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PEER REVIEW REQUEST FORM

Date Submitted: 10/27/2022

Due Date/Time: 10/27/2022 03:00PM

Client Contact: Roby Supangan
Phone:
Fax:
Email: Roby_Supangan@gbtpa.com

Peer Vendor:
Peer Vendor eMail:

Claimant: MERCEDES JIMENEZ

Claim #: 001068-010840-WC-01
DOI: 08/11/2018
DOB: 09/27/1970
Received Date:

Employer: PAYLESS SHOE SOURCE
Location: PAYLESS, INC. - 001068
Carrier: Unassigned for GB
Claims Examiner: MARIE VITALE
Review #: 5895767
TPA:

Requesting Provider: Magda Fahmy, MD
Phone: (718) 460-2876
Specialty: Physical Medicine & Rehabilitation

of Requests: 0

Jurisdiction: NY
Review Level: NY PAR Level 2
Review Type: Prospective UR

Medical Records:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	UR Request	Magda Fahmy MD	4	10/12/2022	10/12/2022
2	Medical Records	Magda Fahmy MD	7	10/03/2022	10/03/2022
3	Medical Records	Magda Fahmy MD	1	10/03/2022	10/03/2022

Treatment Requested:	97140: Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes, 97110: Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility, 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, 97014: Application of a modality to 1 or more areas; electrical stimulation (unattended) - Physical therapy of the Cervical Spine and Bilateral Shoulders, 2-3 times a week for 6 weeks
Diagnosis:	M54.2 Cervicalgia, M25.511 Pain in right shoulder; M25.512 Pain in left shoulder
History of Condition:	
Source/Criteria/Ref:	New York Medical Treatment Guidelines /

Citation:	
Conclusion:	
Client Instructions	<p>Guideline Variance: New York Medical Treatment Guidelines, Neck - D.9.a.i Physical / Occupational Therapy Shoulder - E.4.a.i.a Physical / Occupational Therapy</p> <p>DOI of 8/11/2018 Per progress report dated 10/3/22 IW complaints of neck pain with radiation and paresthesia, pain level 7-8/10, bilateral shoulder pain IW underwent ACDF 4/13/21, pain management and neurology, PT with decreased pain and spasm. Objective: cervical tenderness, trigger points, + Spurlings, decreased ROM. Shoulders: tenderness, + Neer's/Hawkin,s, decreased , flexion limited to 160 abduction bilaterally MRI cervical 5/7/19 shows herniation , minimal spondylitis. EMG 7/29/19 shows cervical and lumbar radiculopathy. No documentations of number of PT visits completed. May exceed guideline recommendations</p> <p>Escalated to Level 2 review as request is DENY.</p> <p>PA Due Date/Time: 10/27/2022 03:00 PM CST</p> <p>Requesting Provider Name/Specialty: Magda Fahmy, MD / Physical Medicine & Rehabilitation</p> <p>Compensable (Accepted) Body Part/s: L foot/ankle, and later amended to include L knee, neck, both shoulders, left elbow, back and major depression and PTSD. Right knee, foot.</p> <p>Specific Instruction: Please review all of these request for medical necessity. 97140: Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes, 97110: Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility, 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, 97014: Application of a modality to 1 or more areas; electrical stimulation (unattended) - Physical therapy of the Cervical Spine and Bilateral Shoulders, 2-3 times a week for 6 weeks</p>

Treatment Request Details:

DOS Start Date	DOS End Date	Treatment	Description Text	CPT	Req Units	Auth Units	Body Part	Determination	Guideline
		PT/OT/PMR	97140: Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more	97140	18		Soft Tissue - Other than larynx or trachea	New	

			<p>regions, each 15 minutes, 97110: Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility, 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, 97014: Application of a modality to 1 or more areas; electrical stimulation (unattended) - Physical therapy of the Cervical Spine and Bilateral Shoulders, 2-3 times a week for 6 weeks</p>						
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Listed below are details of a Prior Authorization Request (PAR) that was submitted to request treatments/tests that vary from the Medical Treatment Guidelines. Upon identification of the claim administrator, they will be required to respond within 15 calendar days (final day will move to the next business day if it falls on a weekend/holiday); parties will be notified of the outcome.

CLAIM INFORMATION

WCB Case # G2293134	Date of Injury 08/11/2018	Claim Admin Claim # 001068010840WC01
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Patient Name JIMENEZ, MERCEDES

Address 9739 76TH ST APT 2
OZONE PARK, NY 114161015

SSN XXX-XX-8816

DOB 09/27/1970

Gender Female

Employer Name PAYLESS SHOESOURCE INC

Address 9400 LIBERTY AVE
OZONE PARK, NY 11417

Insurer Name American Zurich Insurance Co

Insurer ID W036636

Address 1299 ZURICH WAY
SCHAUMBURG, IL 60196-1056

Claim Admin Name Gallagher Bassett Services Inc

Claim Admin ID T100033

Address

HEALTH CARE PROVIDER INFORMATION

Name Fahmy, Magda

Address 144-15 32 nd Avenue
Flushing, NY 11354

Type Physician

WCB Auth # 215618-0

NPI 1477631349

PRIOR AUTHORIZATION REQUEST DETAILS

1.	Body Part Bilateral Spinal Cord	MTG Reference Code and Description Neck - D.9.a.i: Treatment - Physical/Occupational Therapy - Cervical Spine	CPT Code and Description 97140: Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
2.	Body Part Bilateral Spinal Cord	MTG Reference Code and Description Neck - D.9.a.i: Treatment - Physical/Occupational Therapy - Cervical Spine	CPT Code and Description 97110: Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
3.	Body Part Bilateral Spinal Cord	MTG Reference Code and Description Neck - D.9.a.i: Treatment - Physical/Occupational Therapy - Cervical Spine	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
4.	Body Part Bilateral Spinal Cord	MTG Reference Code and Description Neck - D.9.a.i: Treatment - Physical/Occupational Therapy - Cervical Spine	CPT Code and Description 97014: Application of a modality to 1 or more areas; electrical stimulation (unattended)
5.	Body Part Left Shoulder	MTG Reference Code and Description Shoulder - E.11.a: Non-Operative Treatment - Therapeutic Exercise Instruction - Shoulder Injuries	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

PRIOR AUTHORIZATION REQUEST DETAILS

6.	Body Part Left Shoulder	MTG Reference Code and Description Shoulder - E.11.a: Non-Operative Treatment - Therapeutic Exercise Instruction - Shoulder Injuries	CPT Code and Description 97110: Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
7.	Body Part Left Shoulder	MTG Reference Code and Description Shoulder - E.11.a: Non-Operative Treatment - Therapeutic Exercise Instruction - Shoulder Injuries	CPT Code and Description 97140: Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
8.	Body Part Left Shoulder	MTG Reference Code and Description Shoulder - E.11.a: Non-Operative Treatment - Therapeutic Exercise Instruction - Shoulder Injuries	CPT Code and Description 97014: Application of a modality to 1 or more areas; electrical stimulation (unattended)
9.	Body Part Right Shoulder	MTG Reference Code and Description Shoulder - E.11.a: Non-Operative Treatment - Therapeutic Exercise Instruction - Shoulder Injuries	CPT Code and Description 97140: Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
10.	Body Part Right Shoulder	MTG Reference Code and Description Shoulder - E.11.a: Non-Operative Treatment - Therapeutic Exercise Instruction - Shoulder Injuries	CPT Code and Description 97014: Application of a modality to 1 or more areas; electrical stimulation (unattended)
11.	Body Part Right Shoulder	MTG Reference Code and Description Shoulder - E.11.a: Non-Operative Treatment - Therapeutic Exercise Instruction - Shoulder Injuries	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

PRIOR AUTHORIZATION REQUEST DETAILS

12.	Body Part	MTG Reference Code and Description	CPT Code and Description
	Right Shoulder	Shoulder - E.11.a: Non-Operative Treatment - Therapeutic Exercise Instruction - Shoulder Injuries	97110: Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

STATEMENT OF MEDICAL NECESSITY / SUPPORTING MEDICAL DOCUMENTATION

Statement of Medical Necessity: Requesting authorization for Physical therapy 2-3x a week for 6 weeks to improve range of motion and to promote and expedite recovery

Supporting documentation was provided as a part of this request.

PROVIDER'S ATTESTATION

By submission of this request for prior authorization, I certify that my statements are true and correct, and I do not have a substantially similar request pending.

Provider Name Fahmy, Magda

Date 10/12/2022

PHYSICAL THERAPY PRESCRIPTION and ORDER FORM

Patient's Name: JIMENEZ, MERCEDEZ

Date: 10/3/2022

	<u>ICD-10 Code</u>	<u>ICD-10 Description</u>	<u>Reported Date</u>	<u>Onset</u>	<u>Onset Date</u>	<u>Status</u>
Diagnosis(es):	M25.511	Pain in right shoulder	05/28/2019			
	M25.512	Pain in left shoulder	03/03/2020			
	M25.562	Pain in left knee	07/01/2019			
	M25.572	Pain in left ankle and joints of left foot	05/28/2019			
	M54.2	Cervicalgia	05/28/2019			
	M54.5	Low back pain	07/01/2019			
	M62.830	Muscle spasm of back	05/28/2019			
	M65.272	Calcific tendinitis, left ankle and foot	05/28/2019			
	S46.011S	Strain of muscle(s) and tendon(s) of the rotator cuff of right shoulder, sequela	03/03/2020			
	S46.012S	Strain of muscle(s) and tendon(s) of the rotator cuff of left shoulder, sequela	03/03/2020			

Precaution(s): As tolerated, ACDF cervical spine 4/13/21. as per neurosx

SITE(S) OF INJURY:

- ☒ Neck
- ☒ Mid Back / Low Back
- ☒ Shoulder (☒ L / ☒ R)
- ☐ Elbow (☐ L / ☐ R)
- ☐ Wrist (☐ L / ☐ R)
- ☐ Hip (☐ L / ☐ R)
- ☐ Knee (☐ L / ☐ R)
- ☒ Ankle (☒ L / ☐ R)
- ☐ Other:

GOALS OF TREATMENT:

- ☐ Reduce Pain / Functional Deficits
- ☐ Increase Range of Motion
- ☐ Increase Strength
- ☐ Increase Functional Activities
- ☐ Increase Endurance
- ☐ Improve Gait / Balance
- ☐ Other:

CODES:

- ☒ 97014 Electrical Stim (Unattended)
- ☐ 97032 Electrical Stim (Attended)
- ☐ 97116 Gait Training
- ☐ 97535 Home Exercise Program
- ☒ 97010 Hot Pack / Cold Pack
- ☒ 97140 Manual Tx / Myofasc Release
- ☐ 97112 Neuromuscular Re-educ
- ☐ 97018 Paraffin Bath
- ☒ 97110 Therapeutic Exercise
- ☐ 97012 Traction, Mechanical
- ☒ 97035 Ultrasound

PROCEDURES:

OTHER:

- ☐ EMG/NCS of uppers
- ☐ EMG/NCS of lowers
- ☐ Injection: Joint / TPI
- ☐ Referral to:
- ☐ Imaging Study:

FREQUENCY: 1-2__ times weekly for __4 weeks or until next reevaluation

Dr. Salibs Medical Practice P.C.

116-22 Queens Blvd. Forest Hills, NY 11375 • TEL(718) 793-4000• FAX(718) 793-4100

FOLLOW UP PHYSIATRIST CONSULTATION

Patient: JIMENEZ, MERCEDES

Chart #: JIMME0001

DOB: 09/27/1970

DOS: 10/03/2022

Location: SMP Dr. Salibs Medical Practice PC

Referred By:

Attending Provider: Magda Fahmy, MD

HPI

Date of 8/11/2018

Injury:

Date of 10/03/2022

Exam:

Chief Interval History:

Complaint

and Patient underwent anterior cervical discectomy and fusion ACDF ON 4/13/21 By Andrew Merola. Recommend to use a cervical braces needed, will see neurosx after History of neurology result to lower back done, will be done on 10/10/16.

Present Illness: She is receiving pain management and neurology. times a week physical therapy with decrease pain and spasm.

Patient has same complaints: no new changes

Patient reported and complained of the following today:

Cervical pain, radiates to both arms to elbows with paresthesia in left more than right hand, 7-8/10

Bilateral shoulder pain, LLeft elbow pain, improved

Left knee pain, NRS 6-7/10 s/p arthroscopic surgery 6/11/19,

Left ankle and foot pain and swelling NRS 6-7/10 s/p sx 12/10/19

low back pain 7-9/10 s/p neck injection 9/20/2022 with help.

she is using a cane for walking.

she is on lyrica at this time.

History:

The above-named 50 year old patient was involved in a work-related injury on the above date of loss. The patient reported that she was on top of a 4-ft A-frame ladder, attempted to twist around to reach a cord, loss her balance, and fell off the ladder onto the ground on her left side, spraining her left ankle, and banging the left side of her body onto the floor. The patient reported injuries to neck, both shoulders, left elbow, knee, and ankle.

Review of
Records:

EMG/NCS upper and lower extremity: 7/29/19; Left C5-6 cervical radiculopathy and :L4-5 lumbar radiculopathy.

MRI lumbar spine: 4/29/19: left sided L4-5 DJD.
MRI cervical spine: 5/7/19; straightening of the cervical lordosis , small central disc herniation C4-5, and C6,7 minimal spondylitis change C5-6

MRI left knee (9/23/18) medial meniscal tear, acl sprain.
MRI Left ankle 1/31/19: plantar calcaneal spur, internal derangement, peroneus longus tendonitis and fluid.

REVIEW OF SYSTEMS

Constitutional

Denies: Fevers, chills, weakness, nights sweats and weight change

Visual

Denies: vision changes, eye pain

HEENT

Denies: dysphagia, odynophagia, Globus sensation

Cardiac

Denies: Chest pain, HTN, DOE, palpitations

Respiratory

Denies: SOB, cough

GI/Digestive

Denies: N/V, change in bowel habits

GU/Urologic

Denies: dysuria, frequency, urgency

Neurologic

Denies: HA, dizziness

Skin

Denies: rash or acute changes

PAST MEDICAL & SURGICAL HISTORY:

Medical History Notes:

Patient reported an unremarkable history.

SOCIAL HISTORY

Patient denied any tobacco, alcohol, or illicit drug use.

Functional Status: Patient has difficulty with some ADL, bending, lifting, sitting, standing, and walking for a long period of time.

ALLERGIES

No Allergies Recorded

CURRENT MEDICATIONS

<u>Current Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Duration</u>
tiZANidine 4 mg oral tablet	1 Tab(s)	1X - Once	03/03/2020-03/30/2020

Percocet 5 mg-325 mg oral tablet	1 Tab(s)	Q6H - Every 6 hours	4RI lumbar
Flexeril 5 mg oral tablet	1 Tab(s)	TID - 3 times a day	
meloxicam 7.5 mg oral tablet	1 Tab(s)	QD - Daily Every Day	
Cymbalta 30 mg capsule	1 Cap(s)	BID - 2 times a day	
gabapentin 300 mg oral tablet	Tab(s)		
Ambien 10 mg oral tablet	1 Tab(s)	QHS - Once a day (at bedtime)	
voltaren gel		Q4H - Every 4 hours	
tylenol		Q4H - Every 4 hours	
ibuprofen		Q4H - Every 4 hours	

Physiatric Examination

General Cooperative, Not in acute distress, Alert, oriented, speech is spontaneous and fluent. Higher cognitive function are intact.

Notes/Comments CERVICAL SPINE:

Examination of the Cervical Spine revealed anterior mid-left side scar CDI. tenderness, trigger points at paraspinals, right trapezius.

-Spurlings test was positive to right.

-Cervical range of motion (ROM) was limited.

Examination of the Thoraco/Lumbar Spine revealed Straight leg raise/Braggards test was positive on left. Valsalva test was negative. Thoraco/Lumbar ROM was NT.

RANGE OF MOTION:

Cervical Normal (degrees)

Flexion 35/45 with pain

Extension 40/60 with pain

Left lateral flexion 30/40

Right lateral flexion 30/40

Right Rotation 50/70

Left Rotation 50/70

Lumbar Normal (degree)

Flexion 70/90 with pain

Extension 20/30

Left lateral flexion 30/40

Right lateral flexion 30/40

Right Rotation 30/40

Left Rotation 30/40

Examination of the Shoulder(s) revealed tenderness b/l. Hawkins/Neers test was positive b/l. Shoulder ROM was limited in abduction on right to 160, on left to 160.

ELBOW

Examination of the Elbow(s) revealed tenderness at left lateral epicondyle and posteriorly. Cozens was positive on left. Elbow ROM was WFL.

Examination of the left Knee(s) revealed tiny scar, CDI, tenderness on left. McMurrays test was positive on left. Knee ROM was limited on left in flexion to 120.

Examination of the left Ankle(s) revealed positive tiny scar on anterior side and lateral cdi, tenderness on left lateral ankle and dorsum of left foot. ROM was limited on left in dorsiflexion to 10, in plantarflexion to 35.

Vascular Examination: Pulses were palpable on the bilateral sides.

Neurological Examination: Sensory Examination revealed hypoesthesias at left hand and left lateral leg.

Manual Muscle Strength Test (normal = 5/5): MMT revealed weakness with 3/5 at left shoulder, ankle, 4/5 at right shoulder, left elbow, knee.

Muscle Tendon Reflexes (normal = 2+): MTR revealed 1+ at the left BR, ankle.

Functional Status: Patient ambulated with a slow gait.

DIAGNOSIS

<u>ICD-10 Code</u>	<u>ICD-10 Description</u>	<u>Reported Date</u>	<u>Onset</u>	<u>Onset Date</u>	<u>Status</u>
M25.511	Pain in right shoulder	05/28/2019			
M25.512	Pain in left shoulder	03/03/2020			
M25.562	Pain in left knee	07/01/2019			
M25.572	Pain in left ankle and joints of left foot	05/28/2019			
M50.20	Other cervical disc displacement, unspecified cervical region	05/03/2021			
M54.12	Radiculopathy, cervical region	05/03/2021			
M54.16	Radiculopathy, lumbar region	05/03/2021			
M54.2	Cervicalgia	05/28/2019			
M65.272	Calcific tendinitis, left ankle and foot	05/28/2019			
S13.4XXD	Sprain of ligaments of cervical spine, subsequent encounter	05/03/2021			
S80.02XD	Contusion of left knee, subsequent encounter	05/03/2021			
S93.402D	Sprain of unspecified ligament of left ankle,	05/03/2021			

subsequent encounter

PROCEDURE 99214

Assessment and Plan

Impression:

DIAGNOSES

ICD Code ICD Description

M65.272 Calcific tendinitis, left ankle and foot

M54.2 Cervicalgia

S80.02XD Contusion of left knee, subsequent encounter

M25.572 Pain in left ankle and joints of left foot

M50.20 Other cervical disc displacement, unspecified cervical region

M25.562 Pain in left knee

M25.512 Pain in left shoulder

M25.511 Pain in right shoulder

M54.12 Radiculopathy, cervical region

S13.4XXD Sprain of ligaments of cervical spine, subsequent encounter

M54.16 Radiculopathy, lumbar region

S93.402D Sprain of unspecified ligament of left ankle, subsequent encounter

Anterior cervical discectomy and fusion ACDF ON 4/13/21 By Andrew Merola, MD.

Cervical/neck sprain (S13.4XXD)

Bilateral shoulder sprain (S43.421/2)

Left elbow contusion (S50.02XD), sprain (S53.402D)

Left knee contusion (S80.02XD), sprain (S83.92XD)

s/p left knee arthroscopic surgery 6/11/19.

Left ankle/foot sprain With tendinitis. S/p surgery 2019. S93.402D

low back pain due to lumbar ddd/djd

Myofasciitis (M79.1), paresthesias (R20.2), pain in both arms (M79.601/2)

Treatment and diagnostic plan:

Restart with physical therapy 1-2 times a week.

F/U with neurosx. Andrew Merola, MD.

Continue with lyrica, trazadone, ambien, clonazepam and Cymbalta

Follow up with ortho, psychiatry, pain management and psychology.

Disability letter was given.

RTC in 4 weeks.

Degree of Disability:

Patient is temp partial disabled and has not RTW since the accident as assistant manager instore in Payless.

Affirmation of Statement:

With a reasonable degree of medical necessity, I believe that the above mentioned accident/injury of the patient was a competent and provocative cause of the impairment and/or disability and that there is a causal relationship between the accident on date of loss and the injuries noted in this examination and report. With the signature below, I, Magda Fahmy MD., a physician duly licenses to practice medicine

in the state of New York, hereby affirm, under the penalties of perjury and pursuant to applicable provisions of CPLR section 2016, to the contents of this medical report, and the opinions noted therein are all within a reasonable degree of medical certainty.

RADIOLOGY ORDER

Electronically Signed-Off: *MAGDA FAHMY*

Dr. Magda Fahmy, MD
(10/3/2022 1:37 PM EST)



Service Location: 116-24 Queens Blvd, Forest Hills, NY 11375

TREATMENT FOR (Specify Body Part treated): SHOULDER

Subjective: Patient c/o of ☒ Pain ☐ Stiffness ☐ Tightness ☐ Weakness ☐ Numbness _____

Objective: Findings ☐ Muscle spasm ☐ trigger points ☐ Tenderness ☐ Swelling ☐ Limited ROM
☐ Others _____

Assessment: ☒ Tolerated Tx Well ☐ Tolerated Tx Fairly
☐ No improvement ☐ Mild Improvement ☐ Moderate Improvement
☐ Very Good Improvement ☐ Worsening of symptoms / Relapse

Plan of Care: ☒ Continue Plan of care ☐ Refer pt back to referring physician for follow up
☐ Discharge from PT care

Treatment Rendered / Billing Sheet: SPECIFY UNITS COUNT

Code		Units	Code		Units
97010	HP / CP application	<input checked="" type="checkbox"/>	97140	Manual Therapy/STM/JM	X 1
97014	Electrical Stimulation	<input checked="" type="checkbox"/>	97110	Therapeutic Exercises	X 2
97035	Ultrasound		97112	Neuromuscular Re-education	
97018	Paraffin Bath		97530	Therapeutic Activities	
29280	Strapping Hand/Finger				
29540	Strapping Ankle/Foot				
29550	Strapping Toes				

Notes: _____

Therapist Signature: [Signature] Treatment Signature Date: 10/3/22

UUUUUUUUUUUUUU For Patient Use Only

Print Your Name (Imprime tu nombre): Mercedes Bionerz

Signature: [Signature] DATE (fecha): 10/3/22

By signing, you certify that you have received your full physical therapy session this day