part 164). This information is intended to be used solely by the entity or individual to whom this message is addressed. If you are not the intended recipient, be advised that any use, dissemination, forwarding, printing, or copying of this message without the sender's written permission is strictly prohibited and may be unlawful. Accordingly, if you have received this message in error, please notify the sender immediately by return e-mail/fax or call (631-454-9800), and then delete this message.



TIME RECEIVED  
January 24, 2024 at 10:00:27 AM ESTREMOTE CSID  
IDS FaxServerDURATION  
215PAGES  
6STATUS  
Received

① 01/24/2024 9:56 AM

IDS FaxServer

→ 18775330337

pg 1 of 6

**FAX**Powered By **AbbaDox**  
[www.abbadox.com](http://www.abbadox.com)**To:** WCB WCB

Fax: 8775330337

Phone:

**From:** Support Claim Services

Company: Support Claims Services NY

Fax: 631-980-4286

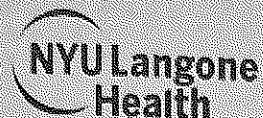
Phone: 631-454-9800

E-mail:

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**NOTES:**

**IMPORTANT WARNING:** The information in this fax transmission may contain confidential health information that is privileged and legally protected from disclosure by the Health Insurance Portability and Accountability Act (HIPAA). This information is intended only for the use of the individual(s) or entity named in the document(s). If you are not the intended recipient, you are hereby notified that reading, disseminating, disclosing, distributing, copying, acting upon or otherwise using the information contained in this fax is strictly prohibited. If you have received this information in error, please notify the sender immediately.



**James Michael Kipnis, MD**  
**NYU LANGONE ORTHOPEDIC ASSOCIATES - LAKE SUCCESS**  
1999 Marcus Ave  
Suite 202  
Lake Success NY 11042  
Phone 516-467-8600  
Fax 646-754-9820

January 18, 2024

Patient: **Ms. Danita A Burton**  
Date of Birth: **1/2/1961**  
Date of Visit: **1/18/2024**

To Whom it May Concern:

Ms. Danita A Burton was seen in my office on 1/18/2024. It is my medical opinion that she should not return to work until further notice. She will be re-evaluated again in 6 weeks 2/29/2024. Please call the office if you have any questions at 516-467-8600. Thank you!

Sincerely,

A handwritten signature in black ink, appearing to read "JMK". Below the signature, the name "James Michael Kipnis, MD" is printed in a smaller, sans-serif font.

**From:** Laryssa Bohdan <lbohdan@workerslaw.com>  
**Sent:** Tuesday, January 23, 2024 10:19:11 AM  
**To:** wcb.dl.WCBClaimsFiling <webclaimsfiling@wcb.ny.gov>  
**CC:** Laryssa Bohdan <lbohdan@workerslaw.com>  
**Subject:** Danita Burton - WCB#G3539998; CC#GLEN-033-22

**[ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails]**

Hello,

Please add the attached to claimant's file.

Thank you,

**Laryssa Bohdan**

Workers Compensation Paralegal

666 OLD COUNTRY ROAD

SUITE 605

GARDEN CITY, NY 11530

Tel: (516) 471-1782 • Fax: (516) 742-3994

Email: [lbohdan@workerslaw.com](mailto:lbohdan@workerslaw.com)

Website: [www.workerslaw.com](http://www.workerslaw.com)

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**Workers'  
Compensation  
Board**

PO Box 5205

Binghamton, NY 13902-5205

4019126835 Customer Service Toll-Free Line: 877-632-4996

Statewide Fax Line: 877-533-0337

www.wcb.ny.gov

## COVER SHEET FOR REPORT OF INDEPENDENT MEDICAL EXAMINATION

A copy of each report of Independent Medical Examination shall be submitted on the same day and in the same manner to the Workers' Compensation Board, the insurance carrier or self-insured employer, the claimant's attending physician or other attending independent examiner, the claimant's representative, if any, and the claimant.

CHECK ONE:  PHYSICIAN  PODIATRIST  CHIROPRACTOR  PSYCHOLOGIST

THIS EXAMINATION WAS REQUESTED BY:  CARRIER/EMPLOYER  CLAIMANT

WCB Case No.	Carrier Case No. (If Known)		Date of Injury/Illness	Injured Person's Social Security No.	Date of Examination
G3539998	GLEN-033-22		04/03/2023	087-58-1911	01/08/2024
Injured Person	FIRST NAME MIDDLE INITIAL LAST NAME		ADDRESS (Include Apt. No.)		
	Danita Burton		80 Valentine St #A, Glen Cove, NY 11542		
Insurance Carrier/ Self-Insured Employer	Wright Risk Management		900 Stewart Ave, Garden City, NY 11530		
Independent Examiner	Neil Ganz		Nassau Chiropractic Pain Mngrt 15 Fletcher Avenue, Valley Stream, NY 11580		
	Authorization No.		Date of Report of Independent Medical Examination		
	C02098-4B		01/08/2024		
Start Time of Patient Examination	End Time of Patient Examination		Total Time Spent Reviewing Records		
12:30	12:46		15		
IF EXAMINER CONDUCTED THIS EXAMINATION AS AN EMPLOYEE OF AN IME COMPANY, OR UNDER CONTRACT OR ARRANGEMENT WITH AN IME COMPANY, STATE NAME AND WORKERS' COMPENSATION BOARD REGISTRATION NUMBER OF IME COMPANY.					
SCS Support Claim Services, inc #010019					

### Attach Report of Independent Medical Examination

Report of Independent Medical Examination must include this cover sheet and a narrative report that includes the components listed below. If the examination concludes Schedule Loss of Use and/or Non-Schedule Permanent Partial Disability please include the IME-4.3A and/or IME-4.3B with the cover sheet and your medical narrative.

- A description of the examination;
- A list of all documents or information reviewed by the IME evaluator;
- The examiner's professional opinion; and
- A signed and dated certification at the end of the report of the independent medical examination as follows:
  - I hereby certify that this report is a full and truthful representation of my professional opinion with respect to the claimant's condition; that no person or entity has caused, directed or encouraged me to submit a report that differs substantially from my professional opinion; and I have reviewed the report and attest to its accuracy.
  - The signature and date must be below the required certification.

Any questionnaire or intake sheets completed by the claimant either before arriving or after arriving for the independent medical examination must be attached to this cover sheet with the report.

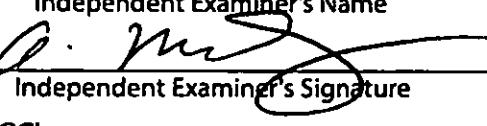
In certifying on the cover sheet, you are certifying to the entire contents of the Report of Independent Medical Examination.

I hereby certify that this report is a full and truthful representation of my professional opinion with respect to the claimant's condition; that no person or entity has caused, directed or encouraged me to submit a report that differs substantially from my professional opinion; and I have reviewed the report and attest to its accuracy.

Neil Ganz

1/8/2024  
Date

Independent Examiner's Name

  
Independent Examiner's Signature





**Workers'  
Compensation  
Board**

PO Box 520:  
Binghamton, NY 13902-5205  
4019126856  
Customer Service Toll-Free Line: 877-632-4996  
Statewide Fax Line: 877-533-0337  
[www.wcb.ny.gov](http://www.wcb.ny.gov)

**COVER SHEET FOR REPORT OF INDEPENDENT MEDICAL EXAMINATION**

A copy of each report of Independent Medical Examination shall be submitted on the same day and in the same manner to the Workers' Compensation Board, if insurance carrier or self-insured employer, the claimant's attending physician or other attending independent examiner, the claimant's representative, if any, and the claimant.

CHECK ONE:  PHYSICIAN  PODIATRIST  CHIROPRACTOR  PSYCHOLOGIST

THIS EXAMINATION WAS REQUESTED BY:  CARRIER/EMPLOYER  CLAIMANT

WCB Case No.	Carrier Case No. (If Known)	Date of Injury/Illness	Injured Person's Social Security No.	Date of Examination
G3539998	GLEN-033-22	04/03/2023	087-58-1911	01/08/2024

CCs:

WCB

Kristine McCarthy - KMcCarthy

Danita Burton

Pasternack, Tilker, Ziegler, Walsh & Romano LLP

James Kipnis

Aman Deep, Frank Cohen

**NEIL M. GANZ, D.C.** 4819126836  
98-76 Queens Boulevard, Rego Park, New York 11374-4356 (718) 275-4194

January 08, 2024

**Support Claim Services  
3 Huntington Quadrangle  
Suite 401 N  
Melville, NY 11747**

Re:	Danita Burton
Date/Birth:	01/02/1961
D/A:	04/03/2023
WCB#	G3539998
Claim #:	GLEN-033-22
SCS #:	WRM-2023-50
Exam Type:	Work Comp
ANCR:	Lumbar Spine

As per your request, I performed a chiropractic examination on Danita Burton in my Valley Stream, NY office on January 08, 2024. The following is a report of my findings:

## HISTORY:

The claimant, Danita Burton, stated that she was involved in a work related accident on 04/03/2023. While working as a school district monitor, she broke up a fight between students and fell on her left hip. Her initial complaints were pain in the left hip/ low back area. She did not report sustaining any fractures, lacerations and/or loss of consciousness. On 04/07/2023, she went to Glen Cove Hospital where she was examined, CT scans were performed of her abdomen and hip, given Cyclobenzaprine and she was released with no admission.

Following the accident, Ms. Burton initiated treatment with providers located at 1999 New Hyde Park Rd in New Hyde Park, NY. Treatment consisted of Cyclobenzaprine, physical therapy and low back injections from 04/27/2023 until 10/04/2023, 3 times per week. She reports she started chiropractic treatment with Dr. C. Chien from April 2023 until 1 ½ weeks ago.

Ms. Burton reported she received a sling and knee brace as part of her treatment.

**PAST HISTORY:**

Ms. Burton stated that she has had a similar condition and/or a prior motor vehicle accident in 2008. She has never had a prior work-related injury. She has high blood pressure, high cholesterol and anxiety, takes medication and her surgical history consists of a hysterectomy. Medical records indicate she takes Losartan, HCTZ, Metoprolol, Zocor, Ambien, Singulair, and Fioricet, and has a surgical history consisted of shoulder arthroscopy. She did not require any

professional household help or utilize car service to reach her doctors' appointments.

### **OCCUPATIONAL HISTORY:**

At the time of the accident, Ms. Burton was employed as a school district monitor. She states she has not worked since 04/24/2023. She is presently not working. She stated she was able to return to work for 3 days but needed to avoid standing for long periods of time and stopped work.

### **PRESENT COMPLAINTS:**

Ms. Burton feels unchanged after 8 months of treatment. She did report a rating for her back pain on a scale of 1 to 10 with 10 being most severe. Currently, she reports weakness in her left leg/gluteal area and pain in the lower back and left knee. There were reported difficulties with walking, bending, sleeping, lifting, and prolonged sitting. She reports experiencing numbness in her left arm and feet.

### **REVIEW OF MEDICAL RECORDS:**

1. Follow-Up Examination, d/s: 11/08/2023 signed by Aman Deep, MD and Karen Porti, NP
2. Work Excuse, dated 12/13/2023 signed by Frank Cohen, DC
3. IME-4, dated 12/05/2023 illegible signature
4. IME-3, dated 12/05/2023 illegible signature
5. Independent Orthopedic Evaluation, d/s: 12/05/2023 signed by Woodley Desir, MD
6. IME Identification Form, dated 12/05/2023
7. Evaluation, d/s: 12/05/2023
8. Health Insurance Claim Form, dated 11/29/2023
9. Progress Notes, d/s: 04/20/2023

### **PHYSICAL EXAMINATION:**

A comprehensive chiropractic examination was conducted on this alert and oriented, right-handed, 63-year-old female who gave her height as 5' 2" weighing 150 pounds with brown hair and brown eyes. A photocopy of her NYS I.D. was obtained. Ms. Burton is well-nourished, well-developed, cooperative, and in no acute distress.

**Postural analysis** revealed a level occiput, level shoulders and level iliac crests. The spine appeared to be in the midline. All secondary curves appeared to be preserved. Both knees were in full extension. There were no gait abnormalities. Ms. Burton refused to tandem heel/toe walk freely.. She presented to the examination using a cane for pain and balance. She was able to get on and off the examination table normally. She cannot squat.

**THORACOLUMBAR SPINE:**

There was normal lordotic posturing noted. There were no gait abnormalities, the claimant refused to heel and toe walk. The claimant could get on and off the table without any difficulty. There is no paraspinal muscular splinting or spinous process tenderness evident.

**VISUAL AND GONIOMETER**

There is full range of motion (actual observed/normal range of motion#) at flexion 60°/60-90°, extension 25°/25-30°/right and left lateral bending 25°/25-30°/right and left rotation 25°/25-30°.

Kemp's	-	Negative
Goldthwait's	-	Negative
Lasegue's	-	Negative
Petrin Flip	-	Negative

In the supine position, straight leg raising was 70°/60-90° bilaterally. In the prone position, heel to buttock test was negative bilaterally.

**Lower extremity** muscle strength was graded +5 bilaterally (+5 being normal). There were no apparent differences in the upper or lower extremity muscle mass. There were no motor or sensory deficits in the lower extremities. Lower deep tendon reflexes were +2 (+2 being normal). Sensation was within normal limits.

The range of motion of the examined body parts were performed by the claimant. This is a subjective maneuver on the part of the claimant. All measurements of the ranges of motion were performed by the examiner using a hand-held goniometer or inclinometer. The measurement itself is, therefore, an objective measurement of the claimant's subjective efforts. The values of all the measurements were compared to the normal active range of motion values according to the publication, "*Guidelines to the Evaluation of Permanent Impairment*," 5th edition (2000) and 6<sup>th</sup> edition (2007), published by the American Medical Association.

**# ROM per "A Guide to Physical Examination by Barbara Bates, M.D., 1974**

Normal straight leg raise (SLR). From Reider's "The Orthopedic Physical Exam" Edition 2. Page 356 notes a normal patient should exhibit 70-90 degrees on SLR.

**DIAGNOSES:**

Normal Cervical Spine Exam  
Normal Thoracic Spine Exam  
Resolved Lumbar Sprain/Strain

**RE: Danita Burton**

**January 08, 2024**

**Page 4 of 5**

**4019126836**

**DISABILITY:**

Ms. Burton is capable of working without limitation and is not restricted from any of her normal daily activities. There is no chiropractic disability.

**CAUSAL RELATIONSHIP:**

After taking a complete history from Ms. and performing a physical examination, it is apparent that the injuries sustained, and the work-related accident reported on 04/03/2023 is causally related.

**CONCLUSION:**

After thoroughly reviewing the available patient records, taking a complete history with negative objective findings on my comprehensive chiropractic spinal examination, no additional chiropractic care is warranted. Chiropractic treatment rendered to this date appears to have been reasonable and necessary.

There was no previous testing performed. There were no pre-existing conditions that would affect recovery. There were no previous injuries to the same site.

The need for medication and physical therapy should be deferred to an appropriate specialist.

Any non-spinal complaints are outside my scope of practice and should be deferred to the appropriate specialist.

**RE: Danita Burton**

**January 08, 2024**

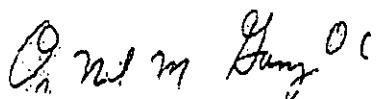
**Page 5 of 5**

4019126836

**ATTESTATION:**

I, Dr. Neil M. Ganz, D.C., being a health care practitioner licensed to practice in the State of New York, pursuant to CPLR Section 2106, hereby affirm under the penalty of perjury that the statements contained herein are true and accurate.

I affirm to having a scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue in this case. I have current, relevant, knowledge and experience to render an opinion for this case, and my opinions and conclusions are based solely upon the review of the records submitted as well as the results of my examination and/or review. There is no conflict of interest known to me regarding the specific case. I have received no financial incentive or compensation that is dependent in any way on the opinion I have rendered. No delegation of this examination and/or review was rendered.



Dr. Neil M. Ganz, D.C.

Diplomate of The National Board of Chiropractic Examiners

New York State License #: X002098

Workers' Comp and authorized Independent Medical Examiner #: CO2098-4B



3354003685

## Community Medical Wellness PC

**Patient:** Danita Burton

**DOB:** 01/02/1961

**Sex:** F

**Provider:** Karen Porti, NP

**Visit:** 11/08/2023 11:00AM

**Chart:** BUDA000006

**Office:** Glen Cove

**Address:** 189 Forest Ave. Suite A, Glen Cove, NY,  
11542

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### **Follow-Up Examination**

Ms. Burton was last evaluated on 10/11/23/23. She presents stating she continues to have severe left sided lower back pain and left hip pain. She is antalgic and states she had minimal relief with let SI joint injection. She is agreeable to LESI to restore functioning and reduce pain and inflammation.. The patient explains that they have experienced no relief with trigger point injections.

On a scale from 1-10, 10 being the worst, the patient rates their pain in the following manner.

**Lower back:** Lower back is a 8. which is worse. The lower back pain radiates down the left leg to the left thigh.

**Left hip:** Left hip is a 8. which is the same.

The patient states that the pain continues to prevent them from their routine daily activities.

Their pain is worse throughout the day, at night. Their pain is exacerbated by general activity, sitting, standing, walking. They have tried treating the pain with chiropractic treatment, and, trigger point injections. The patient has deficits performing self-care activities, and, activities of daily living.

**DOA:** 4/3/2023

**Employer at time of accident:** Glen cove school district

**Occupation:** Lunch monitor

**Job Duties:** Monitoring students, prolonged standing and walking

**Currently Working:** No

**Date last worked:** 4-3-23

**Past Medical History:** Hypertension, High Cholesterol, Anxiety migraine ha

**Past Surgical History:** Shoulder Arthroscopy, TAH

**Surgical History Related to this Accident:** The patient has no significant surgical history related to this accident



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**Medications:** losartan, HCTZ, metoprolol, zocor, ambien, singulair, fioracet

**Allergies:** Shellfish CODEINE, GABABENTIN, mushrooms

**Family:**

Mother had cancer. Brother- colon cancer/thyroid.cancer Father is deceased Had AMI, cancer

**Social:**

The patient denies alcohol use Patient is a non-smoker

**Occupation:**

The patient is not currently working. Lunch monitor at a school The patient has not been working since the accident.

**Review of Systems**

The patient denies fevers, chills, shortness of breath, chest pains, visual changes and bowel/bladder incontinence. The patient states they have trouble sleeping at night because of the pain.

**Physical Exam**

**Height:** 5'2"

**Weight:** 154 lbs.

**Heart Rate:** 80

**Blood Pressure:** 140/80

**Gait:** The patients gait is antalgic due to lower back pain and hip pain.

**Chest:** CTA b/l, No W/R/R

**Heart:** S1, S2

**Abdomen:** Soft, NT, +BS

**Comprehensive Orthopedic Physical Exam**

**Lumbosacral Spine**



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There is severe tenderness to palpation noted at lumbosacral levels L3 through S2. On the left trigger points are noted upon palpation to be severely tender. On the right trigger points are noted upon palpation to be moderately tender. Positive Facet loading on the left.

**Lumbosacral Tests** There is pain noted while performing range of motion exam. The patient has pain when palpating the para-spinal muscles.

Straight leg raise is positive on the left, eliciting lower back pain. The sacroiliac compression test is positive on the left.

### Lumbosacral Range of Motion

**Flexion:** 60/90 (Normal 90)

**Extension:** 15/25 (Normal 25)

**Left Rotation:** 25/45 (Normal 45)

**Right Rotation:** 35/45 (Normal 45)

**Left Flexion:** 15/25 (Normal 25)

**Right Flexion:** 20/25 (Normal 25)

### Lumbosacral Neuromotor Exam

**L1/L2 Hip Flexors Left Present:** 5/5 (Normal 5/5) / **L1/L2 Hip Flexors Right Present:** 5/5 (Normal 5/5)

**L3 Quadricep Left Present:** 5/5 (Normal 5/5) / **L3 Quadricep Right Present:** 5/5 (Normal 5/5)

**Dorsiflexion Left Present:** 5/5 (Normal 5/5) / **Dorsiflexion Right Present:** 5/5 (Normal 5/5)

**1st Toes Extensions Left Present:** 5/5 (Normal 5/5) / **1st Toes Extensions Right Present:** 5/5 (Normal 5/5)

**Plantar Flexion Left Present:** 5/5 (Normal 5/5) **Plantar Flexion Right Present:** 5/5 (Normal 5/5)

### Left Hip

There is tenderness to palpation noted over the greater trochanter. There is tenderness to palpation noted over the piriformis muscle. Iliopsoas muscle testing is positive on hip flexion and snapping hip is present by Iliotibial band test and Iliopsoas band test.

### Hip Range of Motion

**Forward Flexion Left Present:** 90/130 (Normal 130)

**Extension Left Present:** 15/30 (Normal 30)

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**Abduction Left Present:** 20/40 (Normal 40)

**Adduction Left Present:** 10/25 (Normal 25)

**Internal Rotation Left Present:** 15/35 (Normal 35)

**External Rotation Left Present:** 20/45 (Normal 45)

### Imaging Studies

9/30/23 L Hip MRI

No significant abnormalities noted in the left hip. Left fat-containing inguinal hernia identified as above. This may be further evaluated by patient exam and history.

5/12/2023 Pelvis MRI

Bones: There is no acute fracture or dislocation. Trace marrow edema of the left anterior iliac wing, which may represent bone contusion. The partially visualized lower lumbar spine is unremarkable.

Hip joints: Mild bilateral acetabular marginal osteophytosis without discernible chondral abnormality. There is no significant joint effusion.

Sacroiliac joints and pubic symphysis: The symphysis pubis is unremarkable. The sacroiliac joints are unremarkable. Trace subchondral edema with sclerosis of the right ilium about the right sacroiliac joint, likely degenerative. There is no significant joint effusion.

Tendons:

Gluteus minimus and medius: Mild to moderate insertional gluteus minimus and medius tendinosis bilaterally.

Iliopsoas: Intact.

Rectus femoris: Intact.

Hamstring: Intact.

Other: Intact.

Muscles: Unremarkable.

Nerves: Unremarkable.

Subcutaneous tissues: Unremarkable.

Other: None. The partially visualized pelvic viscera is unremarkable.



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5/20/23 Lumbar MRI

Several sequences are degraded by motion.

**ALIGNMENT:** The vertebral alignment is within normal limits.

**VERTEBRAE:** The marrow signal is benign. Vertebral body height is maintained.

**DISCS:** There is maintenance of lumbar disc space height and hydration.

**CONUS MEDULLARIS AND CAUDA EQUINA:** The conus medullaris terminates at L2. The nerve roots of the cauda equina are unremarkable.

**PARAVERTEBRAL SOFT TISSUES AND VISUALIZED RETROPERITONEUM:** There is no significant finding.

### EVALUATION OF INDIVIDUAL LEVELS:

**L1-2:** There is no significant canal stenosis or neural foraminal narrowing.

**L2-3:** There is no significant canal stenosis or neural foraminal narrowing.

**L3-4:** There is mild facet hypertrophy. There is no significant canal stenosis or neural foraminal narrowing.

**L4-5:** There is a mild disc bulge. Mild facet hypertrophy is present. There is no significant canal stenosis or neural foraminal narrowing.

**L5-S1:** There is a mild disc bulge. Bilateral facet hypertrophy is present. There is no significant canal stenosis or neural foraminal narrowing.

**LIMITED EVALUATION OF UPPER SACRUM AND SACROILIAC JOINTS:** Unremarkable.

**Left Hip MRI 09/30/23:**

No significant abnormalities noted in the left hip. Left fat-containing inguinal hernia identified as above. This may be further evaluated by patient exam and history.

**5/12/2023 Pelvis MRI:**

**Bones:** There is no acute fracture or dislocation. Trace marrow edema of the left anterior iliac wing, which may represent bone contusion. The partially visualized lower lumbar spine is unremarkable.

**Hip joints:** Mild bilateral acetabular marginal osteophytosis without discernible chondral abnormality. There is no significant joint effusion.



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**Sacroiliac joints and pubic symphysis:** The symphysis pubis is unremarkable. The sacroiliac joints are unremarkable. Trace subchondral edema with sclerosis of the right ilium about the right sacroiliac joint, likely degenerative. There is no significant joint effusion.

**Tendons:**

**Gluteus minimus and medius:** Mild to moderate insertional gluteus minimus and medius tendinosis bilaterally.

**Iliopsoas:** Intact.

**Rectus femoris:** Intact.

**Hamstring:** Intact.

**Other:** Intact.

**Muscles:** Unremarkable.

**Nerves:** Unremarkable.

**Subcutaneous tissues:** Unremarkable.

**Other:** None. The partially visualized pelvic viscera is unremarkable.

### Lumbar MRI 5/20/23 Lumbar MRI

Several sequences are degraded by motion.

**ALIGNMENT:** The vertebral alignment is within normal limits.

**VERTEBRAE:** The marrow signal is benign. Vertebral body height is maintained.

**DISCS:** There is maintenance of lumbar disc space height and hydration.

**CONUS MEDULLARIS AND CAUDA EQUINA:** The conus medullaris terminates at L2. The nerve roots of the cauda equina are unremarkable.

**PARAVERTEBRAL SOFT TISSUES AND VISUALIZED RETROPERITONEUM:** There is no significant finding.

### EVALUATION OF INDIVIDUAL LEVELS:

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LIMITED EVALUATION OF UPPER SACRUM AND SACROILIAC JOINTS: Unremarkable.

### Impression/Diagnosis

Range of motions were objectively measured by goniometer.

#### Lumbar:

Lumbosacral Sprain/Strain S33.5XXA, Lumbar Myalgia M79.18, Myalgia M79.18, Lumbar Trigger Points M54.16, Lumbar Trigger Points M54.50, Lumbar Trigger Points M79.18, Lumbago M54.50, Left Lumbar Radiculopathy M54.16, Lumbar Disc Bulge M51.26, Lumbar Facet Arthropathy M12.9

#### Left Hip:

Left hip pain M25.552, Left sprain unspecified site of hip and thigh S73.102A, Left piriformis strain S73.102A, Left greater trochanter bursitis M70.62

#### Sacrum:

Left sacroiliac pain M53.3, Left sacroiliac strain/sprain S33.6XXA

### Plan

Patient would be a good candidate for an L5/ I S1umbar epidural steroid injection under fluoroscopic guidance. The purpose of these injections is to reduce pain and inflammation, restore range of motion as well as function. The patient has chronic lower back pain with radicular symptoms that has lasted greater than 6 weeks. The patient has had suboptimal pain relief from conservative treatment which includes NSAID's as well as physical therapy. Based on this I recommend to proceed with an L5/ S1 lumbar epidural steroid injection under fluoroscopic guidance.

- Continue with present medications.
- Continue non-opioid pain management.
- Continue with Chiropractic treatment as per treating Doctor.
- Continue with physical therapy for two to three times per week four to six weeks
- I have reviewed all imaging studies and reviewed results with the patient.
- I have discussed several treatment options and the risks and benefits of conservative pain management treatment and continued physical therapy vs surgical and intervention treatment.
- I have stressed the importance of a home exercise program including stretching to maintain range of motion and improve overall function.
- I will schedule for a lumbar epidural injection in an effort to significantly improve their normal functioning



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capacity.

- The patient was given an appointment to follow up in

**Causality:** It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specific date.

**Aman Deep, M.D.**

Pain Management

Phone: (631) 828-4545

Fax: (631) 828-4552

**Karen Porti, NP**

### Medications & Allergies:

Current Medication & Dosage	Dispense	SIG	PRN?	Indication
methocarbamol 500 mg oral tablet	30.000	Take 1 tablet every 8 hours as needed for muscle spasm	No	
Medrol 4 mg oral tablet	1.000	Take as prescribed	No	



# Workers' Compensation Board

## PRIOR AUTHORIZATION REQUEST: MTG VARIANCE

Listed below are details of a Prior Authorization Request (PAR) that was submitted to request treatments/tests that vary from the Medical Treatment Guidelines. The claim administrator has denied all or part of the request; please carefully review all items.

**To the health care provider:** For any treatment/test that was **Granted In Part or Denied**, if the Denial Category is **Medical**, you may request review by the Medical Director's Office using OnBoard no later than 03/18/2024.

**To the claimant:** For any treatment/test that was **Granted In Part or Denied**, if the basis for this response was an IME that you attended or if Denial Category is **Administrative, Jurisdiction or IME Scheduling** you or your legal representative may request review by filing *Request for Assistance by Injured Worker* (Form RFA-1W) or *Request for Further Action by Legal Counsel* (Form RFA-1LC) respectively. These forms are available under the "Forms" section of the WCB's website: [www.wcb.ny.gov](http://www.wcb.ny.gov). If you do not have access to the internet, please call (877) 632-4996 or visit our nearest Customer Service Center to obtain a copy of the form.

**Note:** If present, a Level 2 Insurer Response supersedes a Level 1 Insurer Response.

### CLAIM INFORMATION

WCB Case #	Date of Injury	Claim Admin Claim #
G3539998	04/03/2023	GLEN-033-22

**Patient Name** Burton, Danita

**Address** 80 Valentine Street #A  
Glen Cove, NY 11542

**SSN** XXX-XX-1911      **DOB** 01/02/1961

**Gender** Female

**Employer Name** GLEN COVE CITY SCHOOL DISTRICT

**Address** 154 Dosoris Lane  
Glen Cove, NY 11542

**Insurer Name** GLEN COVE CITY SCHOOL DISTRICT MS. JACQUELINE LIZZA

**Insurer ID** W823108

**Address** PRINCIPAL ACCOUNT CLERK, 150 DOSORIS LANE  
GLEN COVE, NY 11542

**Claim Admin Name** Wright Risk Management Company, LLC

**Claim Admin ID** T100094

**Address**

## HEALTH CARE PROVIDER INFORMATION

**Name** Kipnis, James Michael  
**Address** 1999 MARCUS AVENUE, SUITE 202  
NEW HYDE PARK, NY 11042  
**Type** Physician  
**WCB Auth #** 171870-9      **NPI** 1386615532

### PRIOR AUTHORIZATION REQUEST DETAILS

1.	<b>Body Part</b> Bilateral Lower Back Area	<b>MTG Reference Code and Description</b> Mid and Low Back - D.8.a: Treatment - Physical/Occupational Therapy	<b>CPT Code and Description</b> 97140: Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
		<b>Type of Service</b> Physical Medicine Modality  <b>Type of Therapy</b> Physical Therapy  <b>Single Event</b> No  <b>Past Surgery</b> No  <b>Frequency (Times Per Week)</b> 2  <b>Duration (Weeks)</b> 6	
2.	<b>Body Part</b> Bilateral Lower Back Area	<b>MTG Reference Code and Description</b> Mid and Low Back - D.8.a: Treatment - Physical/Occupational Therapy	<b>CPT Code and Description</b> 97010: Application of a modality to 1 or more areas; hot or cold packs
		<b>Type of Service</b> Physical Medicine Modality  <b>Type of Therapy</b> Physical Therapy  <b>Single Event</b> No  <b>Past Surgery</b> No  <b>Frequency (Times Per Week)</b> 2  <b>Duration (Weeks)</b> 6	

3.	<b>Body Part</b> Bilateral Lower Back Area	<b>MTG Reference Code and Description</b> Mid and Low Back - D.8.a: Treatment - Physical/Occupational Therapy	<b>CPT Code and Description</b> 97535: Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
		<b>Type of Service</b> Physical Medicine Modality <b>Type of Therapy</b> Physical Therapy <b>Single Event</b> No <b>Past Surgery</b> No <b>Frequency (Times Per Week)</b> 2 <b>Duration (Weeks)</b> 6	
4.	<b>Body Part</b> Bilateral Lower Back Area	<b>MTG Reference Code and Description</b> Mid and Low Back - D.8.a: Treatment - Physical/Occupational Therapy	<b>CPT Code and Description</b> 97530: Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
		<b>Type of Service</b> Physical Medicine Modality <b>Type of Therapy</b> Physical Therapy <b>Single Event</b> No <b>Past Surgery</b> No <b>Frequency (Times Per Week)</b> 2 <b>Duration (Weeks)</b> 6	
5.	<b>Body Part</b> Bilateral Lower Back Area	<b>MTG Reference Code and Description</b> Mid and Low Back - D.8.a: Treatment - Physical/Occupational Therapy	<b>CPT Code and Description</b> 97112: Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities

	<b>Duration (Weeks)</b> 6		
6.	<b>Body Part</b> Left Knee	<b>MTG Reference Code and Description</b> Knee - B.2: Imaging Studies - X-Ray/Radiography - Knee Pain	<b>CPT Code and Description</b> 73721: Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material
	<b>Type of Service</b> Radiology		

## STATEMENT OF MEDICAL NECESSITY / SUPPORTING MEDICAL DOCUMENTATION

Statement of Medical Necessity: Dr Kipnis is requesting authorization for an MRI to the LEFT KNEE w/o contrast and continued physical therapy to the lower back with all modalities 2 times per week times 6 weeks. (see the attached clinical notes from 02/26/2024)

Supporting documentation was provided as a part of this request.

## PROVIDER'S ATTESTATION

By submission of this prior authorization request by me, the treating provider, or my delegate, I certify that: (1) my statements are true and correct, (2) I do not have a substantially similar request pending, (3) the patient understands and agrees to undergo/use the proposed treatment/test/medication/DME, and (4) I accept that the use of my password to submit a Prior Authorization Request to the Workers' Compensation Board is equivalent to placing my signature on the request, affirming the information contained herein.

**Provider Name** Kipnis, James Michael

**Date** 02/27/2024

## LEVEL 1 INSURER RESPONSE

1.	Authorization Requested		Insurer Response	
	Body Part	MTG Reference Code and Description	Insurer Response	Denial Category
	Bilateral Lower Back Area	Mid and Low Back - D.8.a: Treatment - Physical/Occupational Therapy	Deny	Medical Reasons
	CPT Code and Description	97140: Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	Other Reason	Per 12/5/23 IME report - claimant would not benefit from additional medical treatment, pt, diagnostic testing- no need for further treatment
			Rationale	Per 12/5/23 IME report - claimant would not benefit from additional medical treatment, pt, diagnostic testing- no need for further treatment
2.	Authorization Requested		Insurer Response	
	Body Part	MTG Reference Code and Description	Insurer Response	Denial Category
	Bilateral Lower Back Area	Mid and Low Back - D.8.a: Treatment - Physical/Occupational Therapy	Deny	Medical Reasons
	CPT Code and Description	97010: Application of a modality to 1 or more areas; hot or cold packs	Other Reason	Per 12/5/23 IME report - claimant would not benefit from additional medical treatment, pt, diagnostic testing- no need for further treatment
			Rationale	Per 12/5/23 IME report - claimant would not benefit from additional medical treatment, pt, diagnostic testing- no need for further treatment
3.	Authorization Requested		Insurer Response	
	Body Part	MTG Reference Code and Description	Insurer Response	Denial Category
	Bilateral Lower Back Area	Mid and Low Back - D.8.a: Treatment - Physical/Occupational Therapy	Deny	Medical Reasons
	CPT Code and Description	97535: Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	Other Reason	Per 12/5/23 IME report - claimant would not benefit from additional medical treatment, pt, diagnostic testing- no need for further treatment
			Rationale	Per 12/5/23 IME report - claimant would not benefit from additional medical treatment, pt, diagnostic testing- no need for further treatment

**LEVEL 1 INSURER RESPONSE**

Authorization Requested		Insurer Response	
		<b>Insurer Response</b>	Deny
	<b>Body Part</b> Bilateral Lower Back Area	<b>Denial Category</b>	Medical Reasons
	<b>MTG Reference Code and Description</b> Mid and Low Back - D.8.a: Treatment - Physical/Occupational Therapy	<b>Denial Reason</b>	Other
	<b>CPT Code and Description</b> 97530: Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	<b>Other Reason</b>	Per 12/5/23 IME report - claimant would not benefit from additional medical treatment, pt, diagnostic testing- no need for further treatment
		<b>Rationale</b>	Per 12/5/23 IME report - claimant would not benefit from additional medical treatment, pt, diagnostic testing- no need for further treatment
Authorization Requested		Insurer Response	
	<b>Body Part</b> Bilateral Lower Back Area	<b>Insurer Response</b>	Deny
	<b>MTG Reference Code and Description</b> Mid and Low Back - D.8.a: Treatment - Physical/Occupational Therapy	<b>Denial Category</b>	Medical Reasons
	<b>CPT Code and Description</b> 97112: Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	<b>Denial Reason</b>	Other
		<b>Other Reason</b>	Per 12/5/23 IME report - claimant would not benefit from additional medical treatment, pt, diagnostic testing- no need for further treatment
		<b>Rationale</b>	Per 12/5/23 IME report - claimant would not benefit from additional medical treatment, pt, diagnostic testing- no need for further treatment
Authorization Requested		Insurer Response	
	<b>Body Part</b> Left Knee	<b>Insurer Response</b>	Deny
	<b>MTG Reference Code and Description</b> Knee - B.2: Imaging Studies - X-Ray/Radiography - Knee Pain	<b>Denial Category</b>	Medical Reasons
	<b>CPT Code and Description</b> 73721: Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	<b>Denial Reason</b>	Other
		<b>Other Reason</b>	Per 12/5/23 IME report - claimant would not benefit from additional medical treatment, pt, diagnostic testing- no need for further treatment
		<b>Rationale</b>	Per 12/5/23 IME report - claimant would not benefit from additional medical treatment, pt, diagnostic testing- no need for further treatment

**Claim Apportioned** No

**Name of the Reviewer** Kristine McCarthy

**Date** 03/01/2024

**Reviewer Title** L1 Reviewer

**Note:** A Level 2 Insurer Response supersedes a Level 1 Insurer Response.

## LEVEL 2 INSURER RESPONSE

1.	Authorization Requested		Insurer Response	
	Body Part	MTG Reference Code and Description	Insurer Response	Denial Category
	Bilateral Lower Back Area  Mid and Low Back - D.8.a: Treatment - Physical/Occupational Therapy	97140: Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	Deny  Medical Reasons  Other  Per 12/5/23 IME report - claimant would not benefit from additional medical treatment, pt, diagnostic testing- no need for further treatment	Other Reason  Rationale  NY guidelines recommend PT to improve function, including range of motion and strength. Total numbers of visits may be as few as two  to three for mild patients or up to 12 to 15 with documentation of objective functional improvement. In this case, the IME on 12/5/23 diagnosed the individual with lumbar strain and left hip strain. It was determined that the individual had reached maximum medical improvement. Further, aside from some limited ROM of the knee, there are no objective deficits on the recent office visit on 2/26/24.  The request is denied.

## LEVEL 2 INSURER RESPONSE

2.	Authorization Requested		Insurer Response	
	Body Part	MTG Reference Code and Description	Insurer Response	Denial Category
	Body Part	Bilateral Lower Back Area	Deny	Medical Reasons
	MTG Reference Code and Description	Mid and Low Back - D.8.a: Treatment - Physical/Occupational Therapy	Denial Reason	Other
	CPT Code and Description	97010: Application of a modality to 1 or more areas; hot or cold packs	Other Reason	Per 12/5/23 IME report - claimant would not benefit from additional medical treatment, pt, diagnostic testing- no need for further treatment
			Rationale	NY guidelines recommend PT to improve function, including range of motion and strength. Total numbers of visits may be as few as two to three for mild patients or up to 12 to 15 with documentation of objective functional improvement. In this case, the IME on 12/5/23 diagnosed the individual with lumbar strain and left hip strain. It was determined that the individual had reached maximum medical improvement. Further, aside from some limited ROM of the knee, there are no objective deficits on the recent office visit on 2/26/24.
				The request is denied.

## LEVEL 2 INSURER RESPONSE

3.	Authorization Requested		Insurer Response	
	Body Part	MTG Reference Code and Description	Insurer Response	Denial Category
	Body Part	Bilateral Lower Back Area	Deny	Medical Reasons
	MTG Reference Code and Description	Mid and Low Back - D.8.a: Treatment - Physical/Occupational Therapy	Denial Reason	Other
	CPT Code and Description	97535: Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	Other Reason	Per 12/5/23 IME report - claimant would not benefit from additional medical treatment, pt, diagnostic testing- no need for further treatment
			Rationale	NY guidelines recommend PT to improve function, including range of motion and strength. Total numbers of visits may be as few as two to three for mild patients or up to 12 to 15 with documentation of objective functional improvement. In this case, the IME on 12/5/23 diagnosed the individual with lumbar strain and left hip strain. It was determined that the individual had reached maximum medical improvement. Further, aside from some limited ROM of the knee, there are no objective deficits on the recent office visit on 2/26/24.
				The request is denied.

## LEVEL 2 INSURER RESPONSE

4.	Authorization Requested		Insurer Response	
	Body Part	MTG Reference Code and Description	Insurer Response	Denial Category
	Body Part	Bilateral Lower Back Area	Deny	Medical Reasons
	MTG Reference Code and Description	Mid and Low Back - D.8.a: Treatment - Physical/Occupational Therapy	Other	Per 12/5/23 IME report - claimant would not benefit from additional medical treatment, pt, diagnostic testing- no need for further treatment
	CPT Code and Description	97530: Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Rationale	NY guidelines recommend PT to improve function, including range of motion and strength. Total numbers of visits may be as few as two to three for mild patients or up to 12 to 15 with documentation of objective functional improvement. In this case, the IME on 12/5/23 diagnosed the individual with lumbar strain and left hip strain. It was determined that the individual had reached maximum medical improvement. Further, aside from some limited ROM of the knee, there are no objective deficits on the recent office visit on 2/26/24.  The request is denied.

## LEVEL 2 INSURER RESPONSE

5.	Authorization Requested		Insurer Response	
	Body Part	MTG Reference Code and Description	Insurer Response	Denial Category
	Body Part	Bilateral Lower Back Area	Deny	Medical Reasons
	MTG Reference Code and Description	Mid and Low Back - D.8.a: Treatment - Physical/Occupational Therapy	Other	Per 12/5/23 IME report - claimant would not benefit from additional medical treatment, pt, diagnostic testing- no need for further treatment
	CPT Code and Description	97112: Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	Rationale	NY guidelines recommend PT to improve function, including range of motion and strength. Total numbers of visits may be as few as two to three for mild patients or up to 12 to 15 with documentation of objective functional improvement. In this case, the IME on 12/5/23 diagnosed the individual with lumbar strain and left hip strain. It was determined that the individual had reached maximum medical improvement. Further, aside from some limited ROM of the knee, there are no objective deficits on the recent office visit on 2/26/24.  The request is denied.

## LEVEL 2 INSURER RESPONSE

6.	Authorization Requested	Insurer Response	
		Insurer Response	Deny
Body Part	Left Knee	Denial Category	Medical Reasons
MTG Reference Code and Description	Knee - B.2: Imaging Studies - X-Ray/Radiography - Knee Pain	Denial Reason	Other
CPT Code and Description	73721: Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Other Reason	Per 12/5/23 IME report - claimant would not benefit from additional medical treatment, pt, diagnostic testing- no need for further treatment
		Rationale	NY guidelines state Magnetic Resonance Imaging (MRI) provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computed Axial Tomography in the evaluation of traumatic or degenerative injuries. In this case, the IME on 12/5/23 diagnosed the individual with lumbar strain and left hip strain. It was determined that the individual had reached maximum medical improvement. Further, aside from some limited ROM of the knee, there are no objective deficits on the recent office visit on 2/26/24. The request is denied.

**Claim Apportioned** No

**Name of the Reviewer** Stanley Katz

**Date** 03/08/2024

**Reviewer Title** L2 Reviewer, MD

**Glen Cove Chiropractic & Physical Therapy**  
**189A Forest Ave.**  
**Glen Cove, NY 11542**  
**516-759-2032**



December 13, 2023

Re: Danita Burton

WCB #: G353 9998  
Claim #: GLEN-033-22

Accid Date: 04/03/2023

To Whom It May Concern:

The purpose of this letter is to state that Danita Burton is a patient in this office, receiving care for a Work Comp related injury.

As a result of this injury, she is currently not capable of returning to work due to persistent pain, restricted ranges of motion, inability to bear weight on her left leg.

Left hip MRI found left iliac wing marrow edema, lumbar MRI found L4/5 and L5/S1 disc bulges.

She also sees pain management and notes mild temporary relief with pain management injections.

Ms. Burton is disabled from the date of her injury, 4/3/2023 through 1/15/2024. I will monitor her response to care and evaluate her work capacity and return her to work when appropriate.

If you require any further information, please contact me at this office.

Sincerely,

A handwritten signature in black ink, appearing to read "Frank Cohen, DC". The signature is enclosed within a circular, roughly drawn frame.

*Frank Cohen, DC* (electronically signed)

Frank D. Cohen, DC  
FDC/hp

**From:** Laryssa Bohdan <lbohdan@workerslaw.com>  
**Sent:** Monday, December 18, 2023 09:24:29 AM  
**To:** web.dl.WCBClaimsFiling <webclaimsfiling@wcb.ny.gov>  
**CC:** Laryssa Bohdan <lbohdan@workerslaw.com>  
**Subject:** Danita Burton - WCB#G3539998; CC#GLEN-033-22

[ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails]

Hello,

Please add the attached to claimant's file.

Thank you,

**Laryssa Bohdan**

Workers Compensation Paralegal

666 OLD COUNTRY ROAD

SUITE 605

GARDEN CITY, NY 11530

Tel: (516) 471-1782 • Fax: (516) 742-3994

Email: [lbohdan@workerslaw.com](mailto:lbohdan@workerslaw.com)

Website: [www.workerslaw.com](http://www.workerslaw.com)

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**Workers'  
Compensation  
Board**

PO Box 5205  
Binghamton, NY 13902-5205

Customer Service Toll-Free Line: 877-632-4996  
Statewide Fax Line: 877-533-0337  
[www.wcb.ny.gov](http://www.wcb.ny.gov)

## COVER SHEET FOR REPORT OF INDEPENDENT MEDICAL EXAMINATION

A copy of each report of Independent Medical Examination shall be submitted on the same day and in the same manner to the Workers' Compensation Board, the insurance carrier or self-insured employer, the claimant's attending physician or other attending independent examiner, the claimant's representative, if any, and the claimant.

CHECK ONE:  PHYSICIAN  PODIATRIST  CHIROPRACTOR  PSYCHOLOGIST

THIS EXAMINATION WAS REQUESTED BY:  CARRIER/EMPLOYER  CLAIMANT

WCB Case No.	Carrier Case No. (If Known)	Date of Injury/Illness	Injured Person's Social Security No.	Date of Examination
G3539998	GLEN-033-22	04/03/2023	087-58-1911	12/05/2023
	FIRST NAME MIDDLE INITIAL	LAST NAME	ADDRESS (Include Apt. No.)	
Injured Person	Danita Burton		80 Valentine St #A, Glen Cove, NY 11542	
Insurance Carrier/ Self-Insured Employer	Wright Risk Management		900 Stewart Ave, Garden City, NY 11530	
Independent Examiner	Woodley Desir		601 Franklin Avenue #215, Garden City, NY 11530	
	Authorization No.		Date of Report of Independent Medical Examination	
	280159-5B		12/05/2023	
	Start Time of Patient Examination	End Time of Patient Examination	Total Time Spent Reviewing Records	
9:30 am	9:37 am	15 Minutes		
IF EXAMINER CONDUCTED THIS EXAMINATION AS AN EMPLOYEE OF AN IME COMPANY, OR UNDER CONTRACT OR ARRANGEMENT WITH AN IME COMPANY, STATE NAME AND WORKERS' COMPENSATION BOARD REGISTRATION NUMBER OF IME COMPANY.				
SCS Support Claim Services, Inc #010019				

### Attach Report of Independent Medical Examination

Report of Independent Medical Examination must include this cover sheet and a narrative report that includes the components listed below. If the examination concludes Schedule Loss of Use and/or Non-Schedule Permanent Partial Disability please include the IME-4.3A and/or IME-4.3B with the cover sheet and your medical narrative.

- A description of the examination;
- A list of all documents or information reviewed by the IME evaluator;
- The examiner's professional opinion; and
- A signed and dated certification at the end of the report of the independent medical examination as follows:
  - I hereby certify that this report is a full and truthful representation of my professional opinion with respect to the claimant's condition; that no person or entity has caused, directed or encouraged me to submit a report that differs substantially from my professional opinion; and I have reviewed the report and attest to its accuracy.
  - The signature and date must be below the required certification.

Any questionnaire or intake sheets completed by the claimant either before arriving or after arriving for the independent medical examination must be attached to this cover sheet with the report.

In certifying on the cover sheet, you are certifying to the entire contents of the Report of Independent Medical Examination.

I hereby certify that this report is a full and truthful representation of my professional opinion with respect to the claimant's condition; that no person or entity has caused, directed or encouraged me to submit a report that differs substantially from my professional opinion; and I have reviewed the report and attest to its accuracy.

Woodley Desir

Independent Examiner's Name

12/5/2023

Date

Independent Examiner's Signature





**Workers'  
Compensation  
Board**

PO Box 5205  
Binghamton, NY 13902-5205

Customer Service Toll-Free Line: 877-632-4996  
Statewide Fax Line: 877-533-0337  
[www.wcb.ny.gov](http://www.wcb.ny.gov)

### **COVER SHEET FOR REPORT OF INDEPENDENT MEDICAL EXAMINATION**

A copy of each report of Independent Medical Examination shall be submitted on the same day and in the same manner to the Workers' Compensation Board, the insurance carrier or self-insured employer, the claimant's attending physician or other attending independent examiner, the claimant's representative, if any, and the claimant.

**CHECK ONE:**  PHYSICIAN  PODIATRIST  CHIROPRACTOR  PSYCHOLOGIST

**THIS EXAMINATION WAS REQUESTED BY:**  CARRIER/EMPLOYER  CLAIMANT

WCB Case No.	Carrier Case No. (If Known)	Date of Injury/Illness	Injured Person's Social Security No.	Date of Examination
G3539998	GLEN-033-22	04/03/2023	087-58-1911	12/05/2023

CCs:

WCB  
Kristine McCarthy - KMcCarthy  
Danita Burton  
PASTERNACK TILKER ZIEGLER

James Kipnis NYU LANGONE ORTHO

GRIECO MICHAEL B

COMMUNITY MEDICAL WELLNESS -  
KAREN PORTI, AMAN DEEP

NYS Workers' Compensation Board, Centralized Mailing, PO Box 5205, Binghamton, NY 13902-5205

**State of New York  
WORKERS' COMPENSATION BOARD**

**INDEPENDENT EXAMINER'S REPORT OF REQUEST FOR INFORMATION/RESPONSE  
TO REQUEST REGARDING INDEPENDENT MEDICAL EXAMINATION**

1. INDEPENDENT EXAMINER'S NAME AND ADDRESS  Woodley Desir 601 Franklin Avenue #215 Garden City, NY 11530		2. NAME AND ADDRESS OF PARTY REQUESTING INFORMATION  Wright Risk Management 900 Stewart Ave Garden City, NY 11530	
3. INDEPENDENT EXAMINER'S IME AUTHORIZATION NO.		4. IME ENTITY REGISTRATION NO. (If Applicable)	
280159-5B		010019	
5. DATE OF INDEPENDENT MEDICAL EXAMINATION  12/05/2023			
6. CLAIMANT'S NAME  Danita Burton		7. CLAIMANT'S WCB CASE NO.  G3539998	
		8. DATE OF INJURY  04/03/2023	
		9. DATE OF THIS REPORT  12/5/2023	

Pursuant to Section 137 of the Workers' Compensation Law (WCL), if an independent examiner who has performed or will be performing an independent medical examination of a workers' compensation claimant receives a request for information regarding the claimant, including faxed or electronically-transmitted requests, the independent examiner must submit a copy of the request for information to the Workers' Compensation Board within ten days of the receipt of the request. In addition, copies of all responses to such requests, shall be submitted by the responding independent examiner to the Board within ten days of the submission of the response to the requester.

**PLEASE NOTE:** Do not use this form to file documents, records, reports or items that are part of the official Board file. Any such items that are not part of the Board file at the time the IME is scheduled, should be submitted to the Board at the time of scheduling. The IME-3 should not be used for such submissions.

If the request for information is limited to a request for scheduling of an independent medical examination, you need not file this form. However, you must send a copy of Form IME-5 ("Claimant's Notice of Independent Medical Examination") to the Workers' Compensation Board.

**Instructions:**

- Complete all identifying information, items 1-9 above.
- To report a request for information, complete item 10-A below, sign, date and mail to the Workers' Compensation Board within ten days of receipt of request. A copy of the request must be attached.
- To report independent examiner's response to a request for information, complete item 10-B below, sign, date and mail to the Workers' Compensation Board within ten days of submission of response to the requester. A copy of the response must be attached.
- If the independent examiner responds to the requester within ten days of the receipt of the request, complete, sign and date items 10-A and 10-B and mail to the Workers' Compensation Board within ten days of receipt of the request, with copies of the request and response attached. Otherwise, submit separate forms to report request and your response within the time limits given in b. and c. above.

**NOTE:** The independent examiner's release of medical and/or workers' compensation records to the Board and/o; to the requesting party is subject to applicable laws regarding the confidentiality of such records, including but not limited to Section 110-a of the Workers' Compensation Law, Section 18 of the Public Health Law, and other applicable state and federal laws.

**HIPAA Notice:** In order to adjudicate a workers' compensation claim, WCL Sections 13-a and 137 permit an employer or carrier to have a claimant examined by a health care provider. Pursuant to 45 CFR 512 a health care provider who has been retained by an employer or carrier to evaluate a workplace injury is exempt from HIPAA's restrictions on disclosure of health information.

**INDEPENDENT EXAMINERS WHO FAIL TO FILE REQUIRED FORMS MAY BE SUBJECT TO DISCIPLINE,  
INCLUDING REMOVAL OF AUTHORIZATION TO PERFORM INDEPENDENT MEDICAL EXAMINATIONS.**

**10-A. INDEPENDENT EXAMINER'S REPORT OF REQUEST FOR INFORMATION REGARDING INDEPENDENT MEDICAL EXAMINATION**

Date request received 12/05/2023  
Attached is a copy of a request for information received in the case identified above.

Woodley Desir  
Independent Examiner's Name

Woodley Desir  
Signature

12/5/2023  
Date

**10-B. INDEPENDENT EXAMINER'S REPORT OF RESPONSE TO REQUEST FOR INFORMATION REGARDING INDEPENDENT MEDICAL EXAMINATION**

Date response submitted to requester 12/05/2023  
Attached is a copy of my response to a request for information received in the case identified above, and all materials supplied to the requester which are not already part of the official case record.

Woodley Desir  
Independent Examiner's Name

Woodley Desir  
Signature

12/5/2023  
Date



631-454-9800 Phone 877-880-5888 Toll Free

11/13/2023

**Woodley Desir**  
**Patel Kao Pain and Rehab Associates LLC**  
**150 Maple Ave, Suite #111**  
**South Plainfield, NJ 07080**

**RE:** Danita Burton  
**Claim #:** GLEN-033-22  
**Insured:** Glen Cove  
**DOI:** 4/3/2023  
**Insurance Type:** Work Comp.  
**SCS #:** WRM-2023-50

Dear Woodley Desir,

An independent examination has been scheduled for the above-captioned claim, as outlined below:

<b>Date:</b> 12/5/2023	<b>Doctor:</b> Woodley Desir
<b>Time:</b> 9:30 AM	<b>Specialty:</b> Orthopedic Surgeon
<b>Location:</b> 601 Franklin Avenue #215 Garden City, NY 11530	<b>Case Type:</b> IME
	<b>Service Type:</b> IME Exam
	<b>Status:</b> Scheduled

**IMPORTANT:**

In your report specifically state that your responses and/or findings are made within a reasonable degree of medical certainty. Please ensure that you have provided current medical literature/rationale to support your findings. After the examination, please provide a thorough analysis of this claimant and answer the follow questions in your report:

**SPECIAL INSTRUCTIONS:**

**Comment on:** Need for Treatment, Duration of Treatment, Maximum Medical Improvement (MMI)

**ANCR:** lumbar spine, left hip

**Appointment status:** Please report appointment show status within 24 hours to [noshow@supportclaimservices.com](mailto:noshow@supportclaimservices.com)

**Reports:** Email completed reports to [reports@supportclaimservices.com](mailto:reports@supportclaimservices.com) or fax to (631) 980-3519 within 3-5 business days. If you are interested in dictation services or a drop-box, please contact us.

**Fees:** Additional fees MUST be disclosed prior to the appointment date listed above.  
 In agreeing to perform this IME, you attest to the following:

You are duly licensed to practice in the State of (state of exam) and have a scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue under review and current relevant experience and/or knowledge to render a determination for the case under review.

You have prepared and read the findings and conclusions in your written report and that fees paid to you in no way influence your conclusions reached or opinion rendered. You have not been involved with specific episode of care prior to referral of the case for review.

You have no affiliation with any institution that would provide therapy or the manufacturer of any procedure, therapy, drug, device, or other product to be used in the proposed treatment.

You have no material, professional, or financial conflict of interest with the claimant, provider, facility or the benefits plan in the above report, regarding the referring entity, the insurance issuer or group health plan that is the subject of the review, the covered person whose treatment is the subject of the review and the covered person's authorized representative, if applicable, or any officer, director or management employee of the insurance issuer that is the subject of the review.

If you have any questions, please call 877-880-5888.

Thank you,  
 Support Claim Services

## Woodley Desir, M.D.

American Board of Orthopedic Surgery  
601 Franklin Avenue, Suite 215, Garden City, NY 11530

**December 05, 2023**

Support Claim Services Inc.  
3 Huntington Quadrangle Suite 401N  
Melville, NY 11747, United States

**Claimant:** Danita Burton  
**Date of Loss:** 4/3/2023  
**WCB#:** G3539998  
**Carrier Case#:** GLEN-033-22  
**Case#:** WRM-2023-50  
**Employer:** Glen Cove  
**Exam Type:** Worker's Compensation IME  
**Specialty:** Orthopedic Surgery

To Whom It May Concern:

As per your request, I examined the above-referenced claimant for the purpose of an independent orthopedic evaluation on December 05, 2023, at the Garden City office. The claimant presented a New York State Driver's License for verification. The examination was performed in the presence of a medical assistant, Siobhan. Ms. Burton arrived at our office. She was not accompanied by a family member/legal representative. There was no interpreter present at the time of the IME.

The findings of my examination are as follows:

### **INJURY HISTORY:**

Ms. Burton is a 62-year-old right-handed female who alleges that she sustained injuries to the lower back and left hip as a result of a work-related accident on 04/03/2023. At the time of the incident, Ms. Burton was employed as a lunch monitor. The claimant stated that on the day of the incident, she broke up a fight between 2 teens and fell to the floor and one of the students fell on top of her.

Ms. Burton did not seek any immediate medical attention. She states that she went to the urgent care four days after the incident. She reports that CT scans of her abdomen and pelvis were recorded. She was treated and released with a cane, which she reports still using.

The claimant has received treatment from an orthopedic surgeon and a pain management specialist. She reports receiving physical therapy. Ms. Burton has undergone further diagnostic testing with MRIs of the bilateral hips and bony pelvis, as well as CT scans of the bony pelvis.

**Woodley Desir, M.D.**

Claimant: Danita Burton  
Date of Loss: 4/3/2023  
Carrier Case#: GLEN-033-22  
Case#: WRM-2023-50  
WCB#: G3539998  
Page 2 of 5

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As per the claimant, she has not undergone any surgery but received a trigger point injection in the hip. The claimant's current treatment includes physical therapy two times a week and chiropractic care two to three times a week.

**PRESENT COMPLAINTS:**

Today, Ms. Burton described pain in the left hip (08/10).

\*\* The values indicate the pain level on a 1-10 scale.

**SEEN FOR:**

Ms. Burton was seen for injuries to the lumbar spine and left hip.

**PAST/UNRELATED MEDICAL & SURGICAL HISTORY:**

Ms. Burton mentions that she suffers from hypertension, high cholesterol, and anxiety/migraine. Further, she mentions that she has undergone shoulder arthroscopy. There is no history of work-related/MVA-related injury.

**SUBSEQUENT ACCIDENTS/INJURIES:**

Ms. Burton has not suffered any subsequent MVA- or worker-related injuries.

**PRESENT MEDICATIONS:**

Ms. Burton's current medications include cyclobenzaprine. She did not take any medications before IME.

**OCCUPATIONAL STATUS:**

At the time of the incident, Ms. Burton was employed as a lunch monitor. She states that she is not working in the same position due to pain.

**DAILY ACTIVITIES:**

The claimant reports requiring assistance from her daughter to perform her daily activities. She states that she cannot lift weights, walk, etc.

**MEDICAL RECORDS AVAILABLE FOR REVIEW:**

- IME report dated 8/1/2023 by August Buerkle Jr, M.D.
- Procedure note of left lumbar and left gluteal trigger point injection under ultrasound guidance dated 10/11/2023 by Aman Deep, M.D.

**Woodley Desir, M.D.**

Claimant: Danita Burton  
Date of Loss: 4/3/2023  
Carrier Case#: GLEN-033-22  
Case#: WRM-2023-50  
WCB#: G3539998  
Page 3 of 5

- Procedure note of left sacroiliac joint injection under ultrasound guidance dated 8/28/2023 by Aman Deep, M.D.
- MRI of right hip dated 9/30/2023 submitted by Robert Diamond, M.D. Impression: No significant abnormalities were noted in the left hip. Left fat-containing inguinal hernia identified as above. This may be further evaluated by patient exam and history.
- MRI of left hip dated 9/30/2023 submitted by Robert Diamond, M.D. Impression: No significant abnormalities were noted in the left hip. Left fat-containing inguinal hernia identified as above. This may be further evaluated by patient exam and history.
- MRI of bony pelvis dated 5/10/2023 submitted by Costas Stavrakis, M.D. Impression: Trace marrow edema of the left anterior iliac wing, which may represent bone contusion. Mild to moderate insertional gluteus minimus and medius tendinosis bilaterally. Mild bilateral acetabular marginal osteophytosis without discernible chondral abnormality.
- CT scan of bony pelvis dated 4/7/2023 by Robert Shroyer, M.D. Impression: No acute displaced pelvic fracture.
- Initial evaluation note dated 10/23/2023 by Michael Grieco, M.D.
- Follow-up note dated 10/11/2023 by Karen Porti, N.P.
- Chiropractic therapy progress notes dated 10/11/2023, 10/18/2023, 11/3/2023 and 11/13/2023 by Frank Cohen, D.C.
- Initial consultation note dated 8/23/2023 by Karen Porti, N.P.
- Physical therapy referral dated 8/23/2023 by Aman Deep, M.D.
- Progress notes dated 5/22/2023 and 7/19/2023 by James M. Kipnis, M.D.

**PHYSICAL EXAMINATION:****General Examination:**

The claimant is a 62-year-old right-handed female with brown eyes. She stands 5'02" tall and weighs 152 pounds.

The claimant was observed using a cane to aid with ambulation.

All Range of Motion measurements were taken with the aid of a standard hand-held goniometer. All Units are measured in degrees. When appropriate, the range of motion was measured three times. Range of Motion normal values are in accordance with the New York State Worker's Compensation guidelines and AMA 5th edition for evaluation of permanent impairment.

**Examination of Lumbar Spine:**

There was no pain/tenderness on palpation of the lumbar paraspinals. No spasm was noted in the paraspinal muscles. The straight Leg Raise test on the left and right were both negative. Heel and Toe standing was performed normally. Extensor Hallucis longus function was intact bilaterally. There was no evidence of lower extremity radiculopathy on today's

**Woodley Desir, M.D.**

Claimant: Danita Burton  
 Date of Loss: 4/3/2023  
 Carrier Case#: GLEN-033-22  
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 Page 4 of 5

examination.

<b>Range of Motion</b>	<b>Normal</b>	<b>Observed</b>
Flexion	60	45, 45, 45
Extension	25	15, 15, 15
Right Lateral Bending	25	17, 17, 17
Left Lateral Bending	25	20, 20, 20

**Examination of Hips:**

No pain/tenderness was elicited upon palpation of the hip region bilaterally. There was no pain with flexion, extension, or rotational movements of the hip. No impingement was seen on examination.

<b>Range of Motion (Measured x 3)</b>	<b>Normal</b>	<b>Left</b>	<b>Right</b>
Flexion	120	108, 108, 108	120, 120, 120
Extension	30	30, 30, 30	30, 30, 30
Abduction	45	40, 40, 40	45, 45, 45
Adduction	35	30, 30, 30	35, 35, 35
External Rotation	45	35, 35, 35	45, 45, 45
Internal Rotation	45	35, 35, 35	45, 45, 45

Examination of all non-orthopedic complaints is deferred to their respective specialty.

There was an observable less than vigorous participation noted on physical examination. The ROM is considered as suboptimal.

**IMPRESSION/DIAGNOSIS:**

- Lumbar strain.
- Left hip strain.

**MMI:**

Based on the findings of my examination today, in my opinion, the claimant has attained maximum medical improvement.

**TREATMENT AND RECOMMENDATIONS:**

Based upon evaluation and review of medical records, the claimant would not benefit from additional medical treatment, physical therapy, diagnostic testing, evaluations, or surgery. There is no need for further treatment at this time.

**Woodley Desir, M.D.**

Claimant: Danita Burton  
Date of Loss: 4/3/2023  
Carrier Case#: GLEN-033-22  
Case#: WRM-2023-50  
WCB#: G3539998  
Page 5 of 5

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All opinions expressed are made with a reasonable degree of medical certainty.

There was no doctor-patient relationship established during today's encounter. There was no existing doctor-patient relationship.

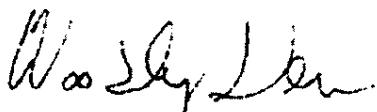
My assessment is in accordance with the New York State Workers' Compensation Board Guidelines effective 11/1/2021. Treatment Guidelines, the New York State Guidelines for Determining Permanent Impairment and Loss of Wage-Earning Capacity, January 2012, as well as the New York State Workers' Compensation Guidelines for Determining Impairment effective 1/1/18.

Pursuant to CPLR 2106, I, Woodley Desir, am a Diplomate of the American Board of Orthopedic Surgeons duly licensed to practice medicine in the State of New York. I affirm, under the penalties of perjury, that the information contained within this document was prepared is the work product of the undersigned, and is true to the best of my knowledge and information.

This report is a full and truthful representation of my professional opinion with respect to the claimant's condition in accordance with Workers' Compensation Law Sections 13-a (4)(e)(i), 13-k (3)(e)(i), 13-l (3)(e)(i) or 13-m (4)(e)(i), as appropriate. No person or entity has caused, directed, or encouraged me to submit a report that differs substantially from my professional opinion. I have reviewed the report and attest to its accuracy.

If any additional information is made available for my review, I will be happy to re-evaluate my position at that time. I am available to testify with prior notification.

Sincerely,



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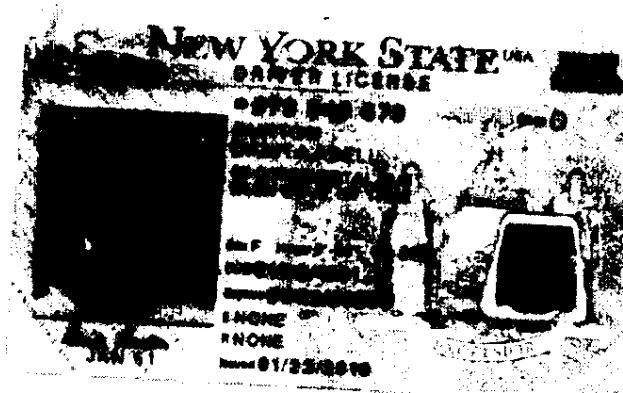
Woodley Desir, MD  
Board Certified in Orthopedics  
License# 280159 B

**PATEL KAO PAIN & REHAB ASSOCIATES, LLC**

(6)

**IME Identification Form**Name: Danita BurtonDate: 12/5/23Doctor: DesirLocation: Garden CityMedical Assistant: SidhhanStart Time: 9:30Interpreter: Y N Name (if yes): \_\_\_\_\_

End Time: \_\_\_\_\_

Legal Rep: Y N Name (if yes): \_\_\_\_\_Vendor: SCSVideographer: Y N Name (if yes): \_\_\_\_\_Other: Y N Name (if yes): \_\_\_\_\_ Relationship (if yes): \_\_\_\_\_Comments: \_\_\_\_\_ walk with cane**Photo Identification**

# PKPR GROUP

**PERSONAL INFORMATION:** (Circle wherever applicable)

Provider's Name: \_\_\_\_\_

Date: 12/5/2023 Patient Name: Danita Burton Do you need an interpreter? Yes  No

Gender: Male  Female  Date of Birth 1/2/61 Age: 62 Right-handed  Left-handed

Height: 5'2 Weight: 182 Hair Color: Brown Eye Color: Brown

How did you arrive at today's exam? Drove Myself Someone drove Taxi Bus/Train

**ACCIDENT DETAILS**
Date of Accident: 4/3/2023

Type of Exam: No Fault (Motor Vehicle)	<input checked="" type="checkbox"/> Worker's Comp	<input type="checkbox"/> Disability	<input type="checkbox"/> Liability
--	---	-------------------------------------	------------------------------------

## Briefly describe the incident:

Intercepted & broke up a fight in the school Cafeteria with 2 8th Grade Students

**For Motor Vehicle Accidents: (Circle appropriate)**

Were you a Pedestrian Bicyclist Driver Passenger If Passenger Front Back

Were you wearing a seatbelt? Yes  No  Did the airbags deploy? Yes  No

Did you lose consciousness? Yes  No  Any Cut? Yes  No  Any Stitches? Yes  No

The car you were in was hit from: Front Back Driver side Passenger Side

## Which Body parts were injured at the time of the accident? (Circle appropriate)

Head Neck Mid Back  Lower back

Right shoulder Right elbow Right wrist Right hand Right hip Right knee Right ankle Right foot

Left shoulder Left elbow Left wrist Left hand Left hip Left knee Left ankle Left foot

Other: Abdominal area

**HOSPITAL VISIT: (Circle wherever applicable)**

Did you go to the Hospital? Yes  No  How? Ambulance With someone By Myself

When? Immediately After 4 Days Were you admitted? Yes  No

When were you discharged? Same day After 0 Days

Describe the test performed: X-ray  CT scan  MRI

Which Body Part: Head Neck Back Shoulder Knee Other: \_\_\_\_\_

What treatment did you get: Abdominal area

What additional treatment did you get: Cane--Crutches--Sling--Neck collar--Knee brace--Bandage

Other: \_\_\_\_\_ Are you still using it? Yes  No

Today Date: 12/15/2023 Name: Danita Burton

**INITIAL CARE: (Circle wherever applicable)**

When did you first go to the doctor (After the hospital visit): 12/21/2023

To whom? Orthopedic surgeon Pain management Neurology Internal Medicine PCP

What was the treatment started? Physical therapy Chiropractic Acupuncture Massage

Any other specialty/doctor have you seen since the accident?

Orthopedic surgeon Pain management Neurology Internal Medicine PCP Other

Which Tests were performed?

X-ray Head Neck Lower back Shoulder R L Knee R L Other: Pelvic area

MRI Head Neck Lower back Shoulder R L Knee R L Other: Hip Left

CT scan Head Neck Lower back Shoulder R L Knee R L Other:

EMG/NCV Upper Limbs Lower Limbs *waiting for spasm (trigger point)*

Have you received any Injection? Yes No Which body part? targeted in hip area (4)

Have you received any Surgery? Yes No Which body part? \_\_\_\_\_ Date \_\_\_\_\_

Has injection/surgery helped you? Yes No

**CURRENT CARE:**

Are you receiving any treatment at present? Yes No Is treatment helping? Yes No

Physical therapy 2 /week Acupuncture \_\_\_\_\_ /week Chiropractic 2-3 /week

Are you taking any medications? Yes No If yes, please list cyclobenzaprine,

Did you take any medications today? ND

Are you using any durable medical equipment (cane, crutches bandages, braces, etc)? Yes No

What is the equipment? cane Where did you receive it? LVS

Were you explained how to use it? Yes No Are you scheduled to undergo any procedures? Aug 1st approval

**TODAY'S COMPLAINTS OF PAIN IN ON A SCALE OF 1-10:**

Head (  /10) Neck (  /10) Mid Back (  /10) Lower back (  /10)

Right shoulder (  /10) Right elbow (  /10) Right wrist (  /10) Right hand (  /10) Right hip (  /10)

Right knee (  /10) Right ankle (  /10) Right foot (  /10)

Left shoulder (  /10) Left elbow (  /10) Left wrist (  /10) Left hand (  /10) Left hip (  /10)

Left knee (  /10) Left ankle (  /10) Left foot (  /10)

Other: High left leg radiates to my knee, burning sensation

Today Date: 12/5/2023 Name: Danielle Burton

### OCCUPATIONAL HISTORY

Are you working right now? Yes  No Where? Same as before injury

Different Job

On the date of the accident were you employed? Yes  No Occupation:

Monitor & After shock

Job Description: Stand & Walk around during lunch, Go outside mount of children with a quick response if they are insured. Ex - lifting, calling for MR.  
Did you lose any time from work? Yes  No If Yes how long?

Why are you not working (if not)? Pain Covid-19 Retired Changed job

If working: Full time Restricted What are the restrictions if any? None

### PAST MEDICAL HISTORY

Do you have any illness? Yes  No

Circle: Hypertension Diabetes Heart Disease Stroke Cancer Asthma Arthritis Other:

Did you undergo any surgery unrelated to this accident? Yes  No Describe: 1999 - Hysterectomy

Any other injury? Yes  No If yes: Worker's comp Motor vehicle Other When?: \_\_\_\_\_

### SUBSEQUENT INJURY

Have you suffered any injury after the accident? Yes

If yes, When? \_\_\_\_\_ Injured body part: \_\_\_\_\_ Treatment: \_\_\_\_\_

### ACTIVITIES OF DAILY LIVING

1. How far can you walk? No limit Half mile One mile One block Two Blocks less than 9 blocks

2. How long can you stand continuously? No limit Two hours One hour 30 min 10 min

3. How long can you sit before you have to change position because of pain?

No limit Two hours One hour 30 minutes 10 minutes max

4. Does anyone help you with daily activities (like bathing, dressing, toileting)? Yes  No  
If yes: Who? Daughter

5. What activities are you not able to do because of your injury?

Most that require one weight bearing, walking, lifting

6. What are your typical activities during the day?  
Dr visits, short food shopping, chores, light cleaning, with carrying heavy objects

Claimant Signature: Danielle Burton Date: 12/5/2023

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pg 1 of 16

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Company: Support Claims Services NY

Fax: 631-980-4286

Phone: 631-454-9800

E-mail:

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# HEALTH INSURANCE CLAIM FORM

APPROVED BY DIRECTOR, SUPERVISOR OF AMERICAN INDIAN AFFAIRS AND RECORDS

WRIGHT RISK MANAGEMENT  
900 STEWART AVENUE, SUITE 600

GARDEN CITY, NY 11530-4869

1. MEDICARE	2. MEDIUM	3. HOSPITAL	4. CLINIC	5. DOCTOR	6. DENTIST	7. OPTOMETRIST	8. NURSE	9. CHURCH	10. INSURANCE	11. OTHER	12. PREVIOUSLY FILE NUMBER	13. PREVIOUSLY FILE NUMBER							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>087-58-1911</b>										
1. PATIENT'S NAME & ADDRESS (Last Name, Middle Initial, First Name)				2. PATIENT'S BIRTH DATE				3. INSURER'S NAME (Last Name, First Name, Middle Initial)											
<b>BURTON, DANITA A</b>				<b>01 02 1961</b>				<b>SAME</b>											
4. PATIENT'S ADDRESS (Last Name, Street Name, Number)				5. PATIENT'S RELATIONSHIP TO PATIENT				6. INSURER'S ADDRESS (Last Name, Street Name, Number)											
<b>80 VALENTINE STREET #A</b>				<b>8. SPOUSE</b>				<b>80 VALENTINE STREET #A</b>											
7. CITY		8. STATE		9. ZIP CODE		10. PHONE NUMBER		11. CITY		12. STATE									
<b>GLEN COVE</b>		<b>NY</b>		<b>11542</b>		<b>(631) 836-8338</b>		<b>GLEN COVE</b>		<b>NY</b>									
13. PATIENT'S INSURER NAME (Last Name, First Name, Middle Initial)				14. IS PATIENT'S CONDITION RELATED TO:				15. INSURER'S POLICY NUMBER OR FILE NUMBER											
<b>GLEN - 033-22</b>				<b>a. EMPLOYMENT? (Current or Previous)</b>				<b>NONE</b>											
				<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO		16. INSURER'S DATE OF BIRTH											
				<b>b. MIGRATION?</b>		<b>c. PLACE OF BIRTH</b>		<b>01 02 1961</b>											
				<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		17. ORIGIN OF PERSON'S WORK (Specified by ICD-9)											
				<b>d. OTHER ACTIVITY?</b>		<b>e. PLACE OF RESIDENCE</b>		<b>Y4GLEN-033-22</b>											
				<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		18. INSURER'S PLATE NAME OR PROGRESS NAME											
				<b>19. CLASS OF BENEFITS (Specified by NYDCC)</b>				<b>GENERIC WORKER-OTHER WORKER C</b>											
20. INSURER'S PLATE NAME OR PROGRESS NAME				21. IS THERE ANOTHER INDIVIDUAL IN BENEFIT PLAN?				22. INSURER'S PLATE NUMBER (Specified by NYDCC)											
<b>REF5X</b>				<b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>				<b>REF5X</b>											
23. DATE OF CURRENT RIBBON, BUNNY, OR PREGNANCY TEST				24. OTHER DATE				25. DATE PATIENT LEAVE TO WORK IN CURRENT OCCUPATION											
MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY								
06	02	97	04	30	23	04	03	23	04	03	23								
26. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE				27. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES				28. PATIENTS LAST SURGICAL DATE											
<b>REF5X</b>				<b>REF5X</b>				<b>REF5X</b>											
29. DISCHARGE OR DATE OF RELEASE FROM HOSPITAL OR CLINIC (Specified by NYDCC)				30. PATIENT'S ADDRESS				31. PATIENT'S ADDRESS											
<b>S339XXA</b>				<b>S300XXA</b>				<b>M533</b>											
A.	S.	L.	A.	S.	L.	S.	A.	S.	S.	L.	S.								
E.	S.	L.	E.	S.	L.	E.	E.	S.	S.	L.	E.								
32. A. DATE OF SERVICE	B. DATE	C. DATE	D. MEDICATIONS, DRUGS, OR SUPPLIES	E. SURGEON	F. SURGEON	G. SURGEON	H. SURGEON	I. SURGEON	J. SURGEON	K. SURGEON	L. SURGEON								
MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY								
04	20	23	11	99	204	11	203	76	1	1	2000								
33. PROGRAM TAX ID NUMBER				34. PATIENT'S RECORDING NO.				35. ACCEPT RESPONSIBILITY				36. TOTAL CHARGE		37. AMOUNT PAID		38. REASON FOR BILL			
<b>135562308</b>				<b>1691663951</b>				<b>X</b>				<b>\$ 203.76</b>		<b>\$ 0.00</b>		<b>877-648-2964</b>			
39. SIGNATURE OF PHYSICIAN OR SURGEON				40. PATIENT'S SIGNATURE				41. ACCEPT RESPONSIBILITY				42. PAYMENT		43. REAS		44. REAS			
45. SIGNATURE OF PHYSICIAN OR SURGEON				46. PATIENT'S SIGNATURE				47. ACCEPT RESPONSIBILITY				48. PAYMENT		49. REAS		50. REAS			
<b>JAMES MICHAEL KIPNIS</b>				<b>11 29 2023</b>				<b>1285826438</b>				<b>1285826438</b>		<b>ZZ207X00000X</b>		<b>1285826438</b>		<b>ZZ207X00000X</b>	

12/5/23, 11:12 AM

Burton, Danita A (MR # 11623070) Encounter Date: 04/20/2023

MRN: 11623070

# Burton, Danita A



James Michael Kipnis, MD  
Physician  
Orthopedics

Progress Notes   
Signed

Encounter Date: 4/20/2023

## Chief Complaint

Patient presents with

- Hip Pain

*Left hip pelvic pain, patient was injured at work on 4/3/23*

## History of present illness

The patient presents today for initial evaluation of the left hip for worker's comp . Patient reports incident 4/07/23 where she was breaking up a fight at work and she fell on her hip. She had Xrays done in the emergency room which determined no fractures. She reports feeling a sharp pain when she needs to use the bathroom. She takes 800mg of ibuprofen to relieve her pain. She reports no black and blue bruise. She states that she is still working.

## History

### Past Medical History:

Diagnosis	Date
• Cataract <i>bilateral</i>	
• Hyperlipidemia	
• Hypertension	
• Migraines	

History reviewed. No pertinent family history.

### Past Surgical History:

Procedure	Laterality	Date
• ROTATOR CUFF REPAIR		

## Social History

Substance and Sexual Activity	
Alcohol Use	Never

## Social History

Substance and Sexual Activity	
Drug Use	Never

## Social History

Tobacco Use	
Smoking Status	Never
Smokeless Tobacco	Never

## Allergies

12/5/23, 11:12 AM

Burton, Danita A (MR # 11623070) Encounter Date: 04/20/2023

**Allergen**

- Shellfish Containing Products

**Reactions**

Rash and Shortness Of Breath

**Review of Systems**

Neurological ROS: no neurological symptoms/sensory or motor

**Objective**

She appears well, in no apparent distress. Alert and oriented times three, pleasant and cooperative. Vital signs are as documented in vital signs section.

Examination of the left hip demonstrates pain with straight leg raise, ankle motion intact, tenderness in left lumbar region with left hip rotation, left SI joint tender, mid lumbar spine non tender, left greater trochanter tender, difficulty lying flat, pain posterior with log roll testing, and tolerates hip flexion.

The skin is Normal.

Pulses distally are Normal.

The patient is alert and oriented

Coordination is Normal.

Mood and affect are Normal.

The patient's appearance is Normal.

Failed Fax

**Radiology:** XRs of the lumbar spine are reviewed and interpreted by me and demonstrates no compression fracture.

**Assessment:****Encounter Diagnoses**

Code	Name	Primary?
• S33.9XXA	Sprain of ligament of lumbosacral joint, initial encounter	Yes
• S30.0XXA	Contusion of pelvis, initial encounter	
• M53.3	SI (sacroiliac) joint dysfunction	

**Plan:** Diagnosis as above. Treatment options discussed. Ongoing left lumbar spine pain. Symptoms persist, as such MRI to be obtained. Further recommendations forthcoming. Will assess for bone bruise to the sacrum. She is working.

**AUTHORIZATION IS REQUESTED FOR AN MRI OF THE PELVIS****AUTHORIZATION IS REQUESTED FOR PHYSICAL THERAPY 2-3 times a week for 6 to 8 weeks.**

Patient Reported Outcome (PRO) Scores	4/20/2023	4/18/2023	12/16/2022
<b>PROMIS-10 Global v1.2</b>	29.6 (Poor)	29.6 (Poor)	23.5 (Poor)
<b>Physical Health (Range: 15 - 70 )</b>			
<b>PROMIS-10 Global v1.2</b>	33.8 (Fair)	25.1 (Poor)	25.1 (Poor)
<b>Mental Health ( Range: 20 - 70 )</b>			
<b>PROMIS Physical Function CAT v2.0 ( Range 10 - 90 )</b>	35 (moderate dysfunction)	33 (moderate dysfunction)	31 (moderate dysfunction)
<b>PROMIS Pain Interference CAT v1.1 ( Range 10 - 90 )</b>	66 (moderate)	67 (moderate)	70 (moderate)
<b>PROMIS Pain Intensity 3a v1.0 ( Range 10 - 90 )</b>	56	59	62

12/5/23, 11:12 AM

Burton, Danita A (MR # 11623070) Encounter Date: 04/20/2023

KOOS JR Right ( Range -  
0 - 100 )  
KOOS JR Left ( Range -  
0 - 100 )  
HOOS JR Right ( Range -  
0 - 100 )  
HOOS JR Left ( Range -  
0 - 100 )  
PROMIS Upper  
Extremity CAT v2.0 ( Range 10 - 90 )

I, Petrucia Jean-Baptiste, am scribing for, and in the presence of Dr. James Michael Kipnis, MD on 4/20/2023.  
Electronically signed by James Michael Kipnis, MD at 4/21/2023 8:22 AM

Office Visit on 4/20/2023      *Note shared with patient*

## Additional Documentation

Vitals:      Ht 1.575 m (5' 2") Wt 65.8 kg (145 lb) BMI 26.52 kg/m<sup>2</sup> BSA 1.7 m<sup>2</sup>  
Flowsheets: Patient-Reported Data, Anthropometrics, Weight Change

## Orders Placed

XR LUMBAR SPINE (Resulted 4/20/2023)  
AMB REFERRAL TO PHYSICAL THERAPY Pending Review

## Medication Changes

As of 4/20/2023 3:04 PM

None

## Visit Diagnoses

Primary: Sprain of ligament of lumbosacral joint, initial encounter S33.9XXA  
Contusion of pelvis, initial encounter S30.0XXA  
SI (sacroiliac) joint dysfunction M53.3

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**NOTES:**

Attn: WC Medical Claims

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**Date and time of transmission:** Tuesday, December 5, 2023 12:29:36 PM  
**Number of pages including this cover sheet:** 125

**Glen Cove Chiropractic & Physical Therapy  
189A Forest Ave.  
Glen Cove, NY 11542  
516-759-2032**



Patient Name: Danita Burton  
 DOB: 1/2/1961  
 Sex: Female  
 Date of Service: 11/13/2023

**Visit Type: Daily Note**

### **Subjective**

#### **Lumbar radiating pain**

Patient presents with Lumbar radiating pain.

Onset: traumatic.

Located, radiating to left hip, leg, radiating pain up along back and spine, radiating around torso and radiating to left buttock and hip.

On a scale of 1 to 10, with 10 being the worst pain, the patient rates it as 8 9 10 Intensity varies..

Duration: since date of the accident.

Frequency: Constant, Worse during day, Progressively worsens as day progresses, Worse with movement, Worse with sitting, Worse with walking and Worse with any weight bearing posture or activity.

Quality: pain, stiff, sore, radiating, severe, sharp, spasms, numbness, paresthesia and pins & needles.

Aggravating Factors: going up stairs, postural changes, bending, lifting, sitting, standing, walking, movement, sudden movements, random and weight bearing.

Alleviating factors: nothing.

Associated symptoms are loss of motion, paraspinal myospasms, numbness, radiating pain, stiffness, soreness, tenderness, paresthesia and trouble walking.

Similar symptoms previously: no.

Patient was previously treated by None..

### **Objective**

ROM: Lumbar- 75 % Decrease

Subluxation Level: L3, L4, L5 and L SI

Muscle: Spasm Lumbar left and right and Piriformis left

Sensory: Radiating Pain Lumbar left lumbar, left leg and left hip

### **Assessment**

Other Biomechanical Lesions Of Lumbar Region (M99.83)

Injury Of Lumbosacral Plexus, Initial Encounter (S34.4XXA)

Low Back Pain, Unspecified (M54.50)

Sciatica, Left Side (M54.32)

Muscle Spasm Of Back (M62.830)

### **Daily Treatment Note**

Treatment tolerated well

Ms. Burton reports return of deep low back pain on the left more than right side radiating to her left hip, buttock and leg. She has lumbar paraspinal left dominant muscle spasms and rigidity which limit her ROM and ADL. She is able stand and bear weight on her left hip and leg but notes increased pain the longer

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**Laryssa Bohdan**

Workers Compensation Paralegal

666 OLD COUNTRY ROAD

SUITE 605

GARDEN CITY, NY 11530

Tel: (516) 471-1782 •  Fax: (516) 742-3994

Email: [lbohdan@workerslaw.com](mailto:lbohdan@workerslaw.com)

Website: [www.workerslaw.com](http://www.workerslaw.com)

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she is weight bearing. She walks with a limp and notes unrelenting and varying pain. Her pain disturbs her sleep and disables her from returning to work at this time.

**Plan**

Chiro Manipulation 3-5 Regions  
Mechanical Traction  
Therapeutic Exercise

**Visit Frequency**

Visit Frequency: 3 X /wk

**Treatment Plan**

SOTDIST, AI and D

**Plan / Prognosis**

Prognosis: Guarded  
3 times per week for 4 weeks.  
Treatment goals: Short term goals: Increase strength, Increase ROM/mobility, Increase ADL tolerance, Decrease radicular symptoms, Decrease spasm, Decrease trigger points, Improve sleep and Return to work with limits  
Decrease pain by 25.  
Increase ROM by 25.

**Procedure**

Detailed Examination  
X-Ray Lumbosacral (Ap&L)

**CQM**

**Use of imaging studies for low back pain**  
X-Ray of lower spine- sacrum and coccyx X-ray.

**Documentation of current medications in the medical record**  
Current medications documented.

**Preventive care and screening: body mass index (BMI) screening and follow-up**  
BMI management not needed.

**Preventive care and screening: tobacco use: screening and cessation intervention**  
Never smoked tobacco.



This visit was electronically signed off by Frank Cohen on 11/14/2023 1:44:09 PM



**Community Medical Wellness PC**

**Patient:** Danita Burton

**DOB:** 01/02/1961

**Sex:** F

**Provider:** Karen Porti, NP

**Visit:** 08/23/2023 11:00AM

**Chart:** BUDA000006

**Office:** Glen Cove

**Address:** 189 Forest Ave. Suite A, Glen Cove, NY,

11542

---

**Physical Therapy Referral**

**Diagnosis:** Lumbago, left hip

**Site:** Lower back, left hip

**Treatment Plan:** Frequency 2-3 days per week for 4-6 weeks

- Evaluate and Treat

- Modalities

- Therapeutic Exercise

- Range of Motion - **AAROM**

Strength

Home Exercise

- Treatment Goals

Increase Strength, Decrease Pain, Increase ROM, Decrease Swelling

A handwritten signature in black ink, appearing to read "Aman Deep".

**Aman Deep, M.D.**

Board Certified Internal Medicine

Pain Management Specialist

Phone: (631) 828-4545

Fax: (631) 828-4552

A handwritten signature in black ink, appearing to read "Karen Porti".

**Karen Porti, NP**

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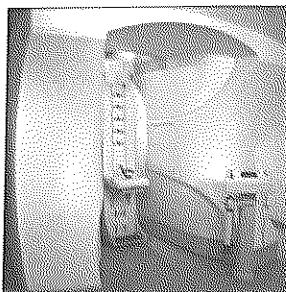
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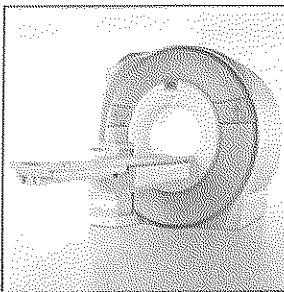
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Doctor: Please check your preference (if any):



STAND-UP® MRI  
(All Locations)



3.0T WIDE-BORE MRI  
(Islandia Only)



# STAND-UP MRI

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31 Old Country Rd. (516) 746-2248 Fax: (516) 746-2218 NPI: 1295826584	600 Northern Blvd. (516) 478-0004 Fax: (516) 478-0013 NPI: 156828861	229 Broadway (516) 256-1558 Fax: (516) 256-0758 NPI: 1134211436	1165 Wantagh Ave. (516) 781-1800 Fax: (516) 781-1888 NPI: 1982942272
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1118 Deer Park Ave. (631) 243-3222 Fax: (631) 243-3355 NPI: 1821180159	24 Research Way (631) 444-5361 Fax: (631) 444-5362 NPI: 1124093018	1710 Vets Mem. Hwy. (631) 348-0996 Fax: (631) 348-0997 NPI: 1427024199	110 Marcus Drive (631) 454-0539 Fax: (631) 454-9190 NPI: 1457326506

Your Appointment Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time: \_\_\_\_\_  am  pm  
If you must change your appointment, please give us 24 hours' notice.  
Important: Read the Safety Precautions written on the back of this page

Patient's Name: Danita Burton

Phone: (631) 836-8388

Date: 8/23/2023

Chief Complaint(s): left hip pain O/D inc in pain

Date of Birth: 1/2/1961

Surgical History: T A H, Shoulder arthroscopy

Doctor's Name: Karen Port NP

Doctor's Signature: [Signature]

Date: 8/23/2023

Address: 189 Forest Ave Ste A

Phone: (516) 759-2032 Fax: ( )

Give  CD  Films  Imagegram to my patient.

Send  CD  Films  Imagegram to my office.

Clinical Indications / Symptoms: left hip pain & limp

### HEAD

	w/o	w & w/o
Routine Brain (including Brain Stem)	<input type="checkbox"/> 70551	<input type="checkbox"/> 70553
TMJ	<input type="checkbox"/> 70336	<input type="checkbox"/> None
IAC's	<input type="checkbox"/> 70551	<input type="checkbox"/> 70553
Pituitary	<input type="checkbox"/> 70551	<input type="checkbox"/> 70553
Special Instructions:		

### ORBIT / FACE / NECK

	w/o	w & w/o
Face	<input type="checkbox"/> 70540	<input type="checkbox"/> 70543
Orbits	<input type="checkbox"/> 70540	<input type="checkbox"/> 70543
Sinuses	<input type="checkbox"/> 70540	<input type="checkbox"/> 70543
Soft Tissue Neck	<input type="checkbox"/> 70540	<input type="checkbox"/> 70543
Brachial Plexus	<input type="checkbox"/> 73218	<input type="checkbox"/> 73220
Special Instructions:		

### SPINE

	w/o	w & w/o
Cervical	<input type="checkbox"/> 72141	<input type="checkbox"/> 72156
<input type="checkbox"/> with Flexion <input type="checkbox"/> Extension on the Stand-Up® MRI		
Thoracic	<input type="checkbox"/> 72146	<input type="checkbox"/> 72157
Lumbar	<input type="checkbox"/> 72148	<input type="checkbox"/> 72158
<input type="checkbox"/> with Flexion <input type="checkbox"/> Extension on the Stand-Up® MRI		
Sacrum	<input type="checkbox"/> 72195	<input type="checkbox"/> 72197
Coccyx	<input type="checkbox"/> 72195	<input type="checkbox"/> 72197
Special Instructions:		

### BODY

Region of Interest:  
Please Specify  w/o  w & w/o  
Special Instructions: \_\_\_\_\_

### OTHER

### Upper Extremities/Joints

		w/o	w & w/o
Shoulder	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> 73221 <input type="checkbox"/> 73223
Humerus	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> 73218 <input type="checkbox"/> 73220
Elbow	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> 73221 <input type="checkbox"/> 73223
Forearm	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> 73218 <input type="checkbox"/> 73220
Wrist	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> 73221 <input type="checkbox"/> 73223
Hand	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> 73218 <input type="checkbox"/> 73220
Finger:			

Thumb	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> 73218 <input type="checkbox"/> 73220
Special Instructions:			

### Lower Extremities/Joints

		w/o	w & w/o
Hip	<input checked="" type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> 73721 <input type="checkbox"/> 73723
Femur	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> 73718 <input type="checkbox"/> 73720
Knee	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> 73721 <input type="checkbox"/> 73723
Tib/Fib	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> 73718 <input type="checkbox"/> 73720
Ankle	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> 73721 <input type="checkbox"/> 73723
Forefoot	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> 73718 <input type="checkbox"/> 73720
Hindfoot	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> 73721 <input type="checkbox"/> 73723
Special Instructions:			

### MRA - STAND-UP® MRI

	w/o
Head/COW	<input type="checkbox"/> 70544
Neck/Carotids	<input type="checkbox"/> 70547

### MRA - 3T Only

	w/o	w & w/o
Head/COW	<input type="checkbox"/> 70544	<input type="checkbox"/> 70546
Neck/Carotids	<input type="checkbox"/> 70547	<input type="checkbox"/> 70549
Chest/Aorta		<input type="checkbox"/> 70555
Abdomen/Aorta/Renal		<input type="checkbox"/> 74185
Upper Extremity	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73225
Lower Extremity	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73725

Special Instructions: \_\_\_\_\_

**Community Medical Wellness PC****Patient:** Danita Burton**DOB:** 01/02/1961**Sex:** F**Provider:** Karen Porti, NP**Visit:** 10/11/2023 9:45AM**Chart:** BUDA000006**Office:** Glen Cove**Address:** 189 Forest Ave. Suite A, Glen Cove, NY,  
11542**Follow-Up Examination**

Ms. Burton was last evaluated on 08/23/23. She presents stating she continues to have severe left sided lower back pain and left hip pain. She is antalgic and states she had minimal relief with left SI joint injection. She completed left hip MRI and is awaiting results.. The patient explains that they have experienced no relief with trigger point injections. SI joint They are requesting today a lumbar trigger point injection to relieve their symptoms.

On a scale from 1-10, 10 being the worst, the patient rates their pain in the following manner.

**Lower back:** Lower back is a 7. which is worse. The lower back pain radiates down the left leg to the left thigh.

**Left hip:** Left hip is a 8. which is the same.

They are here today requesting a trigger point injection.

The patient states that the pain continues to prevent them from their routine daily activities.

Their pain is worse throughout the day, at night. Their pain is exacerbated by general activity, sitting, standing, walking. They have tried treating the pain with chiropractic treatment, and, trigger point injections. The patient has deficits performing self-care activities, and, activities of daily living.

**Past Medical History:** Hypertension, High Cholesterol, Anxiety migraine ha

**Past Surgical History:** Shoulder Arthroscopy, TAH

**Surgical History Related to this Accident:** The patient has no significant surgical history related to this accident

**Medications:** losartan, HCTZ, metoprolol, zocor, ambien, singulair, fioracet

**Allergies:** Shellfish CODEINE, GABABENTIN, mushrooms

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Email: [lbohdan@workerslaw.com](mailto:lbohdan@workerslaw.com)

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**Community Medical Wellness PC****Patient:** Danita Burton**DOB:** 01/02/1961**Sex:** F**Provider:** Karen Porti, NP**Visit:** 10/11/2023 9:45AM**Chart:** BUDA000006**Office:** Glen Cove**Address:** 189 Forest Ave. Suite A, Glen Cove, NY,  
11542**Family:**

Mother had cancer. Brother- colon cancer/thyroid cancer Father is deceased Had AMI, cancer

**Social:**

The patient denies alcohol use Patient is a non-smoker

**Occupation:**

The patient is not currently working. Lunch monitor at a school The patient has not been working since the accident.

**Review of Systems**

The patient denies fevers, chills, shortness of breath, chest pains, visual changes and bowel/bladder incontinence. The patient states they have trouble sleeping at night because of the pain.

**Physical Exam****Height:** 5'2"**Weight:** 154 lbs.**Heart Rate:** 80**Blood Pressure:** 140/80**Gait:** The patients gait is antalgic due to lower back pain and hip pain.**Chest:** CTA b/l, No W/R/R**Heart:** S1, S2**Abdomen:** Soft, NT, +BS**Comprehensive Orthopedic Physical Exam****Lumbosacral Spine**

There is severe tenderness to palpitation noted at lumbosacral levels L3 through S2. On the left trigger points are noted upon palpation to be severely tender. On the right trigger points are noted upon palpation to be moderately tender. Positive Facet loading on the left.



## Community Medical Wellness PC

**Patient:** Danita Burton

**DOB:** 01/02/1961

**Sex:** F

**Provider:** Karen Porti, NP

**Visit:** 10/11/2023 9:45AM

**Chart:** BUDA000006

**Office:** Glen Cove

**Address:** 189 Forest Ave. Suite A, Glen Cove, NY,  
11542

**Lumbosacral Tests** There is pain noted while performing range of motion exam. The patient has pain when palpating the para-spinal muscles.

Straight leg raise is positive on the left, eliciting lower back pain. The sacroiliac compression test is positive on the left.

### Lumbosacral Range of Motion

**Flexion:** 60/90 (Normal 90)

**Extension:** 15/25 (Normal 25)

**Left Rotation:** 25/45 (Normal 45)

**Right Rotation:** 35/45 (Normal 45)

**Left Flexion:** 15/25 (Normal 25)

**Right Flexion:** 20/25 (Normal 25)

### Lumbosacral Neuromotor Exam

**L1/L2 Hip Flexors Left Present:** 5/5 (Normal 5/5) / **L1/L2 Hip Flexors Right Present:** 5/5 (Normal 5/5)

**L3 Quadricep Left Present:** 5/5 (Normal 5/5) / **L3 Quadricep Right Present:** 5/5 (Normal 5/5)

**Dorsiflexion Left Present:** 5/5 (Normal 5/5) / **Dorsiflexion Right Present:** 5/5 (Normal 5/5)

**1st Toes Extensions Left Present:** 5/5 (Normal 5/5) / **1st Toes Extensions Right Present:** 5/5 (Normal 5/5)

**Plantar Flexion Left Present:** 5/5 (Normal 5/5) **Plantar Flexion Right Present:** 5/5 (Normal 5/5)

### Left Hip

There is tenderness to palpation noted over the greater trochanter. There is tenderness to palpation noted over the piriformis muscle. Iliopsoas muscle testing is positive on hip flexion and snapping hip is present by iliotibial band test and iliopsoas band test.

### Hip Range of Motion

**Forward Flexion Left Present:** 90/130 (Normal 130)

**Extension Left Present:** 15/30 (Normal 30)

**Abduction Left Present:** 20/40 (Normal 40)

**Adduction Left Present:** 10/25 (Normal 25)

**Internal Rotation Left Present:** 15/35 (Normal 35)

**External Rotation Left Present:** 20/45 (Normal 45)

**Community Medical Wellness PC****Patient:** Danita Burton**DOB:** 01/02/1961**Sex:** F**Provider:** Karen Porti, NP**Visit:** 10/11/2023 9:45AM**Chart:** BUDA000006**Office:** Glen Cove**Address:** 189 Forest Ave. Suite A, Glen Cove, NY,

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**Imaging Studies**

5/12/2023 Pelvis MRI

Bones: There is no acute fracture or dislocation. Trace marrow edema of the left anterior iliac wing, which may represent bone contusion. The partially visualized lower lumbar spine is unremarkable.

Hip joints: Mild bilateral acetabular marginal osteophytosis without discernible chondral abnormality. There is no significant joint effusion.

Sacroiliac joints and pubic symphysis: The symphysis pubis is unremarkable. The sacroiliac joints are unremarkable. Trace subchondral edema with sclerosis of the right ilium about the right sacroiliac joint, likely degenerative. There is no significant joint effusion.

Tendons:

Gluteus minimus and medius: Mild to moderate insertional gluteus minimus and medius tendinosis bilaterally.

Iliopsoas: Intact.

Rectus femoris: Intact.

Hamstring: Intact.

Other: Intact.

Muscles: Unremarkable.

Nerves: Unremarkable.

Subcutaneous tissues: Unremarkable.

Other: None. The partially visualized pelvic viscera is unremarkable.

5/20/23 Lumbar MRI

Several sequences are degraded by motion.

ALIGNMENT: The vertebral alignment is within normal limits.

VERTEBRAE: The marrow signal is benign. Vertebral body height is maintained.

DISCS: There is maintenance of lumbar disc space height and hydration.

**Community Medical Wellness PC**

**Patient:** Danita Burton      **DOB:** 01/02/1961      **Sex:** F  
**Provider:** Karen Porti, NP      **Visit:** 10/11/2023 9:45AM      **Chart:** BUDA000006  
**Office:** Glen Cove      **Address:** 189 Forest Ave. Suite A, Glen Cove, NY,  
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---

**CONUS MEDULLARIS AND CAUDA EQUINA:** The conus medullaris terminates at L2. The nerve roots of the cauda equina are unremarkable.

**PARAVERTEBRAL SOFT TISSUES AND VISUALIZED RETROPERITONEUM:** There is no significant finding.

**EVALUATION OF INDIVIDUAL LEVELS:**

L1-2: There is no significant canal stenosis or neural foraminal narrowing.

L2-3: There is no significant canal stenosis or neural foraminal narrowing.

L3-4: There is mild facet hypertrophy. There is no significant canal stenosis or neural foraminal narrowing.

L4-5: There is a mild disc bulge. Mild facet hypertrophy is present. There is no significant canal stenosis or neural foraminal narrowing.

L5-S1: There is a mild disc bulge. Bilateral facet hypertrophy is present. There is no significant canal stenosis or neural foraminal narrowing.

**LIMITED EVALUATION OF UPPER SACRUM AND SACROILIAC JOINTS:** Unremarkable.

**Impression/Diagnosis**

Range of motions were objectively measured by goniometer.

**Lumbar:**

Lumbosacral Sprain/Strain S33.5XXA, Lumbar Myalgia M79.18, Myalgia M79.18, Lumbar Trigger Points M54.16, Lumbar Trigger Points M54.50, Lumbar Trigger Points M79.18, Lumbago M54.50, Left Lumbar Radiculopathy M54.16

**Left Hip:**

Left hip pain M25.552, Left greater trochanter bursitis M70.62, Left sprain unspecified site of hip and thigh S73.102A, Left piriformis strain S73.102A

**Sacrum:**

Left sacroiliac pain M53.3, Left sacroiliac strain/sprain S33.6XXA

**Plan**

trigger point injections performed, see note

- Continue with present medications.
- Continue non-opioid pain management.
- Continue with Chiropractic treatment as per treating Doctor.
- I have discussed several treatment options and the risks and benefits of conservative pain management

**Community Medical Wellness PC****Patient:** Danita Burton**DOB:** 01/02/1961**Sex:** F**Provider:** Karen Porti, NP**Visit:** 10/11/2023 9:45AM**Chart:** BUDA000006**Office:** Glen Cove**Address:** 189 Forest Ave. Suite A, Glen Cove, NY,  
11542

treatment and continued physical therapy vs surgical and intervention treatment.

- I have stressed the importance of a home exercise program including stretching to maintain range of motion and improve overall function.
- I will schedule for hip injection next visit if symptoms persist and do not improve with therapy.
- The patient was given an appointment to follow up in 1 week
- PRN for pain management.

**Aman Deep, M.D.**

Pain Management

Phone: (631) 828-4545

Fax: (631) 828-4552

**Karen Porti, NP**

**Medications & Allergies:**

Current Medication & Dosage	Dispense	SIG	PRN?	Indication
methocarbamol 500 mg oral tablet	30.000	Take 1 tablet every 8 hours as needed for muscle spasm	No	
Medrol 4 mg oral tablet	1.000	Take as prescribed	No	



MULTI-POSITION MRI

## STAND-UP MRI OF CARLE PLACE, P.C.

31 Old Country Road • Carle Place, NY 11514  
Phone: 516.746.2248 • Fax: 516.746.2218

Accredited by the American College of Radiology

DANITA BURTON

DOB: 01/02/1961

Exam Date: 09/30/2023

N10207450-CP Report Date: 10/11/2023

KAREN PORTI, NP  
189 FOREST AVENUE STE A  
GLEN COVE, NY 11542

### MAGNETIC RESONANCE IMAGING OF THE BILATERAL HIPS WITH ATTENTION TO THE LEFT HIP

**TECHNIQUE:** Multiplanar, multisequential MRI was performed in the 30-degree tilt position.

**HISTORY:** Patient complains of left hip pain.

**INTERPRETATION:** On sagittal and axial sequencing, there is extension of pelvic fat through a defect in the left rectus musculature at the level of the hips compatible with an inguinal hernia. This may be further assessed by patient exam and history.

Trace amount of fluid is seen in the left hip joint which is felt to be within physiological range.

Examination, otherwise, demonstrates left hip osseous signal and morphology to be unremarkable. No focal abnormal areas of altered signal or morphology are otherwise noted involving the left acetabulum or proximal femur. No significant masses or altered signals are otherwise noted in the left hip muscular or fascial planes. Visualized portions of the pelvis including left obturator, pyriformis, iliopsoas, gluteal, ischial and inguinal regions are also otherwise unremarkable in signal and morphology. There is no left hip CAM or pincer deformity noted.

### IMPRESSION:

- No significant abnormalities noted in the left hip. Left fat-containing inguinal hernia identified as above. This may be further evaluated by patient exam and history.

Thank you for referring your patient to us for evaluation.

Sincerely,

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DANITA BURTON

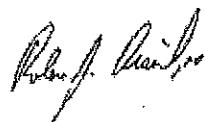
N10207450

Exam Date:

09/30/2023

Page 2 of 2

HIP LEFT MRI 73721



10/18/23  
PC

Robert Diamond, M.D.  
Diplomate of the American Board of Radiology  
RD/MM

[Close](#)

## D After Visit Summary



This document summarizes your visit. This information was accurate on the day of your visit, and some information may have changed since your visit.

DANITA  
BURTON

Document Version

### Today's Visit



You saw James Michael Kipnis, MD on Wednesday October 4, 2023 for:

- Follow Up

The following issues were addressed:

- Lumbar radiculopathy
- Contusion of pelvis, initial encounter
- Sacroiliitis
- Trochanteric bursitis, left hip



BMI

28.17



Weight

154 lb



Height

5' 2"

NYU Langone Health  
App & MyChart

- Download the NYU Langone Health app on the **App Store** or **Google Play** to stay connected to your care anytime and anywhere.

Status: Final result

**Your Exam Images**

**Click Here to View Your Images**

View the images that were taken during your exam. Please also follow up with your doctor to discuss the written report and results.

**All Reviewers List**

James Michael Kipnis, MD on 5/12/2023 09:45

Full Report

**IMPRESSION:**

Trace marrow edema of the left anterior iliac wing, which may represent bone contusion.

Mild to moderate insertional gluteus minimus and medius tendinosis bilaterally.

Mild bilateral acetabular marginal osteophytosis without discernible chondral abnormality.

History: Pelvic trauma.

Technique: Multiplanar, multisequential images of the pelvis were obtained according to standard protocol.

Comparison: None.

**Findings:**

Bones: There is no acute fracture or dislocation. Trace marrow edema of the left anterior iliac wing, which may represent bone contusion. The partially visualized lower lumbar spine is unremarkable.

Hip joints: Mild bilateral acetabular marginal osteophytosis without discernible chondral abnormality. There is no significant joint effusion.

Sacroiliac joints and pubic symphysis: The symphysis pubis is unremarkable. The sacroiliac joints are unremarkable. Trace subchondral edema with sclerosis of the right ilium about the right sacroiliac joint, likely degenerative. There is no significant joint effusion.

Tendons:

Gluteus minimus and medius: Mild to moderate insertional gluteus minimus and medius tendinosis bilaterally.

Iliopsoas: Intact.

Rectus femoris: Intact.

Hamstring: Intact.

Other: Intact.

Muscles: Unremarkable.

Nerves: Unremarkable.

Subcutaneous tissues: Unremarkable.

Other: None. The partially visualized pelvic viscera is unremarkable.

Fe  
10/18/23

Electronic Signature: I personally reviewed the images and agree with this report. Final Report:

Dictated by and Signed by Attending Costas Stavrakis MD 5/11/2023 12:37 PM

Status: Final result

**Your Exam Images**

**Click Here to View Your Images**

View the images that were taken during your exam. Please also follow up with your doctor to discuss the written report and results.

**All Reviewers List**

**James Michael Kipnis, MD on 5/20/2023 10:36**

**Full Report**

**IMPRESSION:**

Mildly bulging discs and degenerative changes at several levels as described. No significant canal stenosis or prominent neural foraminal narrowing.

**CLINICAL INDICATION:** Lumbar radiculopathy.

**TECHNIQUE:** Multiplanar multisequence MRI of the lumbar spine was performed without the administration of intravenous contrast, according to standard protocol.

**COMPARISON:** Images from the patient's MRI of 8/21/2008 not available in PACS at the time of this reading.

**FINDINGS:** Several sequences are degraded by motion.

**ALIGNMENT:** The vertebral alignment is within normal limits.

**VERTEBRAE:** The marrow signal is benign. Vertebral body height is maintained.

**DISCS:** There is maintenance of lumbar disc space height and hydration.

**CONUS MEDULLARIS AND CAUDA EQUINA:** The conus medullaris terminates at L2. The nerve roots of the cauda equina are unremarkable.

**PARAVERTEBRAL SOFT TISSUES AND VISUALIZED RETROPERITONEUM:** There is no significant finding.

L1-2: There is no significant canal stenosis or neural foraminal narrowing.

L2-3: There is no significant canal stenosis or neural foraminal narrowing.

L3-4: There is mild facet hypertrophy. There is no significant canal stenosis or neural foraminal narrowing.

L4-5: There is a mild disc bulge. Mild facet hypertrophy is present. There is no significant canal stenosis or neural foraminal narrowing.

L5-S1: There is a mild disc bulge. Bilateral facet hypertrophy is present. There is no significant canal stenosis or neural foraminal narrowing.

LIMITED EVALUATION OF UPPER SACRUM AND SACROILIAC JOINTS: Unremarkable.

Electronic Signature: I personally reviewed the images and agree with this report. Final Report:  
Dictated by and Signed by Attending Barbara L Eisenkraft MD 5/19/2023 4:23 PM

Re  
10/18/23

**Glen Cove Chiropractic &  
Physical Therapy  
189A Forest Ave.  
Glen Cove, NY 11542  
516-759-2032**

November 13, 2023

Re: Danita Burton                  WCB #:        G353 9998  
Accid Date: 04/03/2023  
Claim #:                  GLEN-033-22

To Whom It May Concern:

The purpose of this letter is to state that Danita Burton is a patient in this office, receiving care for a Work Comp related injury.

As a result of this injury, she is currently not capable of returning to work due to persistent pain, restricted ranges of motion, inability to bear weight on her left leg.

We are still waiting for Work Comp approved lumbar MRI to further evaluate the nature and extent of her injuries.

She also sees pain management and notes mild temporary relief with pain management injections.

Ms. Burton is disabled from 8/03/2023 through 12/15/2023. I will monitor her response to care and evaluate her work capacity and return her to work when appropriate.

If you require any further information, please contact me at this office.

Sincerely,

**Frank Cohen, DC (electronically signed)**  
Frank D. Cohen,DC  
FDC/hp

**From:** Laryssa Bohdan  
**Sent:** Thursday, November 16, 2023  
**To:** wcb.sa Xeroxapp  
**Subject:** Danita Burton - WCB#G3539998; CC#GLEN-033-22

**ATTENTION:** This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Hello,

Please add the attached to claimantâ€™s file.

Thank you,  
[cid:image001.png@01DA189F.B8C95580]  
Laryssa Bohdan  
Workers Compensation Paralegal  
666 OLD COUNTRY ROAD  
SUITE 605  
GARDEN CITY, NY 11530  
ðŸ“žTel: (516) 471-1782 â–ª ðŸ“ Fax: (516) 742-3994  
Email: lbohdan@workerslaw.com<<mailto:lbohdan@workerslaw.com>>  
Website: [https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.workerslaw.com%2F&data=05%7C01%7Cwcb.sa.Xeroxapp%40nysemail.onmicrosoft.com%7C7fc674bd16af4212421c08dbe6e0c7cb%7Cf46cb8ea79004d108ceb80e8c1c81ee7%7C0%7C0%7C638357625673451275%7CUnknown%7CTWFpbGZsb3d8eyJWljoIMC4wLiAwMDAiLCJQIjoV2luMzliLCJBTIi6Ik1haWwILCJXVCi6Mn0%3D%7C3000%7C%7C&sdata=dGFikBPInXRd482uqpiGoQe5%2BMYoNcFZ7ObFxxaW%2Fj0%3D&reserved=0>](http://www.workerslaw.com<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.workerslaw.com%2F&data=05%7C01%7Cwcb.sa.Xeroxapp%40nysemail.onmicrosoft.com%7C7fc674bd16af4212421c08dbe6e0c7cb%7Cf46cb8ea79004d108ceb80e8c1c81ee7%7C0%7C0%7C638357625673451275%7CUnknown%7CTWFpbGZsb3d8eyJWljoIMC4wLiAwMDAiLCJQIjoV2luMzliLCJBTIi6Ik1haWwILCJXVCi6Mn0%3D%7C3000%7C%7C&sdata=dGFikBPInXRd482uqpiGoQe5%2BMYoNcFZ7ObFxxaW%2Fj0%3D&reserved=0>)  
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**STAND-UP MRI OF CARLE PLACE, P.C.**  
31 Old County Road, Carle Place, NY 11514  
Phone: 516-746-2248 • Fax: 516-746-2218

**MULTIPOSITION MRI**      Accredited by the American College of Radiology

**DANITA BURTON**      N10207450-CP      Report Date: 10/11/2023  
DOB: 01/02/1961  
Exam Date: 09/30/2023

**KAREN PORTIL, NP**  
**189 FOREST AVENUE STE A**  
**GLEN COVE, NY 11542**

**MAGNETIC RESONANCE IMAGING OF THE BILATERAL HIPS WITH ATTENTION TO THE LEFT HIP**

**TECHNIQUE:** Multiplanar, multisequential MRI was performed in the 30-degree tilt position.

**HISTORY:** Patient complains of left hip pain.

**INTERPRETATION:** On sagittal and axial sequencing, there is extension of pelvic fat through a defect in the left rectus musculature at the level of the hips compatible with an inguinal hernia. This may be further assessed by patient exam and history.

Trace amount of fluid is seen in the left hip joint which is felt to be within physiological range.

Examination otherwise demonstrates left hip possess signal and morphology to be unremarkable. No focal abnormal areas of altered signal or morphology are otherwise noted involving the left acetabulum or proximal femur. No significant masses or altered signals are otherwise noted in the left hip musculor or fascial planes. Visualized portions of the pelvis including left obturator, pyriformis, iliopsoas, gluteal, ischial and inguinal regions are also otherwise unremarkable in signal and morphology. There is no hip CAM or corner deformity noted.

**IMPRESSION:**

- No significant abnormalities noted in the left hip. Left fat-containing inguinal hernia identified as above. This may be further evaluated by patient exam and history.

Thank you for referring your patient to us for evaluation.

Carle Place, NY

**From:** Laryssa Bohdan  
**Sent:** Thursday, November 16, 2023  
**To:** wcb.sa Xeroxapp  
**Subject:** Danita Burton - WCB#G3539998; CC#GLEN-033-22

**ATTENTION:** This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Hello,

Please add the attached to claimantâ€™s file.

Thank you,  
[cid:image001.png@01DA189F.2476C0C0]  
Laryssa Bohdan  
Workers Compensation Paralegal  
666 OLD COUNTRY ROAD  
SUITE 605  
GARDEN CITY, NY 11530  
ðŸ“žTel: (516) 471-1782 â–ª ðŸ“ Fax: (516) 742-3994  
Email: lbohdan@workerslaw.com<<mailto:lbohdan@workerslaw.com>>  
Website: [\[cid:image003.png@01DA189F.2476C0C0\] <<<a href="https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.linkedin.com%2Fcompany%2Fpasternack-tilker-ziegler-walsh-stanton-%26-romano-l.l.c.&amp;data=05%7C01%7Cwcb.sa.Xeroxapp%40nysemail.onmicrosoft.com%7C2f490cae4a0642a665e608dbe6e03554%7Cf46cb8ea79004d108ceb80e8c1c81ee7%7C0%7C638357623443575096%7CUnknown%7CTWFpbGZsb3d8eyJWljoIMC4wLjAwMDA1LCJQIjoIV2luMzIiLCJBTIi6Ik1haWwiLCJXVCi6Mn0%3D%7C3000%7C%7C&amp;sdata=xw0Cr347Ua2xMjHPTNsTv0Kz0%2BEii2Y5TXRHv3hB%3D&amp;reserved=0&gt; \[cid:image006.png@01DA189F.2476C0C0\]</a>](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.workerslaw.com%2F&data=05%7C01%7Cwcb.sa.Xeroxapp%40nysemail.onmicrosoft.com%7C2f490cae4a0642a665e608dbe6e03554%7Cf46cb8ea79004d108ceb80e8c1c81ee7%7C0%7C638357623443418863%7CUnknown%7CTWFpbGZsb3d8eyJWljoIMC4wLjAwMDA1LCJQIjoIV2luMzIiLCJBTIi6Ik1haWwiLCJXVCi6Mn0%3D%7C3000%7C%7C&sdata=bXorHRPmPN%2FH6TaVQki373WIXST9NUJALYCl23a%2FYU%3D&reserved=0><br/>Follow us on: [cid:image002.png@01DA189F.2476C0C0]<br/><<a href=)