

THE LAW OFFICE OF
RICKY D. GREEN, PLLC
ATTORNEY & COUNSELOR AT LAW
LICENSED IN TEXAS & OKLAHOMA

December 5, 2025

VIA EMAIL: WCATTORNEYS@MLFLEGAL.COM

Daniel Morris
MLF LEGAL, PLLC
702 S. Beckley Avenue
Dallas, TX 75203

Re: Claimant: Taylor Burks
 DWC No.: 25166466-02
 Ins. Co. No.: TRF24039737
 Employer: RJW Transport, LLC
 DOI: 12/11/2024
 BRC: December 8, 2025 @ 2:00 PM

Dear Mr. Morris:

Enclosed please find Carrier's Exchange of Documentary Evidence, Date stamped **1-199** regarding the above-referenced matter.

Should you have any questions, please do not hesitate to contact this office.

Sincerely yours,



Steven M. Stamps

Enclosures

cc: (w/encl.)

VIA ELECTRONIC UPLOAD

Benefit Review Officer
TDI – DIVISION OF WORKERS’ COMPENSATION
P. O. Box 12050
Austin, TX 78711

Send the specified copies to your
Workers' Compensation Insurance Carrier
and the injured employee.

*Employers - Do not send this form to the
Texas Department of Insurance, Division of Workers' Compensation,
Unless the Division specifically requests a direct filing.

CLAIM # _____

CARRIER'S CLAIM # **TRF24039737**

EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS

1. Name (Last, First, M.I.) Burks Taylor,		2. Sex Male	
3. Social Security Number 617281199	4. Home Phone (972)750-7218	5. Date of Birth (m-d-y) 09/10/1991	
6. Does the Employee Speak English? If No, Specify Language YES <input type="checkbox"/> NO <input type="checkbox"/>			
7. Race White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/>	8. Ethnicity Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/>		
9. Mailing Address Street or P.O. Box 3800 S Tyler St			
City Dallas	State TX	Zip Code 75224-4489	
10. Marital Status Unknown <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced			
11. Number of Dependent Children	12. Spouse's Name		
13. Doctor's Name			
14. Doctor's Mailing Address (Street or P.O. Box)			
City 	State 	Zip Code 	
30. Date of Hire (m-d-y) 12/09/2024	31. Was employee hired or recruited in Texas? YES <input type="checkbox"/> NO <input type="checkbox"/>	32. Length of Service in Current Position Months _____ Years _____	33. Length of Service in Occupation Months _____ Years _____
34. Employee Payroll Classification Code		35. Occupation of Injured Worker Material Handler	
36. Rate of Pay at this Job \$ ____ Hourly \$0.00 Weekly	37. Full Work Week is: 0 Hours 0 Days	38. Last Paycheck was: \$ _____ for ____ Hours or ____ Days	39. Is employee an Owner, Partner, or Corporate Officer? YES <input type="checkbox"/> NO <input type="checkbox"/>
40. Name and Title of Person Completing Form Mayes, Shawn, Claims Representative		41. Name of Business	
42. Business Mailing Address and Telephone Number Street or P.O. Box		43. Business Location (If different from mailing address) Number and Street	
City 	State 	City Woodridge	State
44. Federal Tax Identification Number	45. Primary North American Industry Classification System Code (6 digit):	46. Specific NAICS Code (6 digit)	47. Texas Comptroller Taxpayer No.
48. Workers' Compensation Insurance Company Travelers - Traffic Captive		49. Policy Number UB3L93822924NGG	
50. Did you request accident prevention services in past 12 months? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, did you receive them? YES <input type="checkbox"/> NO <input type="checkbox"/>			
51. Signature and Title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEFORE SIGNING) X Date			



Baylor Medical Center at Uptown

Emergency Department

2727 East Lemmon Avenue, Bldg I

Dallas, TX 75204-2833

(214) 443-3077

Patient Information:

Name: BURKS, TAYLOR Age: 33 Years Date of Birth: 09/10/1991
MRN: 01511373 FIN: MARY000145376

Reason For Visit: Assault

Allergies: No Known Medication Allergies

Diagnosis: Contusion; Hand sprain; Traumatic injury due to assault

Arrival Time: 12/11/24 23:37:47

Phone:

Primary Care Physician:

Preferred Language: English

Provider Information:

Baylor Medical Center Uptown ED would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness. Our entire staff strives to provide a very good experience for our patients and their families. You may receive, by mail, a survey about your experience with us at Baylor Medical Center Uptown ED. PLEASE REMEMBER you have been evaluated and treated today on an Emergency Care basis, PLEASE ENSURE YOU FOLLOW-UP PER THE INSTRUCTIONS BELOW!

BURKS, TAYLOR has been given the following list of patient education materials, prescriptions and follow-up instructions:

Follow-up Instructions:

Patient Education Materials:

CONTUSION, Soft Tissue; HEAD INJURY w/ Wake-Up (Adult); MUSCLE STRAIN, Extremity

Soft Tissue Bruise (Contusion)

You have a bruise (contusion). There is swelling and some bleeding under the skin. This injury generally takes a few days to a few weeks to heal. During that time, the bruise will typically change in color from reddish, to purplish-blue, to greenish-yellow, then to yellowish-brown.

Home care

- Elevate the injured area to reduce pain and swelling. As much as possible, sit or lie down with the injured area raised about the level of your heart. This is especially

Person Full Name BURKS, TAYLOR

Date of Birth 09/10/1991

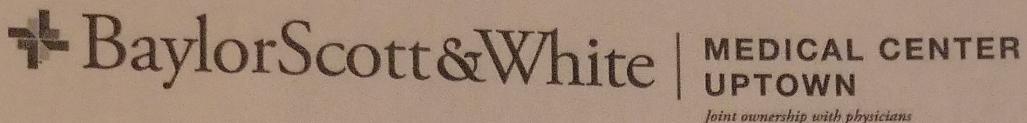
Gender Male

MRN (Encounter Alias) 01511373

FIN NBR (Encounter Alias) MARY000145376

12/12/2024 12:17:03 AM

1 of 7



EMERGENCY DEPARTMENT

2727 East Lemmon Avenue Dallas, Texas 75204

(214) 443-3077

RETURN TO WORK

This notice verifies that your employee, Burks, Taylor, was seen in our facility today (or on 12/14/2024 if checked []).

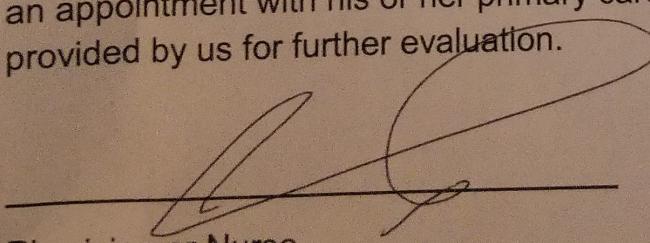
He/She may return to work on 12/14/2024 with the following restrictions:

None:

Other: (described below)

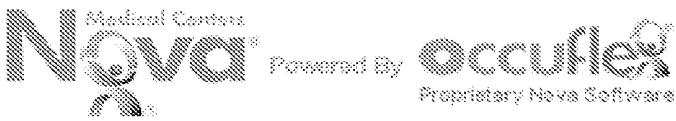
The restrictions apply through 1/1/2025. After this date, this employee should be able to participate fully in all work activities.

NOTE: If symptoms continue beyond this date, the employee should make an appointment with his or her primary care doctor or the referral physician provided by us for further evaluation.


Physician or Nurse

Notes:

Received: 12/20/2024



Status Report: Initial Evaluation

DFW Duncanville
814 E Camp Wisdom Rd
Duncanville, TX 75116
P: 214-217-0303
F: 214-217-0304

Date: **12/12/2024**
Patient Name: **Taylor Burks**
Home Phone: **972-750-7218**
Employer: **RJW Logistics Group - Mesquite**
Primary Contact: **Juliza Herrera**
Phone: **469-689-4175**
Services Requested

Date of Initial Visit: **12/12/2024**

Date of Injury: **12/11/2024**

Last Worked: **12/11/2024**

Description of Injury:

D.O.I 12/11/2024 Patient states that he was attacked by a co-worker, and he fell on right shoulder and right hand injuring his right shoulder, right hand, neck, and head.

Previous Treatment/Emergency room visit for THIS INJURY

None

Reviewed ER records presented today by the patient. Summarized findings: He went to ER at Baylor uptown last night. No x ray was done. Given Ibuprofen 800mg

Subjective Complaints (what patient states):

D.O.I 12/11/2024 patient states that he was attacked by a co-worker, and he fell on right shoulder and right hand injuring his right shoulder, right hand, neck, and head. Patient states that his pain level is 8/10. Patient states that he took ibuprofen for as needed. Patient has history rtc surgery done 2011. C/o bruises on the back of right hand. **Head Injury:** Headache is reported: Yes, right side. Patient reports a pain level of (Visual Analog Scale) 8. Loss of consciousness: No. Nausea/Vomiting: No. Numbness or tingling: No. Swelling reported: No. Bruising reported: No. Bleeding: No. Dizziness: No. Vision symptoms: No.

Cervical Spine: Patient presents for initial visit. Decreased range of motion is reported in rotation and extension. Patient reports a pain level of (Visual Analog Scale) 8. Pain is radiating to arm(s): None. Numbness and tingling is reported for the upper extremity(ies): None. Upper extremity weakness: None. Headaches are reported: No. Loss of consciousness: No. Nausea/Vomiting: No.

Shoulder: Patient presents to the clinic for a: Right shoulder complaint.

RIGHT: Decreased range of motion abduction, internal rotation, flexion and adduction. Patient reports a pain level of (Visual Analog Scale) 8. Numbness and tingling is reported for the upper extremity(ies): No. Upper extremity weakness: No. Swelling is reported: No. Bruising is reported: No.

Upper Arm: Patient presents to the clinic for a.

RIGHT:

LEFT:

Hand: Patient presents to the clinic for a: Right hand complaint.

RIGHT: Decreased range of motion is reported in hand extension. Patient reports a pain level of (Visual Analog Scale) 8. Numbness and tingling is reported for fingers: No. Decreased strength: No. Swelling is reported: Yes. Bruising is reported: Yes. Other reported complaints: Right dorsal hand.

Review of Systems: Constitutional: Night Sweats (-), Fever & Chills (-), Weight Loss (-), Unexplained Weight Loss (-), Fatigue (-)

Eyes: Visual Changes (-), Double Vision (-)

ENT: Sinus Pain (-), Tinnitus (-), Nasal Discharge (-), Difficulty Swallowing (-), Difficulty Hearing (-)

Cardiovascular: Chest Pain (-), Irregular Heart Beat (-)

Respiratory: Shortness of Breath (-), Cough (-)

Gastrointestinal: Abdominal Pain (+), Nausea & Vomiting (+) Heartburn (-)

Genitourinary: Dysuria (-), Blood in Urine (-)

Musculoskeletal: Bone Pain (-), Joint Swelling (-), Joint Stiffness (-), Muscle Weakness (-), Shoulder Pain (-), Neck Pain (-), Mid Back Pain (-), Low Back Pain (-), Hip Pain (-), Foot Pain (-)

Skin: Rashes (-), Skin Lesions (-), Jaundice (-)

Received: 12/20/2024

Neurological: Loss of Bowl Control /Bladder Control (-), Numbness/Tingling (-), Dizziness/Fainting (-), Forgetfulness/Confusion (-), Headaches (-), Walking Problems (-)

Psychiatric: Depression/Anxiety (-), Change in Sleep Pattern (-), Mood Change (-)

Endocrine: Excessive Thirst (-), Excessive Hunger (-), Heat or Cold Intolerance (-), Poor Appetite (-)

Hematologic/lymphatic: Excessive Bleeding (-), Use of Aspirin (-), Skin Rashes/Discoloration (-)

Immunological: Allergic Response to Food, Material or Drugs (-), History of Anaphylaxis (-), Swollen Glands (-)

Current Medications (at the time of initial evaluation): ibuprofen.

Allergies: No Known Allergies.

Past Medical History: None (+).

Diabetes Mellitus (-), Hypertension (-), Peptic Ulcer (-), Thyroid Disease (-), Liver/Kidney Disease (-), Stroke/TIA (-), Anemia (-), Epilepsy (-), Arthritis (-), Kidney Infection (-), Sinus Infection (-), Asthma (-), COPD (-), Seizure Disorders (-), Myocardial Infarction (-), Peripheral Vascular Disease (-), Upper GI Disease (-), DDD/Spinal Stenosis (-), Cancer (-), Heart Disease (-), Neurological Disorder (-), Osteoporosis (-).

Family Medical History: None (+).

Cancer (-), Heart Disease (-), Diabetes (-), HTN (-), Stroke/TIA (-), Liver disease (-), Genetic disorder (-), Rheumatoid arthritis (-), Neurological Disorder (-), Osteoporosis (-), Bleeding disorder (-).

Death of a sibling, parent, child: N/A

Social History: Employed as material handler.

Previous Injury: None

Surgery: right shoulder 2009.

Reviewed Family Medical History, Past Medical History, Review of Systems, and Social History from intake form and/or the patient.

Exam/Results:

Physical: Blood pressure 130 / 82. Pulse 82. Respiratory rate 17. Height (inches) 67. Weight (lbs) 195.

BMI: 30.5, BSA (m²): 2.04. Age 33.

General: Alert and oriented to time, place, and person: Yes. Affect normal. Gait normal. Distress no apparent. Patient appears anxious: No. Well developed: Yes. Well nutritioned: Yes.

Head and Neck: Range of motion abnormal pain with rom. Normo-cephalic and non-traumatic: Yes. Exam of the neck normal. Exam of thyroid normal.

Neuro: Cranial nerves II-XII are intact: Yes. Normal rhomberg's: Yes.

Ear, Nose, Throat: Mucosal erythema noted: No. Lymphadenopathy: No. Sinus tenderness: No.

Heart: Regular rate and rhythm without murmur: Yes.

Extremities: Extremities edema or varicosities: No.

Lungs: Clear to auscultation bilateral: Yes. Use of accessory muscle: Yes.

ABD: Benign: No. Pulsatile masses: No. Evidence of hernia: No.

Head Injury: Oriented x3: Yes. Cranial nerves intact: Yes. Rhomberg test negative: Yes. Tandem walk negative: Yes. Reflexes normal: Yes. Numbness or tingling: No. Tenderness to palpation: No. Muscle strength normal. Gait normal: Yes. Swelling: No. Bruising noted: No.

Cervical Spine: Side bending decreased right. Rotation decreased right. Flexion decreased. Extension decreased. Muscle spasm along the paraspinal muscle right sided. Trapezius muscle spasm is noted right sided. Tenderness to palpation right sided. Compression testing negative. Spurling's test negative: None.

Upper extremities: Range of motion decreased range of motion in right neck. Vascular intact: Yes. Deep tendon reflexes normal. Sensation normal. Muscle strength normal.

Shoulder:

RIGHT: Inspection no obvious deformity. Tenderness: None. Range of motion 90 degrees abduction. Muscle testing normal. Impingement is positive: No. Positive sulcus sign: No. Deep tendon reflexes are normal: Yes. Dislocation: No.

Hand:

RIGHT: Vascular intact: Yes. Inspection edema dorsum of the hand mild. Bruising dorsum of the hand. Range of motion flexion decreased. Extension decreased. Ulnar deviation decreased. Tenderness to palpation extensor tendons. Muscle testing decreased extension. Special testing tinel's negative. Phalen's negative. Finkelstein's negative. Dislocation: No. Hand inspection of digits and/or nails normal: Yes.

DME

A6448 ACE Lt compres band <3"/yd fitted and applied.

X-rays:

Head: 2 view skull (ap & lat): X-rays were negative for fracture or dislocation

Received: 12/20/2024

(12/12/2024 6:17 PM).

Incidental finding: None

Cervical Spine: 2 view: X-rays were negative for None (12/12/2024 6:18 PM).

Incidental finding: None

Right Hand: Fingers - 2 views: X-rays were negative for fracture or dislocation (12/12/2024 6:19 PM).

Incidental finding: None

Right Shoulder: 2 views (internal & external rotation): X-rays were negative for fracture or dislocation (12/12/2024 6:20 PM).

Incidental finding: Right shoulder post surgery changes noted on glenoid Spar underneath subacromial space

Diagnosis:

Contusion of RIGHT shoulder, initial encounter S40.011A

Contusion of unspecified part of head, initial encounter S00.93XA

Contusion of unspecified part of neck, initial encounter S10.93XA

Contusion of RIGHT hand, initial encounter S60.221A

Pain in RIGHT hand M79.641

Headache, unspecified R51.9

Cervicalgia M54.2

Pain in RIGHT shoulder M25.511

Treatment Plan:

1. Must take prescribed medications ordered in this visit: Flexeril 10mg #14
2. Patient was advised to follow-up with his/her primary care doctor for non-work related positive review of systems and/or positive past medical history.
3. Injury precautions given.
4. Take Flexeril as ordered Continue Ibuprofen as ordered from ED and take with food
5. May apply ice and warm compression
6. Physical therapy evaluation and treat on Contusion of RIGHT shoulder, initial encounter S40.011A, Contusion of unspecified part of head, initial encounter S00.93XA, Contusion of unspecified part of neck, initial encounter S10.93XA, Contusion of RIGHT hand, initial encounter S60.221A, Pain in RIGHT hand M79.641 for Essential Functions, Functional Improvement, and Dynamic Activities.
7. RTC on 12/16/2024 due to level of pain
8. Start work restrictions
9. 70250 - Radiologic Exam, Skull, less than 4 Views
10. 72040 - Radiologic Exam, Spine Cervical, 2 or 3 Views
11. 73030 - Radiologic Exam, Shoulder Complete Minimum 2 Views
12. 73130 - Radiologic Exam, Hand Minimum 3 Viewss
13. 73140 - Radiologic Exam, Finger Minimum 2 Views
14. A6448 - ACE Lt compres band <3"/yd , prescribed and received by patient
15. J1885 - Toradol IM per 15mg to Right Buttocks, administered by Silvia Elizondo
16. Z1017 Rapid Drug Screen Post Accident
17. Z1052 Breath Alcohol Test Post Accident
18. Edited by Silvia Elizondo on 12/12/2024: Updated Administered CPT Codes

Next Appointment(s): PT 12/13/2024 5:00 PM, MD 12/16/2024 11:00 AM

Work Status: **Restricted Duty**

Electronically signed by Ahanonu, Peace, NP supervised by Brandon Elrod, DO



12/12/2024 6:32 PM

Received: 12/20/2024

MDM CHART

99203

DX Codes Elements
Low Risk

Self Limited	6
Acute Uncomplicated	0
Acute Complicated	0

Data Review Elements
Minimal Risk

Category 1: Test and Documents

- 1. Did you review ER records presented today (excluding radiology...)

RiskElements
Moderate Risk

- Medications ordered or changed
- Physical Therapy

MDM Element	Minimal	Low	Moderate	High
MDM DX Points	Minimal	Low	Moderate	High
MDM Data Reviewed Points	Minimal	Low	Moderate	High
MDM Table of Risk	Minimal	Low	Moderate	High
Total MDM Level	Minimal	Low	Moderate	High

The CPT® code data is generated based on evaluation and management guidelines that are effective on January 1, 2021.

Received: 12/20/2024



Easy-Script

Company: **RJW Logistics Group - Mesquite**

Company Phone: **469-457-1807**

Patient Name: **Taylor Burks**

Patient Phone: **972-750-7218**

Claim Number:

Date: **12/12/2024**

Date of Injury: **12/11/2024**

Diagnosis: **Contusion of RIGHT shoulder, initial encounter S40.011A**

Contusion of unspecified part of head, initial encounter S00.93XA

Contusion of unspecified part of neck, initial encounter S10.93XA

Contusion of RIGHT hand, initial encounter S60.221A

Pain in RIGHT hand M79.641

Subjective Complaints (what patient states):

D.O.I 12/11/2024 patient states that he was attacked by a co-worker, and he fell on right shoulder and right hand injuring his right shoulder, right hand, neck, and head. Patient states that his pain level is 8/10. Patient states that he took ibuprofen for as needed. Patient has history rtc surgery done 2011. C/o bruises on the back of right hand.

Head Injury: Headache is reported: Yes, right side. Patient reports a pain level of (Visual Analog Scale) 8. Loss of consciousness: No. Nausea/Vomiting: No. Numbness or tingling: No. Swelling reported: No. Bruising reported: No. Bleeding: No. Dizziness: No. Vision symptoms: No.

Cervical Spine: Patient presents for initial visit. Decreased range of motion is reported in rotation and extension. Patient reports a pain level of (Visual Analog Scale) 8. Pain is radiating to arm(s): None. Numbness and tingling is reported for the upper extremity(ies): None. Upper extremity weakness: None. Headaches are reported: No. Loss of consciousness: No. Nausea/Vomiting: No.

Shoulder: Patient presents to the clinic for a: Right shoulder complaint.

RIGHT: .

Upper Arm: Patient presents to the clinic for a.

RIGHT:

LEFT:

Hand: Patient presents to the clinic for a: Right hand complaint.

RIGHT: .

Reviewed Family Medical History, Past Medical History, Review of Systems, and Social History from intake form and/or the patient.

Exam/Results:

Physical: Blood pressure 130 / 82. Pulse 82. Respiratory rate 17. Height (inches) 67. Weight (lbs) 195. BMI: 30.5, BSA (m²): 2.04. Age 33.

General: Alert and oriented to time, place, and person: Yes. Affect normal. Gait normal. Distress no apparent. Patient appears anxious: No. Well developed: Yes. Well nutritioned: Yes.

Head and Neck: Range of motion abnormal pain with rom. Normo-cephalic and non-traumatic: Yes. Exam of the neck normal. Exam of thyroid normal.

Extremities: Extremities edema or varicosities: No.

Head Injury: Oriented x3: Yes. Cranial nerves intact: Yes. Rhomberg test negative: Yes. Tandem walk negative: Yes. Reflexes normal: Yes. Numbness or tingling: No. Tenderness to palpation: No. Muscle strength normal. Gait normal: Yes. Swelling: No. Bruising noted: No.

Cervical Spine: Side bending decreased right. Rotation decreased right. Flexion decreased. Extension decreased. Muscle spasm along the paraspinal muscle right sided. Trapezius muscle spasm is noted right sided. Tenderness to palpation right sided. Compression testing negative. Spurling's test negative: None.

Upper extremities: Range of motion decreased range of motion in right neck. Vascular intact: Yes. Deep tendon reflexes normal. Sensation normal. Muscle strength normal.

Employer #: R4V7B		SUBSCRIBER	Emp Ins Code: TV7UO	
Ins/TPA: cbc's				
Phone: / Fax:				
Ins Code: COT00				
Emp Guarantor#:				
Price Code:				
Type	Name	Phone	Fax	Email
Primary	Juliza Herrera	469-689-4175	000-000-0000	juliza.herrera@rjwgroup.com
Primary	Isabela Rascon	469-457-1807	000-000-0000	Isabela.rascon@rjwgroup.com
Secondary	Mireya Gonzalez	630-424-2435	630-424-2235	MIGonzalez@rjwgroup.com
Tertiary	Naysa Aparicio-Hernandez	630-424-2435	630-424-2235	NHernandez@rjwgroup.com

**Physical Therapy Evaluation and Treat
TIW (three times week) for 2 weeks / 6 visits**

**Physical Therapy Evaluation**

Office:	DFW Duncanville	Referring Provider:	Brandon Elrod, DO	Today's Date:	12/13/2024
Patient:	Taylor Burks	Next Provider Visit:	12/16/2024	Next Re-Eval:	01/10/2025
Incident #:	6191349	Start of Care (PT):	12/13/2024	Current Rx Expires:	12/26/2024
Date of Injury:	12/11/2024	Claim Number:			
Surgery Date:	N/A				
SSN#:	XXX-XX-1799				
Medical Dx:	Contusion of RIGHT shoulder, initial encounter S40.011D Contusion of unspecified part of head, initial encounter S00.93XD Contusion of unspecified part of neck, initial encounter S10.93XD Contusion of RIGHT hand, initial encounter S60.221D Pain in RIGHT hand M79.641				

HISTORY

Chief Complaints: Pt. reports pain to R side of neck and R shoulder with bending over and lifting s/p Patient states that he was attacked by a co-worker, and he fell on right shoulder and right hand injuring his right shoulder, right hand, neck, and head at work on 12/11/24. Pt. reports he is RHD.

Prior Level of Function: Prior to injury, pt. independent w/ essential ADLs and IADLs

Job Description/Essential Functions: Material handler: prolonged standing/ambulation, forklift/EPJ operator, scanning environment, lifting/carrying up to 50#, pushing/pulling 100#, repetitive overhead reaching

Prior Injury/Surgery: MVA March 2024, R rotator cuff surgery 2011

Personal Factors: Sex: Male. Age: 33. Work Status: Restricted duty. Medications: Flexeril 10mg #14. Clinical Tests: Head: 2 view skull (ap & lat): X-rays were negative for fracture or dislocation (12/12/2024 6:17 PM). Incidental finding: None Cervical Spine: 2 view: X-rays were negative for None (12/12/2024 6:18 PM). Incidental finding: None Right Hand: Fingers - 2 views: X-rays were negative for fracture or dislocation (12/12/2024 6:19 PM). Incidental finding: None Right Shoulder: 2 views (internal & external rotation): X-rays were negative for fracture or dislocation (12/12/2024 6:20 PM). Incidental finding: Right shoulder post surgery changes noted on glenoid Spar underneath subacromial space.

Current Pain Status: Csp/R shoulder: 8/10 sharp pain to anterior shoulder and R side of neck at rest and w/ activity; R hand: 4/10 tightness pain in 1st web space at rest, up to 7/10 pain at worst. Pt. denies N/T into R UE.

EXAMINATION**Neuromuscular**

Motor Function: guarding and apprehension noted during Csp and R shoulder ROM And MMT testing grossly

Musculoskeletal

Body Regions		PROM		AROM		MMT		Special Testing	
		R	L	R	L	R	L	R	L
Neck									
Cervical	Flex (50°-60°)			WNL w/ sharp pain to central neck					
	Ext (55°-75°)			50% limited w/ pain					
	SB (45°)			25% limited w/ pain L	25% limited w/ pain R				
	Rot (60°-80°)			WNL w/ pain to central neck	25% limited w/ pain				
Upper Extremity									
Shoulder	Flex(150°-180°)			WNL w/ ERP	WNL	4/5!	5/5		
	Ext(45°-70°)			WNL w/ pain	WNL	4+/5!	5/5		
	Abd(165°-180°) C5			WNL w/ ERP	WNL	4+/5!	5/5		
	IR(70°-90°)			L4!	L4	4/5!	5/5		
	ER(55°-90°)			T2!	T2	4-/5!	5/		
Wrist	Flex (55°-80°)			WNL w/ pain to lateral wrist		5/5			
	Ext (55°-70°) C6			WNL w/ pain to lateral wrist		5/5			
	Rad Dev (20°)			WNL		5/5			
	Uld Dev (30°)			WNL		5/5			
Hand	Grip Strength (lbs)					15#	65#		

Soft Tissue/Joint Mobility: TTP w/ soft tissue restrictions noted to Csp paraspinals, (B) LS, (B) UT, R hand/1st web space; hypomobile grade II PA mobs grossly to Csp; R D1 ROM: 25% limited in all planes, MMT 4-/5!

Posture: FHP, mild (B) rounded shoulders

Activity Limitations: prolonged standing/ambulation, forklift/EPJ operator, scanning environment, lifting/carrying up to 50#, pushing/pulling 100#, repetitive overhead reaching

Participation Restrictions: Pt. Unable to perform full job duties as a material handler w/o restrictions

Patient cognition is alert and oriented to person, place, thing.

Patient does not have a language or learning barrier.

Patient is aware of diagnosis.

CLINICAL PRESENTATION is stable and/or uncomplicated characteristics.

Pt. Signs and symptoms are consistent with mechanism of injury

CLINICAL DECISION MAKING**Outcome Measures**

Fear Avoidance Components Scale	12/13/2024	Did Not Administer
Neck Disability Index	12/13/2024	Did Not Administer

Quick Disabilities of the Arm, Shoulder and Hand
Quick Disabilities of the Arm, Shoulder and Hand (Work Module)

12/13/2024
12/13/2024

Did Not Administer
Did Not Administer

Overall Assessment

Pt. Signs and symptoms consistent with medical diagnosis. Pt. Presents with decreased pain free ROM/strength, impaired motor control, increased pain, and limitations in job requirements. Pt. Would benefit from further skilled PT to address above impairments to return to PLOF and full job duties pain free and w/o restrictions.

PLAN OF CARE 3x/week for 4 weeks

Patient rehab potential/prognosis: Good

First subsequent treatment may be rendered by a Physical Therapist Assistant.

Current Procedural Terminology

97010 MHP/CP: To Csp/R UE to decrease pain/inflammation and promote tissue relaxation required for repetitive gripping/grasping, reaching, lifting/carrying, operating machines, and pushing/pulling at work.

97140 Manual Therapy Techniques: To Csp/R UE to decrease pain and improve joint/tissue mobility required for repetitive gripping/grasping, reaching, lifting/carrying, operating machines, and pushing/pulling at work.

97110 Therapeutic Exercises: To Csp/R UE to improve ROM, strength, endurance, and flexibility required for repetitive gripping/grasping, reaching, lifting/carrying, operating machines, and pushing/pulling at work.

97112 Neuromuscular Reeducation: To Csp/R UE to improve motor control and coordination required for repetitive gripping/grasping, reaching, lifting/carrying, operating machines, and pushing/pulling at work.

97530 Therapeutic Activities: To Csp/R UE to restore dynamic power, strength, endurance, and mobility required for repetitive gripping/grasping, reaching, lifting/carrying, operating machines, and pushing/pulling at work.

Short Term Goals: 2 Weeks

Improve R grip strength to at least 55# pain free for repetitive gripping/grasping at work.

Improve Csp ROM to WNLs and pain free for repetitive gripping/grasping, reaching, lifting/carrying, operating machines, and pushing/pulling at work.

Improve R UE ROM/MMT to WNLs and pain free for repetitive gripping/grasping, reaching, lifting/carrying, operating machines, and pushing/pulling at work.

Long Term Goals: 4 Weeks

Pt. To be able to perform 50# large box squat and lift from floor to midshelf followed by 10ft carry and return x8 reps pain free and w/ proper body mechanics for safe lifting at work.

Pt. To be able to perform 40# large box transfer from mid to high shelf x10 reps pain free for repetitive overhead reaching at work.

Pt. To be able to perform 100# RCS pushing/pulling x3' ea pain free for repetitive pushing/pulling at work.

Pt. To be able to perform standing R UE 30# rows with slow head turns to R and L x4' pain free for operating machinery at work.

Discharge Plan

Return to pre-injury status.

100% achievement with current functional goals.

The plan of care was discussed with the patient, who voiced understanding and agreed to proceed.

PT Eval: 22 min.

Electronically Signed by: Dr. Nkechi Uju Mbah, PT, DPT - 1320002, 12/13/2024 5:32 PM

Nkechi Uju Mbah, PT, DPT

Referring Provider:
Brandon Elrod, DO

Updates

1. Entered on 12/13/2024 5:48 PM by Nkechi Mbah: Addendum: completion of evaluation

DRUG CHECK SUMMARY



Powered By



DFW Duncanville
814 E Camp Wisdom Rd
Duncanville, TX 75116
O:214-217-0303/F:214-217-0304

Patient Name: Taylor Burks**DOB:** 9/10/1991**SSN:** XXX-XX-1799**Gender:** Male**Date:** 12/12/2024**Home Phone:** 972-750-7218**Employer:** RJW Logistics Group - Mesquite**Emp Address:** 2830 E Scyene Rd. Mesquite, TX 75181

Rapid Cup Lot#

COGD08-01

Rapid Cup Expiration Date Lot#

07/31/2026

Rapid Cup MFR # or Catalog#

16-8105A3

The specimen was read at 5min

Yes

Date/Time Collected

06:11 PM 12/12/2024

The Temperature is between 90-100 degrees

Yes

Validity Testing:

Was the test within normal range

Yes

Comment Section:

Comments/Additional Information

Rapid Screen Results

Marijuana (THC)	Negative
Benzodiazepines (BZO)	Negative
Methadone (MTD)	Negative
Amphetamine (AMP or mAMP)	Negative
Morphine (MOP)	Negative
Opiate (OPI)	Negative
Oxycodone (OXY)	Negative
Ecstasy (MDMA)	Negative
Cocaine (COC)	Negative
Methamphetamine (MET)	Negative

*A Non-Negative result does not mean that the test is positive. It should be used as a screening test only and has to be confirmed by a certified laboratory.

SEND SAMPLE FOR CONFIRMATION: No

Collector's name: Silvia Elizondo

Collector's Signature: _____

Donor's Signature: _____

Patient Name: Taylor Burks**MRN:** 6191349**Age/Gender:** 33/Male**Study:** XRAY Head 2 view skull (ap & lat).**Date of Birth:** 09/10/1991**Date:** 12/12/2024**Requesting Physician:** Brandon Elrod, DO**Images:** 2 view skull (ap & lat).**Clinical History:** 33 year old Male, D.O.I 12/11/2024 Patient states that he was attacked by a co-worker, and he fell on right shoulder and right hand injuring his right shoulder, right hand, neck, and head.**Exam:**

XRAY Head 2 view skull (ap & lat).

Clinical History:

33 year old Male, D.O.I 12/11/2024 Patient states that he was attacked by a co-worker, and he fell on right shoulder and right hand injuring his right shoulder, right hand, neck, and head.

Techniques:

2 view skull (ap & lat).

Exam Date/Time:

Exam ordered 12/12/2024 6:17 PM

Comparison: None.**Findings:**

X-rays are negative. . None.

Impression:

X-rays are negative for fractures and dislocation.

Reviewed and completed by:

Ahanonu, Peace, NP Brandon Elrod, DO

12/12/2024 6:17 PM

**Confidentiality Statement**

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Patient Name: Taylor Burks

MRN: 6191349

Age/Gender: 33/Male

Study: XRAY Cervical Spine 2 view.

Date of Birth: 09/10/1991

Date: 12/12/2024

Requesting Physician: Brandon Elrod, DO

Images: 2 view.

Clinical History: 33 year old Male, D.O.I 12/11/2024 Patient states that he was attacked by a co-worker, and he fell on right shoulder and right hand injuring his right shoulder, right hand, neck, and head.

Exam:

XRAY Cervical Spine 2 view.

Clinical History:

33 year old Male, D.O.I 12/11/2024 Patient states that he was attacked by a co-worker, and he fell on right shoulder and right hand injuring his right shoulder, right hand, neck, and head.

Techniques:

2 view.

Exam Date/Time:

Exam ordered 12/12/2024 6:18 PM

Comparison: None.

Findings:

X-rays are negative. None. None.

Impression:

X-rays are negative for fractures and dislocation.

Reviewed and completed by:

Ahanonu, Peace, NP Brandon Elrod, DO

12/12/2024 6:18 PM

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Radiology Report

DFW Duncanville
814 E Camp Wisdom Rd
Duncanville, TX 75116
P: 214-217-0303
F: 214-217-0304

Patient Name: Taylor Burks

MRN: 6191349

Age/Gender: 33/Male

Study: XRAY Right Shoulder 2 views (internal & external rotation).

Date of Birth: 09/10/1991

Date: 12/12/2024

Requesting Physician: Brandon Elrod, DO

Images: 2 views (internal & external rotation).

Clinical History: 33 year old Male, D.O.I 12/11/2024 Patient states that he was attacked by a co-worker, and he fell on right shoulder and right hand injuring his right shoulder, right hand, neck, and head.

Exam:

XRAY Right Shoulder 2 views (internal & external rotation).

Clinical History:

33 year old Male, D.O.I 12/11/2024 Patient states that he was attacked by a co-worker, and he fell on right shoulder and right hand injuring his right shoulder, right hand, neck, and head.

Techniques:

2 views (internal & external rotation).

Exam Date/Time:

Exam ordered 12/12/2024 6:20 PM

Comparison: None.

Findings:

X-rays are negative. . Right shoulder post surgery changes noted on glenoid Spar underneath subacromial space .

Impression:

X-rays are negative for fractures and dislocation.

Reviewed and completed by:

Ahanonu, Peace, NP Brandon Elrod, DO

12/12/2024 6:20 PM

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Powered By



Radiology Report

DFW Duncanville
814 E Camp Wisdom Rd
Duncanville, TX 75116
P: 214-217-0303
F: 214-217-0304

Patient Name: Taylor Burks

MRN: 6191349

Age/Gender: 33/Male

Study: XRAY Right Hand Fingers - 2 views.

Date of Birth: 09/10/1991

Date: 12/12/2024

Requesting Physician: Brandon Elrod, DO

Images: Fingers - 2 views.

Clinical History: 33 year old Male, D.O.I 12/11/2024 Patient states that he was attacked by a co-worker, and he fell on right shoulder and right hand injuring his right shoulder, right hand, neck, and head.

Exam:

XRAY Right Hand Fingers - 2 views.

Clinical History:

33 year old Male, D.O.I 12/11/2024 Patient states that he was attacked by a co-worker, and he fell on right shoulder and right hand injuring his right shoulder, right hand, neck, and head.

Techniques:

Fingers - 2 views.

Exam Date/Time:

Exam ordered 12/12/2024 6:19 PM

Comparison: None.

Findings:

X-rays are negative. . None.

Impression:

X-rays are negative for fractures and dislocation.

Reviewed and completed by:

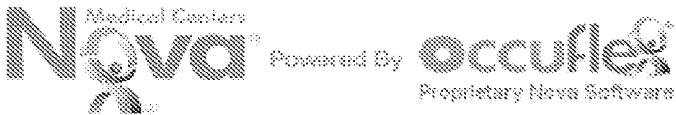
Ahanonu, Peace, NP Brandon Elrod, DO

12/12/2024 6:19 PM

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Received: 12/20/2024



Physical Therapy Daily Note

Office:	DFW Duncanville	Today's Date:	12/13/2024
Patient:	Taylor Burks	Referring Provider:	Brandon Elrod, DO
Incident #:	6191349	Next Provider Visit:	12/16/2024
Date of Injury:	12/11/2024	Start of Care (PT):	12/13/2024
Surgery Date:	N/A	Claim Number:	
SSN#:	XXX-XX-1799		
Medical Dx:	Contusion of RIGHT shoulder, initial encounter S40.011D Contusion of unspecified part of head, initial encounter S00.93XD Contusion of unspecified part of neck, initial encounter S10.93XD Contusion of RIGHT hand, initial encounter S60.221D Pain in RIGHT hand M79.641		
		Total Treatment Time: 49 min	Timed Code Treatment Minutes: 27 min

SUBJECTIVE: Pt arrived for therapy this afternoon and rated the pain in the neck and right shoulder at 6/10 today.
Pt stated he is taking OTC medicine for the neck and shoulder pain today.

97161 PT Eval was completed today. 22 min.

TREATMENT PROGRAM/ INTERVENTIONS

97110 Therapeutic Exercises 27 min

INITIATED: [7'] seated shoulder pulley in flexion x3' and seated shoulder pulley in abduction x3' + 1' demo and VC for performance and technique

[5'] upper trap stretch w/30" hold x2' each side +1' demo and VC for technique

[5'] levator stretch w/30" hold x2' each side +1' demo and VC for technique

[5'] cervical AROM flex & ext x2' each direction w/2" hold +1' demo and VC for technique

[5'] cervical AROM rotation each side x2' each w/2" hold +1' demo and VC for technique

All skilled therapy exercises were performed to increase CS flexibility and endurance so pt can safely and effectively work a full shift..

ASSESSMENT

Pt was given a few new exercises today and pt was able to perform new exercises today with moderate difficulty. Once pt was taught pt was able to demonstrate good form and technique throughout all of the exercises. Pt will continue to benefit from skilled PT in order to further address deficits to allow for a full return back to full duty at work.

PLAN

Continue therapy for reducing impairments and improving functional performance and increasing ROM and strength to promote functional mobility.

On this date I, Scott William Allen, PTA - 2128277, conferred with Dr. Nkechi Uju Mbah, PT, DPT - 1320002 regarding the above mentioned patient.

Received: 12/20/2024

Electronically Signed by: Scott William Allen, PTA - 2128277, 12/13/2024 5:59 PM, Supervised by Dr. Nkechi Uju Mbah, PT, DPT - 1320002



Received: 12/20/2024



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Physical Therapy Evaluation

Office: DFW Duncanville **Today's Date:** 12/13/2024
Patient: Taylor Burks **Referring Provider:** Brandon Elrod, DO **Next Re-Eval:** 01/10/2025
Incident #: 6191349 **Next Provider Visit:** 12/16/2024 **Current Rx Expires:** 12/26/2024
Date of Injury: 12/11/2024 **Start of Care (PT):** 12/13/2024
Surgery Date: N/A **Claim Number:**
SSN#: XXX-XX-1799
Medical Dx: Contusion of RIGHT shoulder, initial encounter S40.011D
Contusion of unspecified part of head, initial encounter S00.93XD
Contusion of unspecified part of neck, initial encounter S10.93XD
Contusion of RIGHT hand, initial encounter S60.221D
Pain in RIGHT hand M79.641

HISTORY

Chief Complaints: Pt. reports pain to R side of neck and R shoulder with bending over and lifting s/p Patient states that he was attacked by a co-worker, and he fell on right shoulder and right hand injuring his right shoulder, right hand, neck, and head at work on 12/11/24. Pt. reports he is RHD.

Prior Level of Function: Prior to injury, pt. independent w/ essential ADLs and IADLs

Job Description/Essential Functions: Material handler: prolonged standing/ambulation, forklift/EPJ operator, scanning environment, lifting/carrying up to 50#s, pushing/pulling 100#s, repetitive overhead reaching

Prior Injury/Surgery: MVA March 2024, R rotator cuff surgery 2011

Personal Factors: Sex: Male. Age: 33. Work Status: Restricted duty. Medications: Flexeril 10mg #14. Clinical Tests: Head: 2 view skull (ap & lat): X-rays were negative for fracture or dislocation (12/12/2024 6:17 PM). Incidental finding: None Cervical Spine: 2 view: X-rays were negative for None (12/12/2024 6:18 PM). Incidental finding: None Right Hand: Fingers - 2 views: X-rays were negative for fracture or dislocation (12/12/2024 6:19 PM). Incidental finding: None Right Shoulder: 2 views (internal & external rotation): X-rays were negative for fracture or dislocation (12/12/2024 6:20 PM). Incidental finding: Right shoulder post surgery changes noted on glenoid Spar underneath subacromial space.

Current Pain Status: Csp/R shoulder: 8/10 sharp pain to anterior shoulder and R side of neck at rest and w/ activity; R hand: 4/10 tightness pain in 1st web space at rest, up to 7/10 pain at worst. Pt. denies N/T into R UE.

EXAMINATION

Neuromuscular

Motor Function: guarding and apprehension noted during Csp and R shoulder ROM And MMT testing grossly

Musculoskeletal

Body Regions		PROM	AROM		MMT	Special Testing	
			R	L		R	L
Neck							
Cervical	Flex (50°-60°)				WNL w/ sharp pain to central neck		
	Ext (55°-75°)				50% limited w/ pain		
	SB (45°)				25% limited w/ pain L	25% limited w/ pain R	
	Rot (60°-80°)				WNL w/ pain to central neck	25% limited w/ pain	
Upper Extremity							
Shoulder	Flex(150°-180°)				WNL w/ ERP	WNL	4/5! 5/5
	Ext(45°-70°)				WNL w/ pain	WNL	4+/5! 5/5
	Abd(165°-180°) C5				WNL w/ ERP	WNL	4+/5! 5/5
	IR(70°-90°)				L4!	L4	4/5! 5/5
	ER(55°-90°)				T2!	T2	4-/5! 5/
Wrist							5/5

Received: 12/20/2024

Flex (55°-80°)		WNL w/ pain to lateral wrist			
Ext (55°-70°) C6		WNL w/ pain to lateral wrist		5/5	
Rad Dev (20°)		WNL		5/5	
Uld Dev (30°)		WNL		5/5	
Hand	Grip Strength (lbs)			15#	65#

Soft Tissue/Joint Mobility: TTP w/ soft tissue restrictions noted to Csp paraspinals, (B) LS, (B) UT, R hand/1st web space; hypomobile grade II PA mobs grossly to Csp; R D1 ROM: 25% limited in all planes, MMT 4-5!

Posture: FHP, mild (B) rounded shoulders

Activity Limitations: prolonged standing/ambulation, forklift/EPJ operator, scanning environment, lifting/carrying up to 50#s, pushing/pulling 100#s, repetitive overhead reaching

Participation Restrictions: Pt. Unable to perform full job duties as a material handler w/o restrictions

Patient cognition is alert and oriented to person, place, thing.

Patient does not have a language or learning barrier.

Patient is aware of diagnosis.

CLINICAL PRESENTATION is stable and/or uncomplicated characteristics.

Pt. Signs and symptoms are consistent with mechanism of injury

CLINICAL DECISION MAKING

Outcome Measures

Fear Avoidance Components Scale	12/13/
Neck Disability Index	12/13/
Quick Disabilities of the Arm, Shoulder and Hand	12/13/
Quick Disabilities of the Arm, Shoulder and Hand (Work Module)	12/13/

Overall Assessment

Pt. Signs and symptoms consistent with medical diagnosis. Pt. Presents with decreased pain free ROM/strength, impaired motor control, increased pain, and limitations in job requirements. Pt. Would benefit from further skilled PT to address above impairments to return to PLOF and full job duties pain free and w/o restrictions.

PLAN OF CARE 3x/week for 4 weeks

Patient rehab potential/prognosis: Good

First subsequent treatment may be rendered by a Physical Therapist Assistant.

Current Procedural Terminology

97010 MHP/CP: To Csp/R UE to decrease pain/inflammation and promote tissue relaxation required for repetitive gripping/grasping, reaching, lifting/carrying, operating machines, and pushing/pulling at work.

97140 Manual Therapy Techniques: To Csp/R UE to decrease pain and improve joint/tissue mobility required for repetitive gripping/grasping, reaching, lifting/carrying, operating machines, and pushing/pulling at work.

97110 Therapeutic Exercises: To Csp/R UE to improve ROM, strength, endurance, and flexibility required for repetitive gripping/grasping, reaching, lifting/carrying, operating machines, and pushing/pulling at work.

97112 Neuromuscular Reeducation: To Csp/R UE to improve motor control and coordination required for repetitive gripping/grasping, reaching, lifting/carrying, operating machines, and pushing/pulling at work.

Received: 12/20/2024

97530 Therapeutic Activities: To Csp/R UE to restore dynamic power, strength, endurance, and mobility required for repetitive gripping/grasping, reaching, lifting/carrying, operating machines, and pushing/pulling at work.

Short Term Goals: 2 Weeks

Improve R grip strength to at least 55# pain free for repetitive gripping/grasping at work.

Improve Csp ROM to WNLs and pain free for repetitive gripping/grasping, reaching, lifting/carrying, operating machines, and pushing/pulling at work.

Improve R UE ROM/MMT to WNLs and pain free for repetitive gripping/grasping, reaching, lifting/carrying, operating machines, and pushing/pulling at work.

Long Term Goals: 4 Weeks

Pt. To be able to perform 50# large box squat and lift from floor to midshelf followed by 10ft carry and return x8 reps pain free and w/ proper body mechanics for safe lifting at work.

Pt. To be able to perform 40# large box transfer from mid to high shelf x10 reps pain free for repetitive overhead reaching at work.

Pt. To be able to perform 100# RCS pushing/pulling x3' ea pain free for repetitive pushing/pulling at work.

Pt. To be able to perform standing R UE 30# rows with slow head turns to R and L x4' pain free for operating machinery at work.

Discharge Plan

Return to pre-injury status.

100% achievement with current functional goals.

The plan of care was discussed with the patient, who voiced understanding and agreed to proceed.

PT Eval: 22 min.

Electronically Signed by: Dr. Nkechi Uju Mbah, PT, DPT - 1320002, 12/13/2024 5:32 PM

Nkechi Uju Mbah, PT, DPT

Referring Provider:
Brandon Elrod, DO



Updates

1. Entered on 12/13/2024 5:48 PM by Nkechi Mbah: Addendum: completion of evaluation

Received: 12/20/2024



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Status Report: Follow-Up Evaluation

DFW Duncanville
814 E Camp Wisdom Rd
Duncanville, TX 75116
P: 214-217-0303
F: 214-217-0304

Date: 12/16/2024

Patient Name: Taylor Burks

Home Phone: 972-750-7218

Employer: RJW Logistics Group - Mesquite

Primary Contact: Juliza Herrera

Phone: 469-689-4175

Services Requested

Date of Initial Visit: 12/12/2024

Date of Injury: 12/11/2024

Last Worked: 12/16/2024

Description of Injury:

D.O.I 12/11/2024 Patient states that he was attacked by a co-worker, and he fell on right shoulder and right hand injuring his right shoulder, right hand, neck, and head.

Previous Treatment/Emergency room visit for THIS INJURY

None

Subjective Complaints (what patient states):

12/16/2024. Here today for multiple body part injury, right shoulder, right hand, head and neck. patient is on light duty. Right shoulder pain 3/10 with no activities, pain 8/10 on right shoulder 8/10 with activities. Now patient is complaining of lbp 8/10. Patient report not taking ibuprofen this morning. Patient's pain is compensable to 8/10.

Head Injury: Patient states that overall the symptoms have remained the same. Headache is reported: No. Loss of consciousness: No. Nausea/Vomiting: No. Numbness or tingling: No. Swelling reported: No. Bruising reported: No. Decreased strength is reported: No. Antalgic gait reported: No. Dizziness still reported: No. Vision symptoms still present: No.

Cervical Spine: Patient states that overall the symptoms have decreased. Patient reports a pain level of (Visual Analog Scale) 0. Range of motion increased. Radiating pain: None. Numbness and tingling: None. Upper extremity weakness: None. Headaches: None. Loss of consciousness: No. Nausea/Vomiting: No.

Shoulder: Patient presents to the clinic for a: Right shoulder complaint.

RIGHT: Patient states that overall the symptoms have decreased. Patient reports a pain level of (Visual Analog Scale) 8. Range of motion decreased. Numbness and tingling: None. Upper extremity weakness: None. Swelling: None. Bruising is reported: None.

Upper Arm: Patient presents to the clinic for a.

RIGHT:

LEFT:

Hand: Patient presents to the clinic for a: Right hand complaint.

Right: Patient states that overall the symptoms have decreased. Pain decreased. Patient reports a pain level of (Visual Analog Scale) 0. Numbness and tingling: None. Grip strength normal. Swelling: None. Bruising decreased.

Review of Systems: Constitutional: Night Sweats (-), Fever & Chills (-), Weight Loss (-), Unexplained Weight Loss (-), Fatigue (-)

Eyes: Visual Changes (-), Double Vision (-)

ENT: Sinus Pain (-), Tinnitus (-), Nasal Discharge (-), Difficulty Swallowing (-), Difficulty Hearing (-)

Cardiovascular: Chest Pain (-), Irregular Heart Beat (-)

Respiratory: Shortness of Breath (-), Cough (-)

Gastrointestinal: Abdominal Pain (+), Nausea & Vomiting (+) Heartburn (-)

Genitourinary: Dysuria (-), Blood in Urine (-)

Musculoskeletal: Bone Pain (-), Joint Swelling (-), Joint Stiffness (-), Muscle Weakness (-), Shoulder Pain (-), Neck Pain (-), Mid Back Pain (-), Low Back Pain (-), Hip Pain (-), Foot Pain (-)

Skin: Rashes (-), Skin Lesions (-), Jaundice (-)

Neurological: Loss of Bowl Control /Bladder Control (-), Numbness/Tingling (-), Dizziness/Fainting (-), Forgetfulness/Confusion (-), Headaches (-), Walking Problems (-)

Received: 12/20/2024

Psychiatric: Depression/Anxiety (-), Change in Sleep Pattern (-), Mood Change (-)

Endocrine: Excessive Thirst (-), Excessive Hunger (-), Heat or Cold Intolerance (-), Poor Appetite (-)

Hematologic/lymphatic: Excessive Bleeding (-), Use of Aspirin (-), Skin Rashes/Discoloration (-)

Immunological: Allergic Response to Food, Material or Drugs (-), History of Anaphylaxis (-), Swollen Glands (-)

Current Medications (at the time of initial evaluation): ibuprofen.

Allergies: No Known Allergies.

Past Medical History: None (+).

Diabetes Mellitus (-), Hypertension (-), Peptic Ulcer (-), Thyroid Disease (-), Liver/Kidney Disease (-), Stroke/TIA (-), Anemia (-), Epilepsy (-), Arthritis (-), Kidney Infection (-), Sinus Infection (-), Asthma (-), COPD (-), Seizure Disorders (-), Myocardial Infarction (-), Peripheral Vascular Disease (-), Upper GI Disease (-), DDD/Spinal Stenosis (-), Cancer (-), Heart Disease (-), Neurological Disorder (-), Osteoporosis (-).

Family Medical History: None (+).

Cancer (-), Heart Disease (-), Diabetes (-), HTN (-), Stroke/TIA (-), Liver disease (-), Genetic disorder (-), Rheumatoid arthritis (-), Neurological Disorder (-), Osteoporosis (-), Bleeding disorder (-).

Death of a sibling, parent, child: N/A

Social History: Employed as material handler.

Previous Injury: None

Surgery: right shoulder 2009.

Reviewed Family, Past Medical, Social History, and Review of Systems from 12/12/2024 and there has been no change.

Exam/Results:

Physical: Blood pressure 128 / 78. Pulse 89. Respiratory rate 17. Height (inches) 67. Weight (lbs) 195.

BMI: 30.5, BSA (m²): 2.04. Age 33.

General: Alert and oriented to time, place, and person: Yes. Affect normal. Gait normal. Distress no apparent.

Patient appears anxious: No. Well developed: Yes. Well nutritioned: Yes.

Head Injury: Oriented x3: No. Cranial nerves intact: No. Rhomberg test negative. Tandem walk negative.

Reflexes normal: Yes. Gait normal: Yes. Swelling scalp: No. Bruising noted: No. Open wound: No. Bleeding: No. Tenderness to palpation: No.

Cervical Spine: Side bending normal. Rotation normal. Flexion normal. Extension normal. Muscle spasm along the paraspinal muscle increased. Trapezius muscle spasm is noted: None. Tenderness to palpation: None.

Compression testing negative. Spurling's test negative. Obvious deformities: No.

Upper extremities: Range of motion full range of motion. Vascular intact: Yes. Deep tendon reflexes normal. Sensation normal. Muscle strength normal.

Shoulder:

RIGHT: Tenderness diffuse decreased. Anterior decreased. Posterior decreased. Bicipital groove decreased. Range of motion abduction decreased 120 degrees. Flexion increased. Internal rotation decreased. External rotation decreased. Muscle testing improving and normal. Impingement is positive: No. Positive sulcus sign: No. Deep tendon reflexes are normal: Yes. Dislocation: No.

Hand:

RIGHT: Vascular intact: Yes. Inspection edema decreased. Bruising decreased. Range of motion flexion full. Extension full. Ulnar deviation full. Radial deviation full. Supination full. Pronation full. Tenderness to palpation extensor tendons decreased. Flexor tendons decreased. Cubital tunnel decreased. Carpal tunnel decreased. Extensor polis longus and brevis decreased. Muscle testing grip strength increased. Special testing tinel's negative. Phalen's negative. Finkelstein's negative. Dislocation: No. Hand inspection of digits and/or nails normal: Yes.

X-rays:

Head: 2 view skull (ap & lat): X-rays were negative for fracture or dislocation (12/12/2024 6:17 PM).

Incidental finding: None

Cervical Spine: 2 view: X-rays were negative for None (12/12/2024 6:18 PM).

Incidental finding: None

Right Hand: Fingers - 2 views: X-rays were negative for fracture or dislocation (12/12/2024 6:19 PM).

Incidental finding: None

Right Shoulder: 2 views (internal & external rotation): X-rays were negative for fracture or dislocation (12/12/2024 6:20 PM).

Incidental finding: Right shoulder post surgery changes noted on glenoid Spar

Received: 12/20/2024

underneath subacromial space

PT assessment and plan reviewed.

Diagnosis:

**Contusion of RIGHT shoulder, subsequent encounter S40.011D
Contusion of unspecified part of head, subsequent encounter S00.93XD
Contusion of unspecified part of neck, subsequent encounter S10.93XD
Contusion of RIGHT hand, subsequent encounter S60.221D
Pain in RIGHT hand M79.641
Headache, unspecified R51.9
Cervicalgia M54.2
Pain in RIGHT shoulder M25.511**

Physician's Note: Reason for continuing Physical therapy: To improve function, strength and reduce pain

Treatment Plan:

1. Continue medications prescribed by a Nova provider on last visit: Flexeril 10mg #14
2. Patient was advised to follow-up with his/her primary care doctor for non-work related positive review of systems and/or positive past medical history.
3. Take Flexeril as ordered Continue Ibuprofen as ordered from ED and take with food Continue PT to improve function, strength and reduce pain
4. May apply ice and warm compression
5. RTC on 12/27/2024 for PT progress
6. Continue physical therapy as prescribed.
7. Advance restrictions

Next Appointment(s): **PT 12/17/2024 4:00 PM, PT 12/19/2024 5:00 PM, PT 12/20/2024 5:00 PM, PT 12/24/2024 5:00 PM, PT 12/26/2024 5:00 PM, MD 12/27/2024 3:00 PM**

Work Status: **Restricted Duty**

Electronically signed by Ahanonu, Peace, NP supervised by Brandon Elrod, DO



12/16/2024 11:39 AM

Received: 12/20/2024

MDM CHART

99213

DX Codes Elements
Low Risk

Self Limited	6
Acute Uncomplicated	0
Acute Complicated	0

Data Review Elements
Minimal Risk

Category 1: Test and Documents

- 6. PT assessment and plan reviewed with summary

RiskElements
Moderate Risk

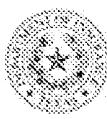
- Medications ordered or changed
- Physical Therapy

	Minimal	Low	Moderate	High
MDM DX Points				
MDM Data Reviewed Points	Minimal	Low	Moderate	High
MDM Table of Risk	Minimal	Low	Moderate	High

Total MDM Level	Minimal	Low	Moderate	High

The CPT® code data is generated based on evaluation and management guidelines that are effective on January 1, 2021.

Received: 12/20/2024



Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation (DWC) and may be entitled to certain medical and income benefits. For further information call DWC at 800-252-7031.

DWC073

Empleado - Es requerido que usted reporte su lesión a su empleador dentro de 30 días si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte del Departamento de Seguros de Texas, División de Compensación para Trabajadores (DWC), y es posible que tenga derecho a recibir ciertos beneficios médicos y de ingresos. Para obtener más información llame a DWC al 800-252-7031.

Texas Workers' Compensation Work Status Report

I. GENERAL INFORMATION		Date Sent (for transmission purposes only): 12/12/2024
1. Injured Employee's Name Taylor Burks	5a. Doctor's/Delegating Doctor's Name and Degree Brandon Elrod, DO	5b. PA / APRN Name (if completing form) Ahanonu, Peace, NP
2. Date of Injury 12/11/2024	3. Social Security Number (last four) XXX-XX-1799	6. Facility Name DFW Duncanville
4. Employee's Description of Injury/Accident D.O.I 12/11/2024 Patient states that he was attacked by a co-worker, and he fell on right shoulder and right hand injuring his right shoulder, right hand, neck, and head.		7. Facility/Doctor Phone and Fax Numbers p: 214-217-0303 f:214-217-0304
		8. Facility/Doctor Address (Street, City, State, ZIP Code) Nova Medical Centers - DFW Duncanville 814 E Camp Wisdom Rd Duncanville, TX 75116
		9. Employer's Name RJW Logistics Group - Mesquite
		10. Employer's Fax Number or Email Address (if known) 000-000-0000
		11. Insurance Carrier cbcS
		12. Carrier's Fax Number or Email Address (if known)

II. WORK STATUS INFORMATION (Fully complete one box including estimated dates, and a description in 13c, if applicable)

13. The injured employee's medical condition resulting from the workers' compensation injury:

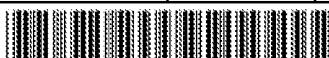
- a) will allow the employee to return to work as of _____ without restrictions; OR
 b) will allow the employee to return to work as of 12/12/2024 with the restrictions identified in PART III, which are expected to last through 12/16/2024; OR
 c) has prevented and still prevents the employee **from returning to work** as of _____ and is expected to continue through _____. The following describes how this injury **prevents the employee from returning to work**:

III. ACTIVITY RESTRICTIONS (Only complete if box 13b is checked)

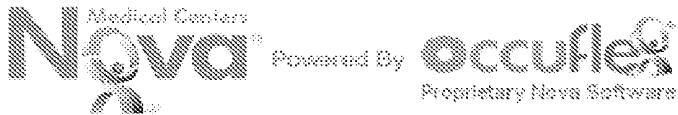
14. Posture Restrictions (if any): Max hours per day 0 2 4 6 8 Other: _____	17. Motion Restrictions (if any): Max hours per day 0 2 4 6 8 Other: _____	19. Misc. Restrictions (if any): Max hours per day of work: _____ Sit/stretch breaks of _____ per _____ Must wear splint/cast at work Must use crutches at all times No driving/operating heavy equipment Can only drive automatic transmission No skin contact with: No running Dressing changes necessary at work	
Standing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Walking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Climbing stairs/ladders <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Kneeling/squatting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Grasping/squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Bending/stooping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Pushing/pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Twisting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Overhead reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Other: _____	Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
15. Restrictions Specific To (if applicable): Left hand/wrist <input type="checkbox"/> Left leg <input type="checkbox"/> Right hand/wrist <input checked="" type="checkbox"/> Right leg <input type="checkbox"/> Left arm <input type="checkbox"/> Back <input type="checkbox"/> Right arm <input type="checkbox"/> Left foot/ankle <input type="checkbox"/> Neck <input checked="" type="checkbox"/> Right foot/ankle <input type="checkbox"/> Other: Neck / Head		Other: _____	
		18. Lift/Carry Restrictions (if any): <input checked="" type="checkbox"/> May not lift/carry objects more than <u>00</u> lbs. for more than <u>8</u> hours per day. <input type="checkbox"/> May not perform any lifting/carrying.	20. Medication Restrictions (if any): <input checked="" type="checkbox"/> Must take prescription medication(s) <input type="checkbox"/> Advised to take over-the-counter meds <input checked="" type="checkbox"/> Medication may make drowsy (possible safety/driving issues)
		Other: _____	
16. Other Restrictions (if any): May work light duty			

IV: TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION

21. Work Injury Diagnosis Information: <small>Contusion of RIGHT shoulder, initial encounter S40.011A. Contusion of unspecified part of head, initial encounter S00.93XA. Contusion of unspecified part of neck, initial encounter S10.93XA. Contusion of RIGHT hand, initial encounter S60.221A. Pain in RIGHT hand M79.641. Headache, unspecified R51. Cervicalgia M54.2. Pain in RIGHT shoulder M25.511.</small>	22. Expected Follow-up Services Include: <input checked="" type="checkbox"/> Evaluation by the treating doctor on <u>12/16/2024</u> at <u>11:00AM</u> <input type="checkbox"/> Referral to/consult with _____ on _____ at _____ <input type="checkbox"/> Physical medicine _____ X per week for _____ weeks starting on _____ at _____ <input type="checkbox"/> Special studies (list): _____ on _____ at _____ <input type="checkbox"/> None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.	Next Appt(s): PT 12/13/24 5:00 PM MD 12/16/24 11:00 AM	
Date /Time of Visit: 12/12/2024/5:36 PM	Employee's Signature 	Visit Type: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow-up	Role of Health Care Practitioner: <input type="checkbox"/> Treating doctor <input type="checkbox"/> Referral doctor <input type="checkbox"/> RME doctor <input type="checkbox"/> Consulting doctor <input type="checkbox"/> PA <input checked="" type="checkbox"/> APRN <input type="checkbox"/> Designated doctor <input type="checkbox"/> Other doctor
Discharge Time: 6:36 PM	Health Care Practitioner's Signature / License # AP138183		



Received: 12/20/2024



Physical Therapy Daily Note

Office:	DFW Duncanville	Today's Date:	12/17/2024
Patient:	Taylor Burks	Referring Provider:	Brandon Elrod, DO
Incident #:	6191349	Next Provider Visit:	12/27/2024
Date of Injury:	12/11/2024	Start of Care (PT):	12/13/2024
Surgery Date:	N/A	Claim Number:	
SSN#:	XXX-XX-1799		
Medical Dx:	Contusion of RIGHT shoulder, subsequent encounter S40.011D Contusion of unspecified part of head, subsequent encounter S00.93XD Contusion of unspecified part of neck, subsequent encounter S10.93XD Contusion of RIGHT hand, subsequent encounter S60.221D Pain in RIGHT hand M79.641 Headache, unspecified R51.9 Cervicalgia M54.2 Pain in RIGHT shoulder M25.511		
		Total Treatment Time: 54 min	Timed Code Treatment Minutes: 54 min

SUBJECTIVE: Pt came in with reports of having pain in his back when walking for long periods, and R shoulder pain and in clavicle at arrival. Pt informs he was rear ended in a car accident yesterday.

TREATMENT PROGRAM/ INTERVENTIONS

97110 Therapeutic Exercises 54 min

MODIFIED: [17'] seated AAROM shoulder pulleys with 10" holds: flexion, scaption, abduction x5' each (+2' for demo and VC on form) - concurrent with MHP to Csp

CONTINUED: [6'] R upper trap stretch w/30" hold x4' (+2' demo and VC for technique)

[6'] R levator stretch w/30" hold x4' (+2' demo and VC for technique)

INITIATED: [10'] sidelying UTR "open books" with 10" holds x4' each (+2' for demo and VC on form)

[5'] HL neck retractions into towel roll x4' (+1' for demo and VC on form)

[5'] standing corner pec stretch in low position with 10" holds x4' (+1' for demo and VC on form)

[5'] standing yellow theraball roll ups + s-s rotation with 10" holds x4' (+1' for demo and VC on form)

interventions completed to increase level of Csp/UE mobility and flexibility required to lift, push, and pull at work

ASSESSMENT

Pt performed all exercises without exacerbating symptoms, however required constant VC for proper form. Pt initially had decreased shoulder mobility during AAROM shoulder pulleys, but was able to demonstrate improved mobility during yellow theraball roll ups + s-s rotation. Pt benefits from continued skilled PT to improve functional mobility and strength required to safely return to working at PLOF.

PLAN

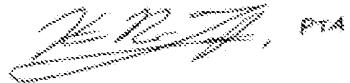
Continue therapy for reducing impairments and improving functional performance, increasing ROM and strength to promote functional mobility, achievement of pre-injury status and integrating trunk posture movement during functional activities.

On this date I, Kevin Noe Ferrufino, PTA - 2178633, conferred with Dr. Nkechi Uju Mbah, PT, DPT - 1320002 regarding the above mentioned patient.

Electronically Signed by: Kevin Noe Ferrufino, PTA - 2178633, 12/17/2024 11:09 AM, Supervised by Dr. Nkechi

Received: 12/20/2024

Uju Mbah, PT, DPT - 1320002



A handwritten signature in black ink, appearing to read "Uju Mbah, PT, DPT". The signature is somewhat stylized and cursive.

Received: 12/26/2024



Physical Therapy Daily Note

Office:	DFW Duncanville	Today's Date:	12/19/2024
Patient:	Taylor Burks	Referring Provider:	Brandon Elrod, DO
Incident #:	6191349	Next Provider Visit:	12/27/2024
Date of Injury:	12/11/2024	Start of Care (PT):	12/13/2024
Surgery Date:	N/A	Claim Number:	TRF24039737
SSN#:	XXX-XX- 1799		
Medical Dx:	Contusion of RIGHT shoulder, subsequent encounter S40.011D Contusion of unspecified part of head, subsequent encounter S00.93XD Contusion of unspecified part of neck, subsequent encounter S10.93XD Contusion of RIGHT hand, subsequent encounter S60.221D Pain in RIGHT hand M79.641 Headache, unspecified R51.9 Cervicalgia M54.2 Pain in RIGHT shoulder M25.511		
		Total Treatment Time: 29 min	Timed Code Treatment Minutes: 29 min

SUBJECTIVE: Pt. reports 5/10 pain at start of session.

TREATMENT PROGRAM/ INTERVENTIONS

97110 Therapeutic Exercises 29 min

CONTINUED: [9'] seated AAROM shoulder pulleys with 10" holds: flexion, scaption, abduction x3' each
[5'] standing corner pec stretch in low position with 10" holds x4' (+1' for demo and VC on form)

[7'] sidelying UTR "open books" with 10" holds x3' each (+1' for demo and VC on form)

INITIATED: [4'] prone R shoulder extensions with 3# db x20 reps x3' (+1' demo/verbal/tactile cues)

[4'] prone R shoulder rows with 3#db x20 reps x3' (+1' demo/verbal cues)

(to increase level of Csp/UE mobility and flexibility required to lift, push, and pull at work)

Miscellaneous Notes (Non-Billable)

Pt. session abbreviated due to scheduling conflict.

ASSESSMENT

Pt. able to perform interventions today without increase in baseline symptoms. Pt. required moderate cueing during prone R shoulder rows and extension for range. Pt. would continue to benefit from further skilled PT to allow safe RTW at regular duty.

PLAN

Continue therapy for reducing impairments and improving functional performance, increasing ROM and strength to promote functional mobility, achievement of pre-injury status and integrating trunk posture movement during functional activities.

Electronically Signed by: Dr. Nkechi Uju Mbah, PT, DPT - 1320002, 12/19/2024 3:51 PM

Nkechi Uju Mbah, PT, DPT

Physical Therapy Daily Note

Office:	DFW Duncanville	Today's Date:	12/19/2024
Patient:	Taylor Burks	Referring Provider:	Brandon Elrod, DO
Incident #:	6191349	Next Provider Visit:	12/27/2024
Date of Injury:	12/11/2024	Start of Care (PT):	12/13/2024
Surgery Date:	N/A	Claim Number:	TRF24039737
SSN#:	XXX-XX- 1799		
Medical Dx:	Contusion of RIGHT shoulder, subsequent encounter S40.011D Contusion of unspecified part of head, subsequent encounter S00.93XD Contusion of unspecified part of neck, subsequent encounter S10.93XD Contusion of RIGHT hand, subsequent encounter S60.221D Pain in RIGHT hand M79.641 Headache, unspecified R51.9 Cervicalgia M54.2 Pain in RIGHT shoulder M25.511		
		Total Treatment Time: 29 min	Timed Code Treatment Minutes: 29 min

SUBJECTIVE: Pt. reports 5/10 pain at start of session.

TREATMENT PROGRAM/ INTERVENTIONS

97110 Therapeutic Exercises 29 min

CONTINUED: [9'] seated AAROM shoulder pulleys with 10" holds: flexion, scaption, abduction x3' each
[5'] standing corner pec stretch in low position with 10" holds x4' (+1' for demo and VC on form)
[7'] sidelying UTR "open books" with 10" holds x3' each (+1' for demo and VC on form)
INITIATED: [4'] prone R shoulder extensions with 3# db x20 reps x3' (+1' demo/verbal/tactile cues)
[4'] prone R shoulder rows with 3#db x20 reps x3' (+1' demo/verbal cues)
(to increase level of Csp/UE mobility and flexibility required to lift, push, and pull at work)

Miscellaneous Notes (Non-Billable)

Pt. session abbreviated due to scheduling conflict.

ASSESSMENT

Pt. able to perform interventions today without increase in baseline symptoms. Pt. required moderate cueing during prone R shoulder rows and extension for range. Pt. would continue to benefit from further skilled PT to allow safe RTW at regular duty.

PLAN

Continue therapy for reducing impairments and improving functional performance, increasing ROM and strength to promote functional mobility, achievement of pre-injury status and integrating trunk posture movement during functional activities.

Electronically Signed by: Dr. Nkechi Uju Mbah, PT, DPT - 1320002, 12/19/2024 3:51 PM

Nkechi Uju Mbah, PT, DPT

Received: 12/26/2024



Physical Therapy Daily Note

Office:	DFW Duncanville	Today's Date:	12/20/2024
Patient:	Taylor Burks	Referring Provider:	Brandon Elrod, DO
Incident #:	6191349	Next Provider Visit:	12/27/2024
Date of Injury:	12/11/2024	Start of Care (PT):	12/13/2024
Surgery Date:	N/A	Claim Number:	TRF24039737
SSN#:	XXX-XX- 1799		
Medical Dx:	Contusion of RIGHT shoulder, subsequent encounter S40.011D Contusion of unspecified part of head, subsequent encounter S00.93XD Contusion of unspecified part of neck, subsequent encounter S10.93XD Contusion of RIGHT hand, subsequent encounter S60.221D Pain in RIGHT hand M79.641 Headache, unspecified R51.9 Cervicalgia M54.2 Pain in RIGHT shoulder M25.511		
		Total Treatment Time: 38 min	Timed Code Treatment Minutes: 38 min

SUBJECTIVE: Pt denies having pain in shoulders/neck after taking pain meds.

TREATMENT PROGRAM/ INTERVENTIONS

97110 Therapeutic Exercises 38 min

RESUMED: [11'] standing UBE at tall plinth with 2 black trifold mats with min resistance fwd/bwd x5' each (+1' for set up and VC on pacing) - to increase scapular/UE mobility, strength, and endurance required for pushing, pulling, lifting, and carrying at work

[4'] seated R UT stretch with 10" holds x3' (+1' for demo and VC on form)

CONTINUED: [5'] standing corner pec stretch in low position with 10" holds x4' (+1' for demo and VC on form)

INITIATED: [7'] lateral step outs into long axis traction to R shoulder with doubled 10# RCS x5' (+2' for demo and VC on form) -concurrent with cold pack to R shoulder

[11'] supine R shoulder ER stretch with dowel, 10" holds: neutral, scaption, and 90 degrees of abduction x3' each (+2' for demo and VC on form)

interventions completed to improve Csp/UE mobility and flexibility required to lift, push, and pull at work

Miscellaneous Notes (Non-Billable)

abbreviated session due to late arrival and pt stating he has to leave before top of the hour for appointment across town

ASSESSMENT

Pt reported exacerbating symptoms in R clavicle after UBE and low position pec stretch, which was able to decrease with cold pack application. Pt has continued reports of pain in R shoulder/clavicle throughout activity, with self limiting behaviors. Pt benefits from continued skilled PT to increase level of functional mobility and strength required to safely return to working at PLOF.

PLAN

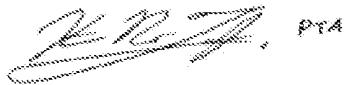
Continue therapy for reducing impairments and improving functional performance, increasing ROM and strength to promote functional mobility, body mechanics training to prevent exacerbation of injury, achievement of pre-injury status and integrating trunk posture movement during functional activities.

On this date I, Kevin Noe Ferrufino, PTA - 2178633, conferred with Dr. Nkechi Uju Mbah, PT, DPT - 1320002

Received: 12/26/2024

regarding the above mentioned patient.

Electronically Signed by: Kevin Noe Ferrufino, PTA - 2178633, 12/20/2024 5:56 PM, Supervised by Dr. Nkechi Uju Mbah, PT, DPT - 1320002



A handwritten signature in black ink, appearing to read "KEVIN NOE FERRUFINO, PTA".

Patient: BURKS, TAYLOR (WC, 12/11/24) (Male) 3800 S. TYLER ST. APT.# 242 DALLAS, TX 75224 (972)750-7218

DOB: 09/10/1991 (33) **Race:** Patient Declined **Language:** English **Ethnicity:** Patient Declined

Encounter ID: 201303801
Primary Ins:

Location: Peak Integrated Healthcare **Provider:** DR. SHAUN Sd MAREK, CHIROPRACTIC
4305 Pinnacle Point Dr. #301 dallas, TX, 75211-1412 (214)337-2100

DOS: 02/14/2025 10:44 AM US/Central

Subjective

Chief Complaint

Burks, Taylor is a 33 year old male complaining of Neck and Upper Back Pain.

The symptoms are **located** at: neck,back (mid),back (upper),

The **quality** is best described as: achy,

When asked about the **severity** level of the symptoms the patient reported: moderate,

The patient reports the **duration** of their symptoms as: since injured at work,

The **timing** of their symptoms is reported to be: intermittent,with activity,with movement,

The patient also reports the following factors related to their symptoms: interferes with daily activities,bending,repetitive tasks,

The patient admits to the following factors that **modify** their symptoms: exertion,standing,walking,

The following findings or symptoms are **associated** with patient's chief complaint: joint pain,joint stiffness,neck pain radiates to his right shoulder

The patient also complains of Right Shoulder Pain.

The symptoms are **located** at: RIGHT,shoulder,

The **quality** is best described as: achy,sharp,

When asked about the **severity** level of the symptoms the patient reported: moderate,

The patient reports the **duration** of their symptoms as: since injured at work,

The **timing** of their symptoms is reported to be: constant,with activity,with movement,with overhead reaching,

The patient also reports the following factors related to their symptoms: interferes with daily activities,

The patient admits to the following factors that **modify** their symptoms: exertion,lifting,

The following findings or symptoms are **associated** with patient's chief complaint: joint pain,joint stiffness,radiating pain,

The patient also complains of Headaches, Dizziness - Resolved.

Questionnaire : Worker's Compensation Consult

Patient was injured on 12/11/2024. History of injury: The patient works for RJW Logistics as a material handler - He reports being in training for driving a forklift and he was suddenly attacked by a coworker who punched and kicked him - He reports falling to the ground on his right side of body and then getting kicked afterwards repeatedly - He states the coworker ran away from the scene - Afterwards he states he had some dizziness and confusion - He went to Baylor Hospital in Uptown Dallas - He was sent to NOVA medical center for evaluation by his company. Yes, injury was reported. Yes, patient has had therapy. 4-6 visits for therapy. Patient has had an X-Ray. Patient has had Injections. No, patient has not had surgery. Neck was injured. Mid Back was injured. Shoulder was injured. Patient is injured on this area: Right Shoulder and Collar bone. Yes, patient knows which areas were accepted by insurance. Yes, patient knows which areas are being denied. No, employee was not terminated by company where they were injured. Employee is working; Full-Time, restrictions.

Medical Hx

Positive History

The patient **reports** a history of Right rotator cuff surgery - 2011/2012.

Negative History

The patient **denies** history of Anxiety, Anemia, Arthritis, Asthma, Back Problem, BPH, Breast Ca, CAD, COPD, Cancer, CHF, Cholesterol High, Dementia, Depression, Dermatitis, GERD, Diabetes, Epilepsy, Gout, Glaucoma, HIV, Headache, Hepatitis, Hypertension, Renal Stone, Pneumonia, Stroke, Migraine, MI, TB, Ulcer (GI), Thyroid Dz.

Review of Systems**DAILY ROUTINE : Review of Symptoms****Constitutional**

Negative for Fever/sweats. Negative for fatigue. Negative for loss of appetite/weight change.

Eyes

Negative for blurred/double vision. Negative for glaucoma.

Ears/nose/mouth/throat

Negative for hearing loss. Negative for problems with thyroid. Negative for snoring. Negative for sore throat. Negative for hearing noises in your ear.

Musculoskeletal

Positive for joint pain/stiffness. Positive for muscle pain/cramps/weakness. Positive for back/neck pain.

Cardiovascular

Negative for chest pain/angina. Negative for palpitations. Negative for swelling of feet, ankle or hands.

Respiratory

Negative for cough, spitting up blood. Negative for shortness of breath/wheezing.

Gastrointestinal

Negative for problems with bowel movement. Negative for nausea/vomiting. Negative for rectal bleeding/blood in stool. Negative for abdominal pain/heartburn.

Genitourinary

Negative for flank pain. Negative for problems with urination. Negative for blood in urine. Negative for kidney stones.

Hematologic/Lymphatic

Negative for slow healing after cuts. Negative for tendency to bleed/bruise. Negative for blood clots.

Psychiatric

Negative for sleeping disorder/memory loss.

Skin

Negative for rashes, lesions, ulcers.

Remainder of Review of Systems

Remainder of Review of systems is Negative.

Objective**Vital Signs****Blood Pressure**

131/82 (Left Brachial, Sitting, Standard, High)

Pulse

83 (Left Radial, REGULAR rhythm, Normal quality, Normal)

Weight

186 lb

Height

5' 10"

BMI Flag

Overweight (26.7)

Physical Exam**PT Exam : Cervical Exam****INSPECTION**

(+) Tightness. (+) Tenderness.

PALPATION

The muscle tone is increased, on the right. Pain on pressure over the right trapezius, Pain on pressure over the right paraspinals, Pain on pressure over the C4 spinous process, Pain on pressure over the C5 spinous process, Pain on pressure over the C6 spinous process, Pain on pressure over the C7 spinous process.

RANGE OF MOTION

Flexion is decreased at 50 degrees, with pain. Extension is decreased at 30 degrees, with pain. Left lateral flexion is decreased at 25 degrees, with pain. Right lateral flexion is decreased at 35 degrees, with pain. Left rotation is below decreased at 55 degrees, with pain. Right rotation is decreased at 65 degrees, with pain.

REFLEXES

The left biceps deep tendon reflex (C5-C6) is 2+ (normal). The right biceps deep tendon reflex (C5-C6) is 2+ (normal). The left brachioradialis deep tendon reflex (C6) is 2+ (normal). The right brachioradialis deep tendon reflex (C6) is 2+ (normal). The triceps deep tendon reflex (C7) is 2+ (normal). 2+ (normal).

SENSORY EXAMINATION

light touch is intact.

ORTHOPEDIC TESTING

(+)Right cervical compression The patient is either sitting or lying and the examiner presses down upon the top of the patient's head. Narrowing of the neural foramen, pressure on the facet joints, or muscle spasm can cause increased pain and the test may indicate pressure upon a nerve and the neurologic level of existing pathology. This test is done with the patient supine. The examiner standing at the head of the patient, flexes the neck to the side opposite to the shoulder being tested while pushing the shoulder caudad. Then, while maintaining the depression of the shoulder, the head is rotated, again to the side opposite to the shoulder being tested. If radicular pain is either produced or aggravated the first action and then confirmed by the second, the test is considered positive. A positive test indicates adhesions of the dural sleeves, the spinal roots, or the adjacent structures of the joint capsule on the side of the shoulder being depressed.

MOTOR FUNCTION/MUSCLE TESTING

Cervical flexion was Abnormal. Cervical extension was Abnormal. Left lateral flexion was Abnormal. Right lateral flexion was Abnormal. Left rotation was Abnormal. Right rotation was Abnormal. Deltoid (C5) muscle testing was normal at 5/5. Biceps (C6) muscle testing was normal at 5/5. Triceps (C7) muscle testing was normal at 5/5. Wrist flexor (C8) muscle testing was normal at 5/5. Wrist Extensor (C6) muscle testing was normal at 5/5. Interossei (T1) muscle testing was normal at 5/5. Both upper extremities are affected.

PT Exam : Shoulder Exam**INSPECTION**

(+) Tightness. (+) Tenderness.

PALPATION

The muscle tone is increased, on the right. Pain on pressure over the right supraspinatus, Pain on pressure over the right deltoid, Pain on pressure over the right trapezius, Pain on pressure over the right scapular border.

SENSORY EXAMINATION

light touch is intact.

ORTHOPEDIC TESTING

(+) Right Apprehension Test The arm abducted and elbow flexed to 90 degrees. Gently externally rotate the arm. Once the patient becomes apprehensive or complains of pain, proceed with the relocation and surprise test by applying a posterior force to the humeral head. This test indicates anterior shoulder instability vs. primary impingement. (+) Right Hawkin's Test The patient stands while the examiner forward flexes the arm to 90 degrees and then forcibly medially rotates the shoulder. Pain represents rotator cuff impingement or injury.

MOTOR FUNCTION/MUSCLE TESTING

Shoulder flexion muscle testing was normal at 5/5. Shoulder extension muscle testing was normal at 5/5. Shoulder abduction muscle testing was normal at 5/5. Adduction muscle testing was normal at 5/5. Shoulder internal rotation muscle testing was normal at 5/5. Shoulder external rotation muscle testing was normal at 5/5. Both upper extremities are affected.

PT Exam : Thoracic Exam**INSPECTION**

(+) Tightness. (+) Tenderness.

PALPATION

The muscle tone is increased, on the right side. Pain on pressure over the right trapezius, Pain on pressure over the right paraspinal muscles, Pain on pressure over the T1 spinous process, Pain on pressure over the T2 spinous process, Pain on pressure over the T3 spinous process, Pain on pressure over the T4 spinous process, Pain on pressure over the T5 spinous process.

Assessment

Diagnosis

S134XXA Sprain of ligaments of cervical spine, initial encounter
 S233XXA Sprain of ligaments of thoracic spine, initial encounter
 S0093XA Contusion of unspecified part of head, initial encounter
 S43401A Unspecified sprain of right shoulder joint, init encntr

Plan

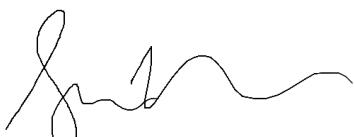
Procedures

Description	Code	Units	Modifiers	Comments
Office O/p New Mod New Patient, 45 Minutes Of Total Time	99204	1 UN		
Special Reports Or Forms	99080	1 UN		
Physical Performance Test	97750	1 UN		

Follow-Up

Appointment Reminder (02/28/2025) with MAREK, SHAUN
 Notes: Patient presents for evaluation after getting approval for change of TD
 Requested medical records
 Reviewed PLN-1 on file with patient - Patient has denied claim
 He has legal representation at this time
 Refer for PPE for updated functional assessment
 Refer for medical consultation
 Refer for new X-Ray - Cervical and Thoracic Spine, and Right Shoulder
 Completed work status form
 Follow up in 2 weeks

Rendering Provider Signature



Patient: BURKS, TAYLOR (WC, 12/11/24) (Male)
 3800 S. TYLER ST. APT.# 242
 DALLAS, TX 75224
 (972)750-7218

DOB: 09/10/1991 (33)
Race: Patient Declined
Language: English
Ethnicity: Patient Declined

Encounter ID: 198143550
Primary Ins:

Location: Peak Integrated Healthcare Sd
 4305 Pinnacle Point Dr.
 #301
 dallas, TX, 75211-1412
 (214)337-2100

Provider: DR. SHAUN MAREK,
 CHIROPRACTIC

DOS: 12/19/2024 12:29 PM
 US/Central

Subjective

Chief Complaint

Questionnaire : Worker's Compensation Consult

Patient was injured on 12/11/2024. History of injury: The patient works for RJW Logistics as a material handler - He reports being in training for driving a forklift and he was suddenly attacked by a coworker who punched and kicked him - He reports falling to the ground on his right side of body and then getting kicked afterwards repeatedly - He states the coworker ran away from the scene - Afterwards he states he had some dizziness and confusion - He went to Baylor Hospital in Uptown Dallas - He was sent to NOVA medical center for evaluation by his company. Yes, injury was reported. Yes, patient has had therapy. 4-6 visits for therapy. Patient has had an X-Ray. Patient has had Injections. No, patient has not had surgery. Neck was injured. Mid Back was injured. Shoulder was injured. Patient is injured on this area: Right Shoulder and Collar bone. Yes, patient knows which areas were accepted by insurance. Yes, patient knows which areas are being denied. No, employee was not terminated by company where they were injured. Employee is working; Full-Time, restrictions.

Rendering Provider Signature





URA Certificate #4908

Review #6743107

Monday, December 23, 2024

C.B.C.S. - T.X. Inbox
P.O. Box 28
Dubuque IA 52004

In Progress Notification

RE: Patient: Taylor Burks
Claim: WC240221
Date request received by Genex: Monday, December 23, 2024

Dear C.B.C.S. - T.X. Inbox,

We have been requested by CBCS Integrated Claims Solutions, to perform utilization review to determine if the requested health care services are medically necessary and appropriate:

Specific Treatment Plan Requested

1. Prospective request for 1 physical therapy sessions (3x/week x 2 weeks) to include evaluation (CPT 97110, 97112, 97535, 97530, 97140)

Provider Requesting Authorization

Peace Ahanonu, N.P.
814 E. Camp Wisdom Rd.
Duncanville, TX 75116
Phone: 214-217-0303 Fax: 214-217-0304

The review is being forwarded to our clinical staff to begin their analysis.

Listed below is the applicant attorney we have on file. If this information is correct, no further action is necessary. If this information is incorrect, please notify us immediately so we can update our records. Please note if the fields below are listed as N/A then we have no attorney on file.

Applicant Attorney: N/A
Address: N/A N/A, N/A N/A
Phone: N/A
Fax: N/A

Please feel free to contact us should you have any additional questions regarding this claim or if medical necessity substantiates further treatment. Our Utilization Review staff is available during normal business days from 9:00 AM to 5:30 PM.

Respectfully,

Review #6743107

Genex Services

cc: C.B.C.S. - T.X. Inbox, Client Appointed Personnel by Email texasur@cb-sisco.com

***Utilization Review strictly analyzes the medical necessity of treatment requests.
Genex Services does not affirm the acceptance of this workers compensation claim.***



URA Certificate #4908

Review #6743107

Tuesday, December 24, 2024

C.B.C.S. - T.X. Inbox
P.O. Box 28
Dubuque IA 52004

Recommendation: CERTIFY

RE: Patient: Taylor Burks
Claim: WC240221
Date request received by Genex: Monday, December 23, 2024
Determination date: Tuesday, December 24, 2024

Dear C.B.C.S. - T.X. Inbox,

The request for medical services described below has been reviewed. After a thorough review of the available records, the reviewer is recommending that the request for authorization be certified. The following details provide specific information about the determination:

Specific Treatment Plan Requested

1. Prospective request for 1 physical therapy sessions (3x/week x 2 weeks) to include evaluation (CPT 97110, 97112, 97535, 97530, 97140)

Determination Date

Tuesday, December 24, 2024

UR Determination

1. Recommend prospective request for 1 physical therapy sessions (3x/week x 2 weeks) to include evaluation (CPT 97110, 97112, 97535, 97530, 97140) between 12/13/2024 and 4/22/2025 be certified.

Provider Requesting Authorization

Peace Ahanonu, N.P.
814 E. Camp Wisdom Rd.
Duncanville, TX 75116
Phone: 214-217-0303 Fax: 214-217-0304

Disputes

The compensable injury is limited to grade 1 cervical sprain/strain, grade 1 thoracic sprain/strain, grade 1 lumbar sprain/strain, and grade 1 right shoulder sprain/strain. This is based on a peer review by Dr Welsh.

Review #6743107

Carrier is disputing any non compensable diagnosis including but not limited to cervical sclerotic lesion in his bone, and right shoulder cystic changes.

Carrier reserves the right to further amend this dispute based on additional evidence that might be discovered.

While the medical necessity of the requested treatment or service may have been established, generic substitution must be used when clinically appropriate, jurisdictionally mandated, and/or negotiated within the provider network. In addition, certification does not guarantee the specific brand requested will be provided (when applicable) if other suitable options exist.

Principle Reason/Clinical Basis

The claimant is 33 years old with a date of injury of 12/11/2024. The provider has submitted a prospective request for 1 physical therapy session (3x/week x 2 weeks) to include evaluation (CPT 97110, 97112, 97535, 97530, 97140).

Based on the medical records, the claimant's injury was due to being attacked by a co-worker that caused them to fall on the right shoulder and right hand injuring their right shoulder, right hand, neck, and head. The diagnoses were contusion of the right shoulder, contusion of unspecified part of the head, contusion of unspecified part of the neck, contusion of the right hand, pain in the right hand, headache, cervicalgia, and pain in the right shoulder. The claimant was placed on restricted duty.

Previous treatments included ibuprofen use, rotator cuff surgery in 2011, use of compression band, and physical therapy. The x-ray results dated 12/12/2024 of the skull, cervical spine, and right hand were negative for fracture or dislocation. An x-ray of the right shoulder dated 12/12/2024 revealed right shoulder post-surgery changes on glenoid Spar underneath the subacromial space. Multiple affiliated reviews certified 12 sessions of physical therapy with the latest one on 04/01/2024 under review 6383209 from a prior injury on 02/28/2024. According to the initial report submitted by Peace Ahanonu, NP, dated 12/12/2024, the claimant presented with bruises on the dorsal part of the right hand. The claimant also reported right-sided headache rated 8/10, decreased range of motion (ROM) of the cervical spine in rotation and extension with 8/10 pain, right shoulder pain, and right-hand pain. On physical examination, there were noted reduced head/neck ROM due to pain, decreased cervical spine side bending and rotation on the right, decreased cervical spine flexion/extension, right-sided muscle spasm along the paraspinal muscles and trapezius, right-sided cervical spine tenderness to palpation, and decreased ROM in the right neck. The claimant also had right shoulder tenderness with reduced ROM on abduction of 90 degrees. They also had right hand mild edema and bruising on the dorsum of the hand, decreased ROM on flexion, extension and ulnar deviation, tenderness to palpation of the extensor tendons, and decreased muscle strength on extension.

Regarding physical therapy (PT), the Official Disability Guidelines state that PT is recommended for shoulder contusion for 6 visits over 3 weeks, cervicalgia (neck pain) for 9 visits over 8 weeks, contusion of neck or upper back for 6 visits over 3 weeks, contusion of the hand for 6 visits over 3 weeks, and hand pain for 9 visits over 8 weeks. Physical therapy is indicated when there are no contraindications to PT, there is adherence to treatment, and anticipated outcomes are set.

Per the submitted documentation, the request is warranted. As per the cited guidelines, PT is recommended for shoulder contusion for 6 visits over 3 weeks, cervicalgia (neck pain) for 9 visits over 8 weeks, contusion of neck or upper back for 6 visits over 3 weeks, contusion of the hand for 6 visits over 3 weeks, and hand pain for 9 visits over 8 weeks. Physical therapy is indicated when there are no

contraindications to PT, there is adherence to treatment, and anticipated outcomes are set. The claimant was diagnosed with contusion of the right shoulder, contusion of unspecified part of the head, contusion of unspecified part of the neck, contusion of the right hand, pain in the right hand, headache, cervicalgia, and pain in the right shoulder. They had complaints of bruises on the dorsal part of the right hand, right-sided headache, neck pain, right shoulder pain, and right-hand pain from an attack at work on 12/11/2024. The request is within guideline recommendations and is medically necessary as physical therapy may alleviate pain, address limitations in functions and ROM, and aid in recovery for overall return of function. Therefore, the prospective request for 1 physical therapy session (3x/week x 2 weeks) to include evaluation (CPT 97110, 97112, 97535, 97530, 97140) is certified.

Screening Criteria/Treatment Guidelines Applied

Regarding physical therapy of the shoulder, the Official Disability Guidelines offer the following recommendations:

Conditionally Recommended

Recommended as indicated below.

ODG Criteria

ODG Physical Therapy (PT) Guidelines

Please see Physical Therapy and Chiropractic Guideline Methodology for additional physical therapy philosophies that apply to all diagnoses and may not be specifically mentioned within each guideline.

...

- Contusion of shoulder: 6 visits over 3 weeks

...

ODG Physical Therapy (PT) Criteria

- PT is conditionally recommended for 1 or more of the following (1) (2) (3) (4) (5) :

o PT evaluation may be indicated for assessment of physical impairment.

o Initial therapy may be indicated when ALL of the following are present:

§ Evaluation demonstrates functional impairment from condition that is appropriate for rehabilitation, as indicated by 1 or more of the following:

...

§ Shoulder contusion

...

§ No active wound infection

§ No documentation of deep venous thrombosis (DVT)

§ No documentation of fracture displacement

§ No documentation of hardware loosening

§ No documentation of rupture of repaired or injured tissue

§ Patient is expected to be able to adequately participate in and respond to proposed treatment.

§ There is an expectation that anticipated improvement is attainable in a reasonable and generally predictable period of time.

o Continued therapy may be indicated when ALL of the following are present:

§ Functional progress has been made during initial therapy or plan of care has been modified or re-evaluated every 2-3 weeks.

§ Maximum improvement has not yet been attained.

§ Patient is actively participating in treatment sessions.

§ Patient is adherent to plan of care.

...

Official Disability Guidelines, Shoulder: Physical Therapy (PT), Shoulder. (2024)

Regarding physical therapy (PT) of the hand, the Official Disability Guidelines offer the following recommendations:

Conditionally Recommended

Recommended as indicated below.

ODG Criteria

ODG Physical/Occupational Therapy (PT/OT) Guidelines

Please see Physical Therapy and Chiropractic Guideline Methodology for additional physical therapy philosophies that apply to all diagnoses and may not be specifically mentioned within each guideline.

...

- Contusion of upper extremity: 6 visits over 3 weeks

...

- Pain in joint: 9 visits over 8 weeks

...

ODG Physical/Occupational Therapy (PT/OT) Criteria

- PT/OT is conditionally recommended for 1 or more of the following (1) (2) (3) (4) (5) :
- o PT/OT evaluation may be indicated for assessment of physical impairment.
- o Initial therapy may be indicated when ALL of the following are present:
- ? Evaluation demonstrates functional impairment from condition that is appropriate for rehabilitation, as indicated by 1 or more of the following:
- ...
- ? Contusion of upper extremity
- ...
- ? Joint pain
- ...
- ? No active wound infection
- ? No documentation of fracture displacement
- ? No documentation of hardware loosening
- ? No documentation of new or worsening neurologic symptoms
- ? No documentation of rupture of repaired or injured tissue
- ? Patient is expected to be able to adequately participate in and respond to proposed treatment.
- ? There is an expectation that anticipated improvement is attainable in a reasonable and generally predictable period of time.
- o Continued therapy may be indicated when ALL of the following are present:
- ? Functional progress has been made during initial therapy or plan of care has been modified or re-evaluated every 2-3 weeks.
- ? Maximum improvement has not yet been attained.
- ? Patient is actively participating in treatment sessions.
- ? Patient is adherent to plan of care.
- ...

Official Disability Guidelines, Forearm, Wrist and Hand: Physical/Occupational Therapy (PT/OT); Forearm, Wrist, and Hand. (2024)

Regarding physical therapy (PT) of the neck, the Official Disability Guidelines offer the following recommendations:

Conditionally Recommended

Recommended as indicated below.

ODG Criteria

ODG Physical/Occupational Therapy (PT/OT) Guidelines

Please see Physical Therapy and Chiropractic Guideline Methodology for additional physical therapy philosophies that apply to all diagnoses and may not be specifically mentioned within each guideline.

...

- Cervical spondylosis; cervicalgia (neck pain): 9 visits over 8 weeks
- Contusion of neck or upper back: 6 visits over 3 weeks

...

ODG Physical/Occupational Therapy (PT/OT) Criteria

- PT/OT is conditionally recommended for 1 or more of the following (1) (2) (3) (4) (5) :
- o PT/OT evaluation may be indicated for assessment of physical impairment or pain.
- o Initial therapy may be indicated when ALL of the following are present:
- ? Evaluation demonstrates functional impairment, need for work conditioning, or pain, as indicated by 1 or more of the following:
- ...
- ? Contusion of neck or upper back
- ...
- ? Neck or upper back pain (eg, cervical spondylosis, cervicalgia [neck pain], torticollis)
- ...
- ? No active wound infection
- ? No documentation of deep venous thrombosis (DVT)
- ? No documentation of fracture displacement
- ? No documentation of hardware loosening
- ? No documentation of rupture of repaired or injured tissue
- ? Patient is expected to be able to adequately participate in and respond to proposed treatment.
- ? There is an expectation that anticipated improvement is attainable in a reasonable and generally predictable period of time.
- o Continued therapy may be indicated when ALL of the following are present:
- ? Functional progress has been made during initial therapy or plan of care has been modified or re-evaluated every 2-3 weeks.
- ? Maximum improvement has not yet been attained.
- ? Patient is actively participating in treatment sessions.
- ? Patient is adherent to plan of care.

Official Disability Guidelines, Neck and Upper Back: Physical/Occupational Therapy (PT/OT), Neck and Upper Back. (2024)

A treatment certification is for medical necessity only and does not guarantee payment under Workers' Compensation coverage. If treatment is for a condition, body part or diagnosis that the carrier has not accepted as related to the injury, this could also affect payment, despite the treatment being medically

Review #6743107

necessary. Please contact your claims representative at 000-000-0000 for any questions regarding payment.

While the medical necessity for the requested treatment has been established, this Health Care Network claim requires the provider or facility rendering treatment for the injured worker is in network or has out of network approval. To ensure payment is not effected please check your network status prior to providing the approved treatment.

If you have questions about this review, please contact Genex Services, at the phone number or address listed on this letter. Our Utilization Review staff is available during normal business days from 9:00 AM to 5:30 PM.

Procedure for filing a complaint with TDI

If you wish to file a complaint about the utilization review agent, please contact the Texas Department of Insurance, Consumer Protection Section (MC 111-A1), P.O. Box 149091, Austin, TX 78714-9091 or by phone at 1-800-252-3439 or via their website, www.tdi.texas.gov

Respectfully,

Fildehl Janice Sancho, R.N.

cc: Taylor Burks, Patient by Mail 819 Summit Dr Desoto, TX 75115
Peace Ahanonu, N.P., Physician by Fax 214-217-0304
Nova Medical Centers, Provider of Goods and Services by Fax 281-866-9405
C.B.C.S. - T.X. Inbox, Client Appointed Personnel by Email texasur@cb-sisco.com

*Utilization Review strictly analyzes the medical necessity of treatment requests.
Genex Services does not affirm the acceptance of this workers compensation claim. If there is an unresolved dispute regarding compensability, liability, or an extent of injury has been/needs to be filed per the Texas Administrative Code, please contact your claims representative.*

Genex Services is URAC Accredited for Workers' Compensation Utilization Management.



Genex Grievance Process

Non-clinically related oral or written complaints may be submitted to Genex at (800) 407-0704 or mailed to the address provided in this letter. A written response will be provided within 30 calendar days. More information about the grievance process can be found on our website.

Physical Therapy Daily Note

Office:	DFW Duncanville	Today's Date:	12/24/2024
Patient:	Taylor Burks	Referring Provider:	Brandon Elrod, DO
Incident #:	6191349	Next Provider Visit:	12/27/2024
Date of Injury:	12/11/2024	Start of Care (PT):	12/13/2024
Surgery Date:	N/A	Claim Number:	TRF24039737
SSN#:	XXX-XX- 1799		
Medical Dx:	Contusion of RIGHT shoulder, subsequent encounter S40.011D Contusion of unspecified part of head, subsequent encounter S00.93XD Contusion of unspecified part of neck, subsequent encounter S10.93XD Contusion of RIGHT hand, subsequent encounter S60.221D Pain in RIGHT hand M79.641 Headache, unspecified R51.9 Cervicalgia M54.2 Pain in RIGHT shoulder M25.511		
		Total Treatment Time: 42 min	Timed Code Treatment Minutes: 42 min

SUBJECTIVE: Pt came in with reports of having 6/10 pain in neck, shoulder, and back after getting off work.

TREATMENT PROGRAM/ INTERVENTIONS

97110 Therapeutic Exercises 32 min

MODIFIED: [11'] supine R shoulder ER stretch with dowel, 10" holds: neutral, scaption, and 90 degrees of abduction x3' each (+2' for demo and VC on form) - concurrent with MHP to R shoulder
 CONTINUED: [5'] seated R UT stretch with 10" holds x4' (+1' for demo and VC on form)
 [5'] seated R LS stretch with 10" holds x4' (+1' for demo and VC on form)
 INITIATED: [5'] R shoulder IR stretch with 10" holds x4' (+1' for demo and Vc on form)
 [6'] R shoulder 12# MB ambulating suit case carry with alt. ER/IR x4' (+2' for demo and VC on form)
 -interventions completed to improve Csp/UE mobility and flexibility required to lift, push, and pull at work

97112 Neuromuscular Re-Education 10 min

INITIATED: [10'] pushing/pulling 20# RCS x4' (+2' for demo and VC on form)
 interventions completed to improve RUE motor control, kinesthetic awareness, and coordination required to push and pull at work.

Miscellaneous Notes (Non-Billable)

abbreviated session due to pt informing he has to leave for personal reasons

ASSESSMENT

Despite elevated reports of pain, pt was able to perform suitcase carry with 12# MB and push/pull with 20# RCS without exacerbating symptoms. However, Pt requires frequent redirecting to perform exercises, demonstrating self limiting behaviors. Pt benefits from continued skilled PT to improve overall dynamic strength and endurance required to perform at PLOF.

PLAN

Continue therapy for reducing impairments and improving functional performance, increasing ROM and strength to promote functional mobility, body mechanics training to prevent exacerbation of injury, achievement of pre-injury status and integrating trunk posture movement during functional activities.

On this date I, Kevin Noe Ferrufino, PTA - 2178633, conferred with Dr. Nkechi Uju Mbah, PT, DPT - 1320002 regarding the above mentioned patient.

Electronically Signed by: Kevin Noe Ferrufino, PTA - 2178633, 12/24/2024 3:54 PM, Supervised by Dr. Nkechi Uju Mbah, PT, DPT - 1320002



A handwritten signature in black ink, appearing to read "K.N.F.", followed by the acronym "PTA" in smaller letters.

Physical Therapy Daily Note

Office:	DFW Duncanville	Today's Date:	12/26/2024
Patient:	Taylor Burks	Referring Provider:	Brandon Elrod, DO
Incident #:	6191349	Next Provider Visit:	12/27/2024
Date of Injury:	12/11/2024	Start of Care (PT):	12/13/2024
Surgery Date:	N/A	Claim Number:	TRF24039737
SSN#:	XXX-XX-1799		
Medical Dx:	Contusion of RIGHT shoulder, subsequent encounter S40.011D Contusion of unspecified part of head, subsequent encounter S00.93XD Contusion of unspecified part of neck, subsequent encounter S10.93XD Contusion of RIGHT hand, subsequent encounter S60.221D Pain in RIGHT hand M79.641 Headache, unspecified R51.9 Cervicalgia M54.2 Pain in RIGHT shoulder M25.511		
	Total Treatment Time: 54 min	Timed Code Treatment Minutes: 54 min	

SUBJECTIVE: Pt reports that he had a hard time sleeping last night, unable to get comfortable because of the pain in his neck and middle back that goes down in to his lower back. Reports that he had a prior low back injury and he thinks this incident reaggravated it. Reports that his pain is at 5/10, states it's a little lower right now because he took his muscle relaxers earlier.

TREATMENT PROGRAM/ INTERVENTIONS

97110 Therapeutic Exercises 30 min

CONTINUED: [12']seated overhead pulleys in flexion and abduction in sets of 10 x 3 sec holds at end-range x 4' each, standing ER pulleys in sets of 10 x 3 sec holds x 4', cuing for sequencing and passivity in R UE, static Csp retraction against pillow on wall.

[6']standing RTBall cross-body UTR rolling x 3 sc holds at each end-range, alternating, cuing for sequencing and pain-free ROM

INITIATED: [6']HL Apley's ER stacked hand butterflies x 5 sec holds at each end-range, cuing for set-up and [6']POE neck extension in sets of 5 in pain-free ROM, cuing for set-up and instructions, sequencing and pain-free performance

Performed to improve R UE, Csp strength and ROM for reaching, scanning, lifting, carrying, pushing/pulling, gripping, grasping, turning, cranking at work.

97112 Neuromuscular Re-Education 24 min

CONTINUED: [6']supine Csp retraction x 3 sec submax holds in sets of 10, cuing for sequencing and pain-free performance

[6']supine scap retraction isometrics x 3 sec submax holds, sets of 10, cuing for sequencing and pain-free performance

INITIATED: [6']HL horizontal abduction with YTB in sets of 10, cuing for sequencing, alignment, pain-free performance, scap retraction emphasis during performance

[6']prone shoulder extension to the plane of the body in set of 10, emphasis on inferior scap mobilization, cuing for set-up and instructions, sequencing and pain-free performance

Performed to improve Csp and R UE motor control, segmental mobility, coordination, stability for scanning, reaching, lifting, carrying, pushing/pulling at work.

Objective Findings (Non-Billable)

BP in sitting, L brachial read, #12 cuff, 90/76. BP taken following c/o light-headedness following UTR cross-body ball rolling. Sx resolved following cessation of activity. No c/o or observations of return despite positional changes during session.

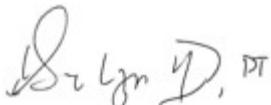
ASSESSMENT

Pt with good response to scapular mobility task performance throughout session today, however he also reports taking a muscle relaxer prior to coming in for session. Overall, pt has good ROM in Csp and R shoulder with no observed deficits in R hand use throughout session. Pt requires continuous reorientation to assigned tasks but reports relief of sx with performance of all lying exercises with only pain c/o on exit in R pec/anterior chest. Pt will continue to benefit from skilled services to address functional deficits and to maximize full return to PLOF in all work tasks with good form and good pain management.

PLAN

Continue therapy for reducing impairments and improving functional performance, increasing ROM and strength to promote functional mobility, essential function performance and body mechanics training to prevent exacerbation of injury.

Electronically Signed by: Kelsey Lyn Ketelsen, PT - 1326976, 12/26/2024 5:22 PM



Updates

1. Entered on 12/26/2024 5:27 PM by Kelsey Ketelsen: added BP to Objective

Premier Injury Clinics of DFW

3434 W. Illinois Ave, Suite 118

Dallas, TX 75211

(214) 339-9111 PH

(214) 339-9118 FAX

Referral Form

Contact Information for Diagnostic Imaging

X-Ray Left Hand

MRI Centers of Texas 201 N. I-35 East, DeSoto, TX 75115 Phone: (972) 274-3175 Fax: (817) 226-1802

rcferral@mrioftx.com

Patient DOI: 12/16/2024

Patient Information

Name (Last, First)	Phone Number	Date of Birth	Today's Date
Burks, Taylor	(972) 750-7218	09/10/1991	12/26/2024

Order/ Plan Information

Patient Diagnosis

V49.40XA - Driver injured in collision w unsp mv in traf, init
S66.912A - Strain of unsp musc/fasc/tend at wrs/hnd lv, left hand, init

Services Requested

X-Ray Left Hand
X-Ray Left Wrist

Attorney Information

Attorney Name	Attorney Address
The Law Office of Brian Brunson, PLLC	3131 Mckinnney Ave. Suite # 600
Attorney Phone	Attorney Fax
(214) 730-8961	(361) 480-0463

Ordering Provider Information

Ordering: Porcha Anderson DC NPI: 1417463498

Signature:  Date: 12/26/2024

I certify that the above treatment plan is medically necessary and approved by me.

Fax Results To: Porcha Anderson DC : (214) 339-9118 FAX : 3434 W. Illinois Ave, Suite 118 Dallas, TX 75211

Send Additional Results To: _____

Premier Injury Clinics of DFW

3434 W. Illinois Ave, Suite 118
Dallas, TX 75211
(214) 339-9111 PH
(214) 339-9118 FAX

Referral Form

Contact Information for Diagnostic Imaging

X-Ray Right Hip

MRI Centers of Texas 201 N. I-35 East, DeSoto, TX 75115 Phone: (972) 274-3175 Fax: (817) 226-1802
rcfcrral@mrioftx.com

Patient DOI: 12/16/2024

Patient Information

Name (Last, First)	Phone Number	Date of Birth	Today's Date
Burks, Taylor	(972) 750-7218	09/10/1991	12/18/2024

Order/ Plan Information

Patient Diagnosis

V49.40XA - Driver injured in collision w unsp mv in traf, init
V125.551 - Pain in right hip
V199.02 - Segmental and somatic dysfunction of thoracic region
S33.5XXA - Sprain of ligaments of lumbar spine, initial encounter
S46.912A - Strain unsp musc/fasc/tend at shldr/up arm, left arm, init

Services Requested

X-Ray Right Hip
X-Ray Lumbar Spine 2 Views (72100)
X-Ray Left Shoulder
X-Ray Thoracic Spine 2 Views

Attorney Information

Attorney Name	Attorney Address
The Law Office of Brian Brunson, PLLC	3131 Mckinnney Ave. Suite # 600
Attorney Phone	Attorney Fax
(214) 730-8961	(361) 480-0463

Ordering Provider Information

Ordering: Porcha Anderson DC NPI: 1417463498

Signature:  Date: 12/18/2024

I certify that the above treatment plan is medically necessary and approved by me.

Fax Results To: Porcha Anderson DC : (214) 339-9118 FAX : 3434 W. Illinois Ave, Suite 118 Dallas, TX 75211

Send Additional Results To: _____

Order Form for MRI**CENTERS (TEMP FAX)**

214-377-5013

Mesquite Momentum

1601 NORTH BELT LINE ROAD, SUITE C, MESQUITE TX
MESQUITE, TX, 75149
214-557-4111 972-972-8660

Req/Ctrl# (CD-): 1109639
Raj V. Kakarlapudi M.D.
NPI: 1336251388
Orthopedic Surgery

Today: 02/06/2025 02:32 PM
Order Date: 02/06/2025 01:15 PM

BURKS, TAYLOR, JAMAL, Male, 09/10/1991 ID: 106995
Home: 972-750-7218 Cell: 972-750-7218 3800 S Tyler St, DALLAS, TX, US 75224

RESPONSIBLE PARTY/GUARANTOR INFO:
Name: BURKS, TAYLOR, JAMAL
DOB: 09/10/1991

Primary Insurance Name: SELF PAY

Insurance Address:

Subscriber Number: 0000

Insured Name: BURKS, TAYLOR JAMAL

Address: 3800 S Tyler St, DALLAS, TX, US 75224

Priority	Diagnostic Name	Assessment(s)	Instructions
Routine	MRI : Shoulder, left without contrast	- M25.512, Pain in left shoulder	
	Notes: LOPEZ, LIZBETH 2/6/2025 02:32:46 PM CST >THE LAW OFFICE OF BRIAN BRUNSON DOI 12/16/2024		
Routine	MRI : Wrist, left without contrast	- M25.532, Pain in left wrist	
	Notes: LOPEZ, LIZBETH 2/6/2025 02:32:46 PM CST >THE LAW OFFICE OF BRIAN BRUNSON DOI 12/16/2024		


BOARD CERTIFIED
ORTHOPEDIC SURGEON
Electronically Signed By: Raj V. Kakarlapudi M.D.


Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

BURKS, TAYLOR, JAMAL, M, 09/10/1991

Premier Injury Clinics of DFW

3434 W Illinois Ave, Suite 118
Dallas, TX 75211
(214) 339-9111 PH
(214) 339-9118 FAX

Referral Form

Contact Information for Diagnostic Imaging

MRI Centers of Texas 201 N. I-35 East, DeSoto, TX 75115 Phone: (972) 274-3175 Fax: (817) 226-1802
referral@mrioftx.com

Patient DOI: 12/16/2024

Patient Information

Name (Last, First)	Phone Number	Date of Birth	Today's Date
Burks, Taylor	(972) 750-7218	09/10/1991	01/07/2025

Order/ Plan Information

Patient Diagnosis

V53.86 - Other specified dorsopathies, lumbar region

Services Requested

MRI Lumbar Spine w/o contrast (72148)

Attorney Information

Attorney Name	Attorney Address
The Law Office of Brian Brunson, PLLC	3131 Mckinnney Ave. Suite # 600
Attorney Phone	Attorney Fax
(214) 730-8961	(361) 480-0463

Ordering Provider Information

Ordering: Dorian-Michael Reyna, D.C. NPI: 1316777931



Signature:

Date: 01/07/2025

I certify that the above treatment plan is medically necessary and approved by me.

Fax Results To: Dorian-Michael Reyna, D.C. : (214) 339-9118 FAX : 3434 W Illinois Ave, Suite 118 Dallas, TX 75211

Send Additional Results To: _____

Received: 12/31/2024



Powered By



Proprietary Nova Software

Status Report: Follow-Up Evaluation

DFW Duncanville
814 E Camp Wisdom Rd
Duncanville, TX 75116
P: 214-217-0303
F: 214-217-0304

Date: 12/27/2024

Patient Name: Taylor Burks

Home Phone: 972-750-7218

Employer: RJW Logistics Group - Mesquite

Primary Contact: Juliza Herrera

Phone: 469-689-4175

Services Requested

Date of Initial Visit: 12/12/2024

Date of Injury: 12/11/2024

Last Worked: 12/24/2024

Description of Injury:

D.O.I 12/11/2024 Patient states that he was attacked by a co-worker, and he fell on right shoulder and right hand injuring his right shoulder, right hand, neck, and head.

Previous Treatment/Emergency room visit for THIS INJURY

None

Subjective Complaints (what patient states):

12/27/2024. Patient is here for right shoulder, lbp, and right knee, and right hand/finger. Patient is on light duty. Patient pain level is 6/10. Patient is still taking pt. Patient is needing refills on rx.

Head Injury: Patient states that overall the symptoms have remained the same. Headache is reported: No. Loss of consciousness: No. Nausea/Vomiting: No. Numbness or tingling: No. Swelling reported: No. Bruising reported: No. Decreased strength is reported: No. Antalgic gait reported: No. Dizziness still reported: Yes. Vision symptoms still present: No.

Cervical Spine: Patient states that overall the symptoms have decreased. Patient reports a pain level of (Visual Analog Scale) 6. Range of motion increased. Radiating pain: None. Numbness and tingling remained the same on right fingers. Upper extremity weakness: None. Headaches: None. Loss of consciousness: No. Nausea/Vomiting: No.

Shoulder: Patient presents to the clinic for a: Right shoulder complaint.

RIGHT: Patient states that overall the symptoms have decreased. Patient reports a pain level of (Visual Analog Scale) 6. Range of motion decreased. Numbness and tingling: None. Upper extremity weakness: None. Swelling: None. Bruising is reported: None.

Upper Arm: Patient presents to the clinic for a.

RIGHT:

LEFT: .

Hand: Patient presents to the clinic for a: Right hand complaint.

Right: Patient states that overall the symptoms have decreased. Pain decreased. Patient reports a pain level of (Visual Analog Scale) 4. Numbness and tingling: None. Grip strength normal. Swelling: None. Bruising decreased.

Review of Systems: Constitutional: Night Sweats (-), Fever & Chills (-), Weight Loss (-), Unexplained Weight Loss (-), Fatigue (-)

Eyes: Visual Changes (-), Double Vision (-)

ENT: Sinus Pain (-), Tinnitus (-), Nasal Discharge (-), Difficulty Swallowing (-), Difficulty Hearing (-)

Cardiovascular: Chest Pain (-), Irregular Heart Beat (-)

Respiratory: Shortness of Breath (-), Cough (-)

Gastrointestinal: Abdominal Pain (+), Nausea & Vomiting (+) Heartburn (-)

Genitourinary: Dysuria (-), Blood in Urine (-)

Musculoskeletal: Bone Pain (-), Joint Swelling (-), Joint Stiffness (-), Muscle Weakness (-), Shoulder Pain (-), Neck Pain (-), Mid Back Pain (-), Low Back Pain (-), Hip Pain (-), Foot Pain (-)

Skin: Rashes (-), Skin Lesions (-), Jaundice (-)

Neurological: Loss of Bowl Control /Bladder Control (-), Numbness/Tingling (-), Dizziness/Fainting (-), Forgetfulness/Confusion (-), Headaches (-), Walking Problems (-)

Psychiatric: Depression/Anxiety (-), Change in Sleep Pattern (-), Mood Change (-)

Received: 12/31/2024

Endocrine: Excessive Thirst (-), Excessive Hunger (-), Heat or Cold Intolerance (-), Poor Appetite (-)

Hematologic/lymphatic: Excessive Bleeding (-), Use of Aspirin (-), Skin Rashes/Discoloration (-)

Immunological: Allergic Response to Food, Material or Drugs (-), History of Anaphylaxis (-), Swollen Glands (-)

Current Medications (at the time of initial evaluation): ibuprofen.

Allergies: No Known Allergies.

Past Medical History: None (+).

Diabetes Mellitus (-), Hypertension (-), Peptic Ulcer (-), Thyroid Disease (-), Liver/Kidney Disease (-), Stroke/TIA (-), Anemia (-), Epilepsy (-), Arthritis (-), Kidney Infection (-), Sinus Infection (-), Asthma (-), COPD (-), Seizure Disorders (-), Myocardial Infarction (-), Peripheral Vascular Disease (-), Upper GI Disease (-), DDD/Spinal Stenosis (-), Cancer (-), Heart Disease (-), Neurological Disorder (-), Osteoporosis (-).

Family Medical History: None (+).

Cancer (-), Heart Disease (-), Diabetes (-), HTn (-), Stroke/TIA (-), Liver disease (-), Genetic disorder (-), Rheumatoid arthritis (-), Neurological Disorder (-), Osteoporosis (-), Bleeding disorder (-).

Death of a sibling, parent, child: N/A

Social History: Employed as material handler.

Previous Injury: None

Surgery: right shoulder 2009.

Reviewed Family, Past Medical, Social History, and Review of Systems from 12/12/2024 and there has been no change.

Exam/Results:

Physical: Blood pressure 124 / 80. Pulse 108. Respiratory rate 17. Height (inches) 67. Weight (lbs) 195.

BMI: 30.5. BSA (m²): 2.04. Age 33.

General: Alert and oriented to time, place, and person: Yes. Affect normal. Gait normal. Distress no apparent.

Patient appears anxious: No. Well developed: Yes. Well nutritioned: Yes.

Head Injury: Oriented x3: No. Cranial nerves intact: No. Rhomberg test negative. Tandem walk negative.

Reflexes normal: Yes. Gait normal: Yes. Swelling scalp: No. Bruising noted: No. Open wound: No. Bleeding: No. Tenderness to palpation: No.

Cervical Spine: Side bending normal. Rotation normal. Flexion normal. Extension normal. Muscle spasm along the paraspinal muscle increased. Trapezius muscle spasm is noted: None. Tenderness to palpation resolved. Compression testing negative. Spurling's test negative. Obvious deformities: No.

Upper extremities: Range of motion full range of motion. Vascular intact: Yes. Deep tendon reflexes normal. Sensation normal. Muscle strength normal.

Shoulder:

RIGHT: Tenderness diffuse decreased. Anterior decreased. Posterior decreased. Bicipital groove decreased. Range of motion abduction decreased. Flexion increased. Internal rotation decreased. External rotation decreased. Muscle testing improving and normal. Impingement is positive: No. Positive sulcus sign: No. Deep tendon reflexes are normal: Yes. Dislocation: No.

Hand:

RIGHT: Vascular intact: Yes. Inspection edema decreased. Bruising decreased. Range of motion flexion full. Extension full. Ulnar deviation full. Radial deviation full. Supination full. Pronation full. Tenderness to palpation extensor tendons decreased. Flexor tendons decreased. Cubital tunnel decreased. Carpal tunnel decreased. Extensor polis longus and brevis decreased. Muscle testing grip strength increased. Special testing tinel's negative. Phalen's negative. Finkelstein's negative. Dislocation: No. Hand inspection of digits and/or nails normal: Yes.

X-rays:

Head: 2 view skull (ap & lat): X-rays were negative for fracture or dislocation (12/12/2024 6:17 PM).

Incidental finding: None

Cervical Spine: 2 view: X-rays were negative for None (12/12/2024 6:18 PM).

Incidental finding: None

Right Hand: Fingers - 2 views: X-rays were negative for fracture or dislocation (12/12/2024 6:19 PM).

Incidental finding: None

Right Shoulder: 2 views (internal & external rotation): X-rays were negative for fracture or dislocation (12/12/2024 6:20 PM).

Incidental finding: Right shoulder post surgery changes noted on glenoid Spar underneath subacromial space

Received: 12/31/2024

PT assessment and plan reviewed.

Diagnosis:

Contusion of RIGHT shoulder, subsequent encounter S40.011D
Contusion of unspecified part of head, subsequent encounter S00.93XD
Contusion of unspecified part of neck, subsequent encounter S10.93XD
Contusion of RIGHT hand, subsequent encounter S60.221D
Pain in RIGHT hand M79.641
Headache, unspecified R51.9
Cervicalgia M54.2
Low back pain, unspecified M54.50

Physician's Note: Reason for continuing Physical therapy: To improve function, strength and reduce pain

Treatment Plan:

1. Must take prescribed medications ordered in this visit: Flexeril 10mg #14
2. Patient was advised to follow-up with his/her primary care doctor for non-work related positive review of systems and/or positive past medical history.
3. Flexeril as ordered Continue Ibuprofen as ordered from ED and take with food Continue PT to improve function, strength and reduce pain. MRI of LBP and right shoulder ordered.
4. May apply ice and warm compression. Heart rate 90
5. RTC on 2 weeks for PT progress/MRI result if approved
6. Continue physical therapy as prescribed.
7. Advance restrictions
8. Referral to the Ortho for right and Lumbar Urgent
9. Patient was advised to follow-up with his/her primary care doctor for high heart rate.

Next Appointment(s): **MD 01/10/2025 2:30 PM**

Work Status: **Restricted Duty**

Electronically signed by Ahanonu, Peace, NP supervised by Dennis Um, MD



12/27/2024 4:37 PM

Received: 12/31/2024

MDM CHART

99213

DX Codes Elements

Low Risk

Self Limited	6
Acute Uncomplicated	0
Acute Complicated	0

Data Review Elements

Minimal Risk

Category 1: Test and Documents

- 6. PT assessment and plan reviewed with summary

RiskElements

Moderate Risk

- Medications ordered or changed
- Physical Therapy

	Minimal	Low	Moderate	High
MDM DX Points				
MDM Data Reviewed Points	Minimal	Low	Moderate	High
MDM Table of Risk	Minimal	Low	Moderate	High

Total MDM Level	Minimal	Low	Moderate	High

The CPT® code data is generated based on evaluation and management guidelines that are effective on January 1, 2021.

Received: 12/31/2024



Easy-Script

Company: **RJW Logistics Group - Mesquite**
Company Phone: **469-457-1807**
Patient Name: **Taylor Burks**
Patient Phone: **972-750-7218**

Claim Number: **TRF24039737**
Date: **12/27/2024**
Date of Injury: **12/11/2024**

Diagnosis: **Contusion of RIGHT shoulder, subsequent encounter S40.011D**
Contusion of unspecified part of head, subsequent encounter S00.93XD
Contusion of unspecified part of neck, subsequent encounter S10.93XD
Contusion of RIGHT hand, subsequent encounter S60.221D

Pain in RIGHT hand M79.641
Headache, unspecified R51.9
Cervicalgia M54.2

Subjective Complaints (what patient states):

12/27/2024. Patient is here for right shoulder, lbp, and right knee, and right hand/finger. Patient is on light duty. Patient pain level is 6/10. Patient is still taking pt. Patient is needing refills on rx.

Head Injury: Patient states that overall the symptoms have remained the same. Headache is reported: No. Loss of consciousness: No. Nausea/Vomiting: No. Numbness or tingling: No. Swelling reported: No. Bruising reported: No. Decreased strength is reported: No. Antalgic gait reported: No. Dizziness still reported: Yes. Vision symptoms still present: No.

Cervical Spine: Patient states that overall the symptoms have decreased. Patient reports a pain level of (Visual Analog Scale) 6. Range of motion increased. Radiating pain: None. Numbness and tingling remained the same on right fingers. Upper extremity weakness: None. Headaches: None. Loss of consciousness: No. Nausea/Vomiting: No.

Shoulder: Patient presents to the clinic for a: Right shoulder complaint.

RIGHT: .

Upper Arm: Patient presents to the clinic for a.

RIGHT: .

LEFT: .

Hand: Patient presents to the clinic for a: Right hand complaint.

Right: .

Reviewed Family, Past Medical, Social History, and Review of Systems from 12/12/2024 and there has been no change.

Exam/Results:

Physical: Blood pressure 124 / 80. Pulse 108. Respiratory rate 17. Height (inches) 67. Weight (lbs) 195. BMI: 30.5, BSA (m²): 2.04. Age 33.

General: Alert and oriented to time, place, and person: Yes. Affect normal. Gait normal. Distress no apparent. Patient appears anxious: No. Well developed: Yes. Well nutritioned: Yes.

Head Injury: Oriented x3: No. Cranial nerves intact: No. Rhomberg test negative. Tandem walk negative. Reflexes normal: Yes. Gait normal: Yes. Swelling scalp: No. Bruising noted: No. Open wound: No. Bleeding: No. Tenderness to palpation: No.

Cervical Spine: Side bending normal. Rotation normal. Flexion normal. Extension normal. Muscle spasm along the paraspinal muscle increased. Trapezius muscle spasm is noted: None. Tenderness to palpation resolved. Compression testing negative. Spurling's test negative. Obvious deformities: No.

Upper extremities: Range of motion full range of motion. Vascular intact: Yes. Deep tendon reflexes normal. Sensation normal. Muscle strength normal.

EMPLOYER INFORMATION				
Employer #:	R4V7B	SUBSCRIBER	Emp Ins Code: TV7UO	
Ins/TPA:	cbc's			
Phone:	/ Fax:			
Ins Code:	COT00			
Emp Guarantor#:				
Price Code:				
Type	Name	Phone	Fax	Email
Primary	Juliza Herrera	469-689-4175	000-000-0000	jliza.herrera@rjwgroup.com
Primary	Isabela Rascon	469-457-1807	000-000-0000	Isabela.rascon@rjwgroup.com
Secondary	Mireya Gonzalez	630-424-2435	630-424-2235	MGonzalez@rjwgroup.com
Tertiary	Naysa Aparicio-Hernandez	630-424-2435	630-424-2235	NHernandez@rjwgroup.com

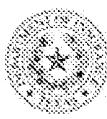
Continue Physical Therapy

TIW (three times week) for 2 weeks / 6 visits

Goals: Essential Functions, Functional Improvement, Dynamic Activities, Home Exercise Program

Diagnosis: Contusion of RIGHT shoulder, subsequent encounter S40.011D, Contusion of unspecified part of head, subsequent encounter S00.93XD, Contusion of unspecified part of

Received: 12/20/2024



Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation (DWC) and may be entitled to certain medical and income benefits. For further information call DWC at 800-252-7031.

DWC073

Empleado - Es requerido que usted reporte su lesión a su empleador dentro de 30 días si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte del Departamento de Seguros de Texas, División de Compensación para Trabajadores (DWC), y es posible que tenga derecho a recibir ciertos beneficios médicos y de ingresos. Para obtener más información llame a DWC al 800-252-7031.

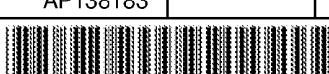
Texas Workers' Compensation Work Status Report

I. GENERAL INFORMATION		Date Sent (for transmission purposes only): 12/16/2024	
1. Injured Employee's Name Taylor Burks	5a. Doctor's/Delegating Doctor's Name and Degree Brandon Elrod, DO	5b. PA / APRN Name (if completing form) Ahanonu, Peace, NP	
2. Date of Injury 12/11/2024	3. Social Security Number (last four) XXX-XX-1799	6. Facility Name DFW Duncanville	9. Employer's Name RJW Logistics Group - Mesquite
4. Employee's Description of Injury/Accident D.O.I 12/11/2024 Patient states that he was attacked by a co-worker, and he fell on right shoulder and right hand injuring his right shoulder, right hand, neck, and head.		7. Facility/Doctor Phone and Fax Numbers p: 214-217-0303 f:214-217-0304	10. Employer's Fax Number or Email Address (if known) 000-000-0000
		8. Facility/Doctor Address (Street, City, State, ZIP Code) Nova Medical Centers - DFW Duncanville 814 E Camp Wisdom Rd Duncanville, TX 75116	11. Insurance Carrier cbcS
			12. Carrier's Fax Number or Email Address (if known)

II. WORK STATUS INFORMATION (Fully complete one box including estimated dates, and a description in 13c, if applicable)	
13. The injured employee's medical condition resulting from the workers' compensation injury:	
<input type="checkbox"/> a) will allow the employee to return to work as of _____ without restrictions; OR <input checked="" type="checkbox"/> b) will allow the employee to return to work as of <u>12/16/2024</u> with the restrictions identified in PART III, which are expected to last through <u>12/27/2024</u> ; OR <input type="checkbox"/> c) has prevented and still prevents the employee from returning to work as of _____ and is expected to continue through _____. The following describes how this injury prevents the employee from returning to work:	

III. ACTIVITY RESTRICTIONS (Only complete if box 13b is checked)		
14. Posture Restrictions (if any): Max hours per day 0 2 4 6 8 Other: _____	17. Motion Restrictions (if any): Max hours per day 0 2 4 6 8 Other: _____	19. Misc. Restrictions (if any): Max hours per day of work: _____ Sit/stretch breaks of _____ per _____ Must wear splint/cast at work Must use crutches at all times No driving/operating heavy equipment Can only drive automatic transmission No skin contact with: No running Dressing changes necessary at work
Standing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Kneeling/squatting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bending/stooping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pushing/pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Twisting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: _____	Walking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Climbing stairs/ladders <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Grasping/squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Overhead reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other: _____
15. Restrictions Specific To (if applicable): Left hand/wrist <input type="checkbox"/> Left leg <input type="checkbox"/> Right hand/wrist <input checked="" type="checkbox"/> Right leg <input type="checkbox"/> Left arm <input type="checkbox"/> Back <input type="checkbox"/> Right arm <input type="checkbox"/> Left foot/ankle <input type="checkbox"/> Neck <input checked="" type="checkbox"/> Right foot/ankle <input type="checkbox"/> Other: Neck / Head	18. Lift/Carry Restrictions (if any): <input checked="" type="checkbox"/> May not lift/carry objects more than <u>5</u> lbs. for more than <u>8</u> hours per day. <input type="checkbox"/> May not perform any lifting/carrying. Other: _____	No work / _____ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding Must keep _____ <input type="checkbox"/> elevated <input type="checkbox"/> clean & dry
16. Other Restrictions (if any): May work light duty	20. Medication Restrictions (if any): <input checked="" type="checkbox"/> Must take prescription medication(s) <input type="checkbox"/> Advised to take over-the-counter meds <input checked="" type="checkbox"/> Medication may make drowsy (possible safety/driving issues)	

IV: TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION			
21. Work Injury Diagnosis Information: Contusion of RIGHT shoulder, subsequent encounter S40.011D Contusion of unspecified part of head, subsequent encounter S03.93XD Contusion of unspecified part of neck, subsequent encounter S10.93XD Contusion of RIGHT hand, subsequent encounter S90.221D Hand swelling limited R51.9 Cervicalgia M54.2 Pain in RIGHT shoulder M25.511	22. Expected Follow-up Services Include: <input checked="" type="checkbox"/> Evaluation by the treating doctor on <u>12/27/2024</u> at <u>3:00PM</u> <input type="checkbox"/> Referral to/consult with _____ on _____ at _____ <input type="checkbox"/> Physical medicine _____ X per week for _____ weeks starting on _____ at _____ <input type="checkbox"/> Special studies (list): _____ on _____ at _____ <input type="checkbox"/> None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.	Next Appt(s): PT 12/17/24 4:00 PM PT 12/19/24 5:00 PM PT 12/20/24 5:00 PM PT 12/24/24 5:00 PM PT 12/26/24 5:00 PM MD 12/27/24 3:00 PM	
Date /Time of Visit: 12/16/2024/11:02 AM	Employee's Signature 	Visit Type: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up	Role of Health Care Practitioner: <input type="checkbox"/> Treating doctor <input type="checkbox"/> Referral doctor <input type="checkbox"/> RME doctor <input type="checkbox"/> Consulting doctor <input type="checkbox"/> PA <input checked="" type="checkbox"/> APRN <input type="checkbox"/> Designated doctor <input type="checkbox"/> Other doctor
Discharge Time: 11:44 AM	Health Care Practitioner's Signature / License # AP138183		





Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation (DWC) and may be entitled to certain medical and income benefits. For further information call DWC at 800-252-7031

DWC073

Empleado - Es requerido que usted reporte su lesión a su empleador dentro de 30 días si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte del Departamento de Seguros de Texas, División de Compensación para Trabajadores (DWC), y es posible que tenga derecho a recibir ciertos beneficios médicos y de ingresos. Para obtener más información llame a DWC al 800-252-7031.

Texas Workers' Compensation Work Status Report

I. GENERAL INFORMATION

1. Injured Employee's Name Taylor Burks		5a. Doctor's/Delegating Doctor's Name and Degree Dennis Um, MD	5b. PA / APRN Name (if completing form) Ahanonu, Peace, NP
2. Date of Injury 12/11/2024	3. Social Security Number (last four) XXX-XX-1799	6. Facility Name DFW Duncanville	9. Employer's Name RJW Logistics Group - Mesquite
4. Employee's Description of Injury/Accident D.O.I 12/11/2024 Patient states that he was attacked by a co-worker, and he fell on right shoulder and right hand injuring his right shoulder, right hand, neck, and head.		7. Facility/Doctor Phone and Fax Numbers p: 214-217-0303 f:214-217-0304	10. Employer's Fax Number or Email Address (if known) 000-000-0000
		8. Facility/Doctor Address (Street, City, State, ZIP Code) Nova Medical Centers - DFW Duncanville 814 E Camp Wisdom Rd Duncanville, TX 75116	11. Insurance Carrier cbcs
			12. Carrier's Fax Number or Email Address (if known)

II. WORK STATUS INFORMATION (Fully complete one box including estimated dates, and a description in 13c, if applicable)

13. The injured employee's medical condition resulting from the workers' compensation injury:

- a) will allow the employee to return to work as of _____ without restrictions; OR
 b) will allow the employee to return to work as of 12/27/2024 with the restrictions identified in PART III, which are expected to last through 1/10/2025; OR

c) has prevented and still prevents the employee from returning to work as of _____ and is expected to continue through _____. The following describes how this injury prevents the employee from returning to work:

III. ACTIVITY RESTRICTIONS (Only complete if box 13b is checked)

14. Posture Restrictions (if any): Max hours per day 0 2 4 6 8 Other: Standing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8 Kneeling/squatting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bending/stooping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pushing/pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Twisting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other:	17. Motion Restrictions (if any): Max hours per day 0 2 4 6 8 Other: Walking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 Climbing stairs/ladders <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Grasping/squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Overhead reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	19. Misc. Restrictions (if any): Max hours per day of work: Sit/stretch breaks of _____ per _____ Must wear splint/cast at work Must use crutches at all times ✓ No driving/operating heavy equipment Can only drive automatic transmission No skin contact with: No running Dressing changes necessary at work
15. Restrictions Specific To (if applicable): <input type="checkbox"/> Left hand/wrist <input type="checkbox"/> Left leg <input checked="" type="checkbox"/> Right hand/wrist <input type="checkbox"/> Right leg <input type="checkbox"/> Left arm <input type="checkbox"/> Back <input type="checkbox"/> Right arm <input type="checkbox"/> Left foot/ankle <input type="checkbox"/> Neck <input type="checkbox"/> Right foot/ankle Other: Neck / Head	18. Lift/Carry Restrictions (if any): <input checked="" type="checkbox"/> May not lift/carry objects more than 5 lbs. for more than 8 hours per day. <input type="checkbox"/> May not perform any lifting/carrying. Other:	<input type="checkbox"/> No work / _____ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding <input type="checkbox"/> Must keep _____ elevated <input type="checkbox"/> clean & dry
16. Other Restrictions (if any) May work light duty	20. Medication Restrictions (if any): <input checked="" type="checkbox"/> Must take prescription medication(s) <input type="checkbox"/> Advised to take over-the-counter meds <input checked="" type="checkbox"/> Medication may make drowsy (possible safety/driving issues)	

IV: TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION

21. Work Injury Diagnosis Information: Contusion of RIGHT shoulder, subsequent encounter S40.011D Contusion of unspecified part of head, subsequent encounter S00.93XD Contusion of unspecified part of neck, subsequent encounter S10.93XD Contusion of RIGHT hand, subsequent encounter S60.221D Pain in RIGHT hand M79.641 Hand/arm unspecified R51.9 Cervicalgia M54.2 Low back pain, unspecified M54.50	22. Expected Follow-up Services Include: <input checked="" type="checkbox"/> Evaluation by the treating doctor on <u>1/10/2025</u> at <u>2:30PM</u> <input checked="" type="checkbox"/> Referral to/consult with Orthopedic Surgeon: right and Lumbar on _____ at : <input type="checkbox"/> Physical medicine _____ X per week for _____ weeks starting on _____ at _____ <input type="checkbox"/> Special studies (list): _____ on _____ at _____ <input type="checkbox"/> None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.	Next Appt(s): MD 01/10/25 2:30 PM	
Date /Time of Visit: 12/27/2024/4:06 PM	Employee's Signature 	Visit Type: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up	Role of Health Care Practitioner: <input type="checkbox"/> Treating doctor <input type="checkbox"/> Consulting doctor <input type="checkbox"/> Designated doctor <input type="checkbox"/> Referral doctor <input type="checkbox"/> PA <input type="checkbox"/> Other doctor RME doctor <input checked="" type="checkbox"/> APRN
Discharge Time: 4:41 PM	Health Care Practitioner's Signature / License # AP138183	BURKS T. RJW LOGISTICS GROUP . 12/27/2024 SIGNED WORK STATUS FOLLOW UP 1/1	





Report by:
TexRadGroup
Radiologists of Texas

**1000 Lipscomb Drive, Suite 100, Fort Worth, Texas 76104
(817)-MRI-OF-TX Fax (817)-529-7250**

Date of Exam: 16-Jan-2025 02:59:23 PM **Referring Dr:** REYNA, DORIAN-MICHAEL
Patient Name: BURKS, TAYLOR **Radiologist:** LOEB, ROBERT
Date of Birth: 10-Sep-1991 **Date of Injury:** 16-Dec-2024
Med Rec #: 000327823 **Diagnostic Code:**

EXAMINATION: MRI LUMBAR SPINE

HISTORY: Back pain

TECHNIQUE: Multiplanar multiecho sequences were obtained.

FINDINGS:

Vertebral body height, signal intensity and alignment are maintained. The conus ends at the L1 level. The paraspinal soft tissues are normal.

L1-2: Disc height and hydration are maintained. There is no focal disc protrusion, canal or foraminal narrowing. The facet joints and posterior elements are unremarkable.

L2-3: Disc height and hydration are maintained. There is no focal disc protrusion, canal or foraminal narrowing. The facet joints and posterior elements are unremarkable.

L3-4: Disc height and hydration are maintained. There is no focal disc protrusion, canal or foraminal narrowing. The facet joints and posterior elements are unremarkable.

L4-5: Disc height and hydration are maintained. There is 2 mm disc protrusion with mild bilateral foraminal narrowing. No canal stenosis. Canal or foraminal narrowing. Mild facet arthropathy.

L5-S1: Disc narrowing with desiccation And 3 mm disc protrusion asymmetric to the left with moderate left foraminal narrowing. Facet arthropathy.

IMPRESSION:

1. Spondylosis with 2 mm disc protrusion and mild bilateral foraminal narrowing at L4-5.
2. At L5-S1 there is 3 mm left-sided disc protrusion with moderate left foraminal narrowing.

Electronically signed: 20-Jan-2025 03:30:52 PM

Robert Loeb, M.D.

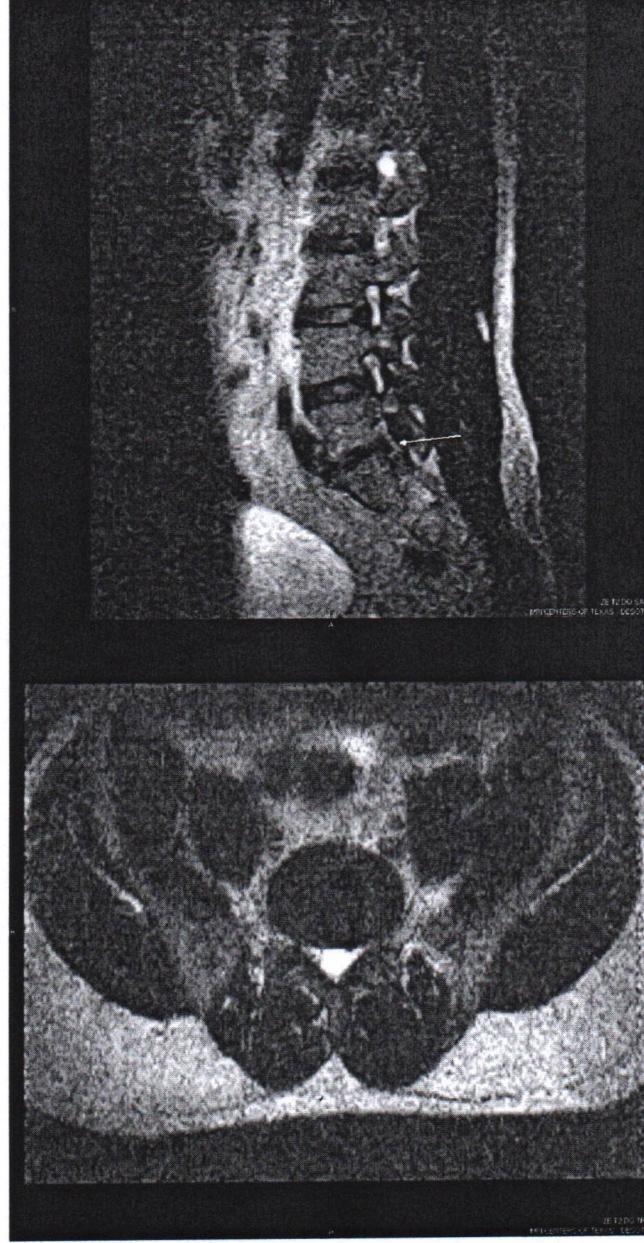
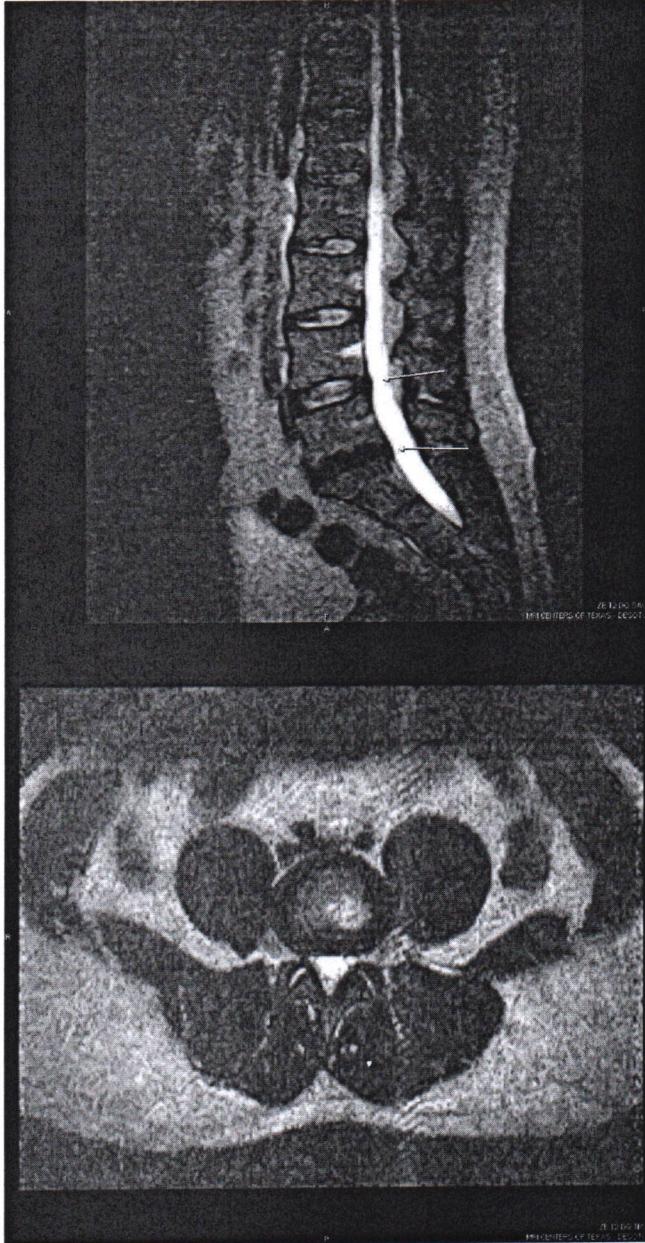
Report content or billing questions? Call Dallas Radiology, PA: 972-599-1860

Page 1 of 3

TexRadGroup Corporate Office: 4230 LBJ Freeway, Suite 520, Dallas, Texas 75244-5883
Office: 866-931-3811. Fax 866-480-6586. Email: info@texradgroup.com
TexRadGroup is a DBA of Dallas Radiology, P.A., Albert G. Tesoriero, M.D., President

Date of Exam: 16-Jan-2025 02:59:23 PM
Patient Name: BURKS, TAYLOR
Date of Birth: 10-Sep-1991
Med Rec #: 000327823

Referring Dr: REYNA, DORIAN-MICHAEL



Date of Exam: 16-Jan-2025 02:59:23 PM
Patient Name: BURKS, TAYLOR
Date of Birth: 10-Sep-1991
Med Rec #: 000327823

Referring Dr: REYNA, DORIAN-MICHAEL

REYNA, DORIAN-MICHAEL



Report by:
Dallas Radiology, P.A.

**12800 Preston Rd, Suite# 120
Dallas, TX 75230
Phone (972) 934-3000 • Fax (817) 226-1802**

Date of Exam: 09-Feb-2025 09:43:25 AM
Patient Name: BURKS, TAYLOR
Date of Birth: 10-Sep-1991
Med Rec #: 000327823

Referring Dr: KAKARLAUDI, RAJ DR.
Radiologist: PIKO, JAMES
Date of Injury: 12/16/2024

Examination: MRI of the left wrist

Clinical Information: Not provided

Technique: Multiecho sagittal, axial and coronal data sets were obtained.

Findings:

Intrinsic Ligaments: The scapholunate ligament is intact. The lunotriquetral ligament is unremarkable.

Extrinsic Ligaments: The visualized volar and dorsal extrinsic ligaments appear grossly intact.

Triangular fibrocartilage complex: No tear is seen.

Tendons: The dorsal extensor tendon compartments are all intact without a tear identified. No significant tenosynovitis. The flexor tendons are unremarkable.

Osseous structures: No joint effusions are seen. Mild osteoedema of the distal ulna. No fracture is identified. The hook of the hamate is preserved. The scaphoid remains intact. There is no scapholunate diastasis. No SLAC wrist deformity. No DISI or VISI is identified. The visualized metacarpals are within normal limits.

Soft tissues: No focal soft tissue hematoma is identified. The myofascial planes are preserved. The median nerve is unremarkable.

Impression:

Mild osteoedema of the distal ulna. A contusion or stress change is most likely. No acute ligament tear, tendon tear or fracture is identified.

Electronically signed:

Dr. J. Piko

Report content or billing questions? Call Dallas Radiology, PA: 866-931-3811

Date of Exam: 09-Feb-2025 09:43:25 AM
Patient Name: BURKS, TAYLOR
Date of Birth: 10-Sep-1991
Med Rec #: 000327823



Referring Dr: KAKARLAPUDI, RAJ DR.



Report by:
Dallas Radiology, P.A.

**12800 Preston Rd, Suite# 120
Dallas, TX 75230
Phone (972) 934-3000 • Fax (817) 226-1802**

Date of Exam: 09-Feb-2025 09:57:44 AM
Patient Name: BURKS, TAYLOR
Date of Birth: 10-Sep-1991
Med Rec #: 000327823

Referring Dr: KAKARLAPUDI, RAJ DR.
Radiologist: PIKO, JAMES
Date of Injury: 12/16/2024

Examination: MRI of the Left Shoulder

Clinical Information: Pain

Technique: Multiecho sagittal, axial and coronal data sets were obtained.

Findings:

Rotator cuff-

Supraspinatus tendon: Intact supraspinatus tendon without a tear identified. There is no tendon retraction.

Infraspinatus tendon: Normal appearance of the infraspinatus tendon without a tear identified.

Subscapularis tendon: The subscapularis tendon remains intact and inserts normally at the lesser tuberosity.

Teres minor tendon: No teres minor tendon tear is identified.

Labrum-

Biceps labral anchor complex: No SLAP tear is identified.

Labrum: Anterior inferior quadrant cartilaginous Bankart lesion and ALPSA lesion. There is no para labral cyst.

Biceps tendon-

Tendon: The biceps long head tendon has a normal appearance without a tear or tendon retraction.

Intertubercular groove: No biceps tendon subluxation is seen. The overlying biceps sling is grossly preserved.

Osseous structures-

The humeral head is not high riding on the glenoid. There is a large Hill-Sachs deformity of the posterior superior lateral humeral head measuring 2 cm with mild surrounding osteoedema. Anterior inferior glenoid bony Bankart defect fracture deformity. This involves approximately 30% of the inferior glenoid face. A large loculated inferior axillary joint effusion. There is a 5 mm osteochondral lesion of the superior humeral head with surrounding mild osteoedema. No significant subacromial/acromiohumeral arch stenosis.

Soft tissues-

There is no muscle atrophy. Inferior axillary capsular disruption is noted with central membranous tearing of the inferior glenohumeral ligament. A suspected reverse HAGL lesion with tear at the anterior inferior glenoid of the inferior glenohumeral ligament anterior band.

Page 1 of 2

Dallas Radiology, P.A. Corporate Office: 4230 LBJ Freeway, Suite 520, Dallas, Texas 75244-5883
Office: 972-599-1860. Fax 866-480-6586. Email: info@dallasrad.com
Albert G. Tesoriero, M.D., President

Date of Exam: 09-Feb-2025 09:57:44 AM
Patient Name: BURKS, TAYLOR
Date of Birth: 10-Sep-1991
Med Rec #: 000327823

Referring Dr: KAKARLAPUDI, RAJ DR.

Impression:

Sequelae of an anterior inferior glenohumeral dislocation injury, with macro instability pattern including Hill-Sachs and bony Bankart fractures. Disruption of the inferior glenohumeral membranous capsule, loculated large effusion, reverse HAGL lesion, cartilaginous Bankart and ALPSA lesion.

No rotator cuff tear.

Electronically signed:

Dr. J. Piko

Report content or billing questions? Call Dallas Radiology, PA: 866-931-3811



BURKS, TAYLOR (09/10/1991) #HF502087430

Encounter DOS: 02/14/2025

Patient: BURKS, TAYLOR (WC, 12/11/24) (Male)
DOB: 09/10/1991 (33)
Race: Patient Declined
3800 S. TYLER ST. APT.# 242
Language: English
DALLAS, TX 75224
Ethnicity: Patient Declined
(972)750-7218

WOODYCHOSE@GMAIL.COM

Location: Peak Integrated Healthcare **Provider:** DR. SHAUN
Sd
4305 Pinnacle Point Dr.
#301
dallas, TX, 75211-1412
(214)337-2100
MAREK,
CHIROPRACTIC

Subjective

Chief Complaint

I dont really have any changes in pain today but I have been having trouble sleeping on my side
Burks, Taylor is a 33 year old male complaining of Neck and Upper Back Pain.

The symptoms are located at: neck,back (mid),back (upper),

The quality is best described as: achy,

When asked about the severity level of the symptoms the patient reported: moderate,

The patient reports the duration of their symptoms as: since injured at work,

The timing of their symptoms is reported to be: intermittent,with activity,with movement,

The patient also reports the following factors related to their symptoms: interferes with daily activities,bending,repetitive tasks,

The patient admits to the following factors that modify their symptoms: exertion,standing,walking,

The following findings or symptoms are associated with patient's chief complaint: joint pain,joint stiffness,neck pain radiates to his right shoulder

The patient also complains of Right Shoulder Pain.

The symptoms are located at: RIGHT,shoulder,

The quality is best described as: achy,sharp,

When asked about the severity level of the symptoms the patient reported: moderate,

The patient reports the duration of their symptoms as: since injured at work,

The timing of their symptoms is reported to be: constant,with activity,with movement,with overhead reaching,

The patient also reports the following factors related to their symptoms: interferes with daily activities,

The patient admits to the following factors that modify their symptoms: exertion,lifting,

The following findings or symptoms are associated with patient's chief complaint: joint pain,joint stiffness,radiating pain,

The patient also complains of Headaches, Dizziness - Resolved.

Questionnaire : Worker's Compensation Consult

Patient was injured on 12/11/2024. History of injury: The patient works for RJW Logistics as a material handler - He reports being in training for driving a forklift and he was suddenly attacked by a coworker who punched and kicked him - He reports falling to the ground on his right side of body and then getting kicked afterwards repeatedly - He states the coworker ran away from the scene - Afterwards he states he had some dizziness and confusion - He went to Baylor Hospital in Uptown Dallas - He was sent to NOVA medical center for evaluation by his company. Yes, injury was reported. Yes, patient has had therapy. 4-6 visits for therapy. Patient has had an X-Ray. Patient has had Injections. No, patient has not had surgery. Neck was injured. Mid Back was injured. Shoulder was injured. Patient is injured on this area: Right Shoulder and Collar bone. Yes, patient knows which areas were accepted by insurance. Yes, patient knows which areas are being denied. No, employee was not terminated by company where they were injured. Employee is working; Full-Time, restrictions.

Medical Hx

The patient reports a history of Right rotator cuff surgery - 2011/2012.

20250317042809

The patient **denies** history of Anxiety, Anemia, Arthritis, Asthma, Back Problem, BPH, Breast Ca, CAD, COPD, Cancer, CHF, Cholesterol High, Dementia, Depression, Dermatitis, GERD, Diabetes, Epilepsy, Gout, Glaucoma, HIV, Headache, Hepatitis, Hypertension, Renal Stone, Pneumonia, Stroke, Migraine, MI, TB, Ulcer (GI), Thyroid Dz.

Review of Systems

DAILY ROUTINE : Review of Symptoms

Constitutional

Negative for Fever/sweats. Negative for fatigue. Negative for loss of appetite/weight change.

Eyes

Negative for blurred/double vision. Negative for glaucoma.

Ears/nose/mouth/throat

Negative for hearing loss. Negative for problems with thyroid. Negative for snoring. Negative for sore throat.
Negative for hearing noises in your ear.

Musculoskeletal

Positive for joint pain/stiffness. Positive for muscle pain/cramps/weakness. Positive for back/neck pain.

Cardiovascular

Negative for chest pain/angina. Negative for palpitations. Negative for swelling of feet, ankle or hands.

Respiratory

Negative for cough, spitting up blood. Negative for shortness of breath/wheezing.

Gastrointestinal

Negative for problems with bowel movement. Negative for nausea/vomiting. Negative for rectal bleeding/blood in stool. Negative for abdominal pain/heartburn.

Genitourinary

Negative for flank pain. Negative for problems with urination. Negative for blood in urine. Negative for kidney stones.

Hematologic/Lymphatic

Negative for slow healing after cuts. Negative for tendency to bleed/bruise. Negative for blood clots.

Psychiatric

Negative for sleeping disorder/memory loss.

Skin

Negative for rashes, lesions, ulcers.

Remainder of Review of Systems

Remainder of Review of systems is Negative.

Objective

Vital Signs

Blood Pressure: 131/82 (Left Brachial, Sitting, Standard, High)

Pulse: 83 (Left Radial, REGULAR rhythm, Normal quality, Normal)

Weight: 186 lb **Height:** 5' 10" **BMI Flag:** Overweight (26.7)

Physical Exam

PT Exam : Cervical Exam

INSPECTION

(+) Tightness. (+) Tenderness.

PALPATION

The muscle tone is increased, on the right. Pain on pressure over the right trapezius, Pain on pressure over the right paraspinals, Pain on pressure over the C4 spinous process, Pain on pressure over the C5 spinous process, Pain on pressure over the C6 spinous process, Pain on pressure over the C7 spinous process.

RANGE OF MOTION

Peak Integrated Healthcare | 4305 Pinnacle Point Dr. #301, Dallas, TX 75211-1412 | Phone (214)337-6340

Flexion is decreased at 50 degrees, with pain. Extension is decreased at 30 degrees, with pain. Left lateral flexion is decreased at 25 degrees, with pain. Right lateral flexion is decreased at 35 degrees, with pain. Left rotation is below decreased at 55 degrees, with pain. Right rotation is decreased at 65 degrees, with pain.

REFLEXES

The left biceps deep tendon reflex (C5-C6) is 2+ (normal). The right biceps deep tendon reflex (C5-C6) is 2+ (normal). The left brachioradialis deep tendon reflex (C6) is 2+ (normal). The right brachioradialis deep tendon reflex (C6) is 2+ (normal). The triceps deep tendon reflex (C7) is 2+ (normal). 2+ (normal).

SENSORY EXAMINATION

light touch is intact.

ORTHOPEDIC TESTING

(+) Right cervical compression The patient is either sitting or lying and the examiner presses down upon the top of the patient's head. Narrowing of the neural foramen, pressure on the facet joints, or muscle spasm can cause increased pain and the test may indicate pressure upon a nerve and the neurologic level of existing pathology. This test is done with the patient supine. The examiner standing at the head of the patient, flexes the neck to the side opposite to the shoulder being tested while pushing the shoulder caudad. Then, while maintaining the depression of the shoulder, the head is rotated, again to the side opposite to the shoulder being tested. If radicular pain is either produced or aggravated the first action and then confirmed by the second, the test is considered positive. A positive test indicates adhesions of the dural sleeves, the spinal roots, or the adjacent structures of the joint capsule on the side of the shoulder being depressed.

MOTOR FUNCTION/MUSCLE TESTING

Cervical flexion was Abnormal. Cervical extension was Abnormal. Left lateral flexion was Abnormal. Right lateral flexion was Abnormal. Left rotation was Abnormal. Right rotation was Abnormal. Deltoid (C5) muscle testing was normal at 5/5. Biceps (C6) muscle testing was normal at 5/5. Triceps (C7) muscle testing was normal at 5/5. Wrist flexor (C8) muscle testing was normal at 5/5. Wrist Extensor (C6) muscle testing was normal at 5/5. Interossei (T1) muscle testing was normal at 5/5. Both upper extremities are affected.

PT Exam : Shoulder Exam

INSPECTION

(+) Tightness. (+) Tenderness.

PALPATION

The muscle tone is increased, on the right. Pain on pressure over the right supraspinatus, Pain on pressure over the right deltoid, Pain on pressure over the right trapezius, Pain on pressure over the right scapular border.

SENSORY EXAMINATION

light touch is intact.

ORTHOPEDIC TESTING

(+) Right Apprehension Test The arm abducted and elbow flexed to 90 degrees. Gently externally rotate the arm. Once the patient becomes apprehensive or complains of pain, proceed with the relocation and surprise test by applying a posterior force to the humeral head. This test indicates anterior shoulder instability vs. primary impingement. (+) Right Hawkin's Test The patient stands while the examiner forward flexes the arm to 90 degrees and then forcibly medially rotates the shoulder. Pain represents rotator cuff impingement or injury.

MOTOR FUNCTION/MUSCLE TESTING

Shoulder flexion muscle testing was normal at 5/5. Shoulder extension muscle testing was normal at 5/5. Shoulder abduction muscle testing was normal at 5/5. Adduction muscle testing was normal at 5/5. Shoulder internal rotation muscle testing was normal at 5/5. Shoulder external rotation muscle testing was normal at 5/5. Both upper extremities are affected.

PT Exam : Thoracic Exam

INSPECTION

(+) Tightness. (+) Tenderness.

PALPATION

The muscle tone is increased, on the right side. Pain on pressure over the right trapezius, Pain on pressure over the right paraspinal muscles, Pain on pressure over the T1 spinous process, Pain on pressure over the T2 spinous process, Pain on pressure over the T3 spinous process, Pain on pressure over the T4 spinous process, Pain on pressure over the T5 spinous process.

Assessment

Diagnosis

20250317042809

BURKS, TAYLOR (09/10/1991) #HF502087430

Encounter DOS: 02/14/2025

S134XXD Sprain of ligaments of cervical spine, subsequent encounter
S233XXD Sprain of ligaments of thoracic spine, subsequent encounter
S43401D Unspecified sprain of right shoulder joint, subs encntr
S0093XD Contusion of unspecified part of head, subsequent encounter

Plan

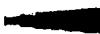
Procedures

Description	Code	Units	Modifiers	Comments
Special Reports Or Forms	99080	1 UN		
Office O/p Est Low	99213	1 UN		

Follow-Up

Appointment Reminder (03/20/2025) with MAREK, SHAUN
Notes: Patient scheduled for PPE on 3/13/25
Patient scheduled for imaging later today
Pending medical records for review
Patient reports having hearing earlier this week
Pending medical records for review
Updated work status form
Follow up in 2 weeks

Rendering Provider Signature



202503170472809

3/13/25, 12:37 PM

Encounter - Telemedicine Visit Date of service: 02/27/25 Patient: TAYLOR BURKS DOB: 09/10/1991 PRN: BT62856

20250321061081

PATIENT
TAYLOR BURKS
 DOB 09/10/1991
 AGE 33 yrs
 SEX Male
 PRN BT62856

FACILITY
Peak Integrated Healthcare SD
 T (469) 531-2000
 4305 Pinnacle Point Dr.
 301
 Dallas, TX 75211-1412

ENCOUNTER
Telemedicine Visit
 NOTE TYPE SOAP Note
 SEEN BY Jesse Harvey
 Physician Assistant
 DATE 02/27/2025
 AGE AT DOS 33 yrs
 Electronically signed by Jesse Harvey
 Physician Assistant at 03/12/2025 08:39
 am

Chief complaint

33 year old male presents today as a new patient seeking treatment/management of the symptoms and physical limitations resulting from the injury/accident. He complains of headaches, right shoulder, neck, and back pain since his work injury that occurred on 12/11/24.

Patient identifying details and demographics

FIRST NAME	TAYLOR	SEX	Male	RACE	-
MIDDLE NAME	-	DATE OF BIRTH	09/10/1991	ETHNICITY	-
LAST NAME	BURKS	DATE OF DEATH	-	PREF. LANGUAGE	-
SSN	627-28-1799	PRN	BT62856	STATUS	Active patient

CONTACT INFORMATION

ADDRESS LINE 1	3800 S. TYLER ST.	CONTACT BY	-
	APT# 242	EMAIL	WOODYCHOSE@G MAIL.COM
ADDRESS LINE 2	-	HOME PHONE	-
CITY	DALLAS	MOBILE PHONE	(972) 750-7218
STATE	TX	OFFICE PHONE	-
ZIP CODE	75224	OFFICE EXTENSION	-

FAMILY INFORMATION

NEXT OF KIN	-	PATIENT'S MOTHER'S MAIDEN NAME	-
RELATION TO PATIENT	-		
PHONE	-		
ADDRESS	-		

PATIENT NOTES

WC - SD DOI: 12/11/24 DX: S13.4XXA ; S23.3XXA ; S00.93XA ; S43.401A **DENIED CLAIM

3/13/25, 12:37 PM

Encounter - Telemedicine Visit Date of service: 02/27/25 Patient: TAYLOR BURKS DOB: 09/10/1991 PRN: BT62856

20250331061081

Active insurance**PRIMARY PAYER - MEDICAL**

PAYER	CBCS	INSURED ID NUMBER	TRF24039737
PRIORITY	Primary	GROUP NUMBER	-
TYPE	Other	EMPLOYER NAME	-
RELATIONSHIP TO INSURED	Self	INSURANCE PAYMENT TYPE	Copay
START DATE	12/11/2024	PAYMENT TYPE	Fixed
END DATE	-	COPAY AMOUNT	-
		STATUS	Active

SECONDARY PAYER - MEDICAL

PAYER	MLF Legal	INSURED ID NUMBER	TRF24039737
PRIORITY	Secondary	GROUP NUMBER	-
TYPE	Other	EMPLOYER NAME	-
RELATIONSHIP TO INSURED	Self	INSURANCE PAYMENT TYPE	Copay
START DATE	12/11/2024	PAYMENT TYPE	Fixed
END DATE	-	COPAY AMOUNT	-
		STATUS	Active

Inactive insurance**Payment information**

PAYMENT PREFERENCE	Primary Insurance	DATE OF BIRTH	-
PATIENT'S RELATIONSHIP TO GUARANTOR	-	SEX	-
GUARANTOR NAME	-	SOCIAL SECURITY NUMBER	-
GUARANTOR ADDRESS	-	PRIMARY PHONE NUMBER	-
		SECONDARY PHONE NUMBER	-

Vitals for this encounter

	02/27/25 5:29 PM
Height	70 in
Weight	191 lb
Pulse	92 bpm
Pain	3
BMI	27.41
Blood pressure	93/57 mmHg

3/13/25, 12:37 PM

Encounter - Telemedicine Visit Date of service: 02/27/25 Patient: TAYLOR BURKS DOB: 09/10/1991 PRN: BT62856

20250331061081

Diagnoses

Was diagnosis reconciliation completed?

No selection made

Current	ACUITY	START	STOP
(S00.93XA) Contusion of unspecified part of head, initial encounter			
(S43.401A) Unspecified sprain of right shoulder joint, initial encounter			
Medication CeleBREX			
Medication Acetaminophen-Codeine			
(S13.4XXA) Sprain of ligaments of cervical spine, initial encounter			
Medication Lidocaine			
(S23.3XXA) Sprain of ligaments of thoracic spine, initial encounter			
Medication Cyclobenzaprine HCl			
(S43.401D) Unspecified sprain of right shoulder joint, subsequent encounter			
(S00.93XD) Contusion of unspecified part of head, subsequent encounter			
(S23.3XXD) Sprain of ligaments of thoracic spine, subsequent encounter			
(S13.4XXD) Sprain of ligaments of cervical spine, subsequent encounter			
Historical	ACUITY	START	STOP
No historical diagnoses			

Drug Allergies

Was medication allergy reconciliation completed?

No selection made

Active	SEVERITY/REACTIONS	ONSET
No drug allergies recorded		
Food Allergies		
Active	SEVERITY/REACTIONS	ONSET
No food allergies recorded		
Environmental Allergies		
Active	SEVERITY/REACTIONS	ONSET
No environmental allergies recorded		

Immunizations

3/13/25, 12:37 PM

Encounter - Telemedicine Visit Date of service: 02/27/25 Patient: TAYLOR BURKS DOB: 09/10/1991 PRN: BT62856

DATE 2025031061081	VACCINE	SOURCE	LOT NUMBER	EXPIRES	COMMENT
-----------------------	---------	--------	------------	---------	---------

No immunizations recorded for this patient.

Family health history

DIAGNOSIS	ONSET DATE
No Family health history recorded	
FAMILY HEALTH HISTORY (FREE TEXT)	
No family health history (free text) available for this patient.	

Advance Directive

DIRECTIVE	RECORDED
No advance directives recorded for this patient.	

Subjective

HPI: The patient rates his headaches, right shoulder, neck, and back pain today a 3/10. Pain with activities such as lifting and also has pain with prolonged walking in his back. He reports he only has a severe pain when he is active. He was previously prescribed, ibuprofen and topical creams. However, he has ran out of these, but reports it did not help much to alleviate his symptoms. Pending to receive medical records for review Pending PPE for updated functional assessment Pending to have new X-Ray - Cervical and Thoracic Spine, and Right Shoulder Denies any KDA Denies any PMH Denies any tobacco use

HISTORY OF INJURY:

Patient was injured on 12/11/2024. The patient works for RJW Logistics as a material handler - He reports being in training for driving a forklift and he was suddenly attacked by a coworker who punched and kicked him - He reports falling to the ground on his right side of body and then getting kicked afterwards repeatedly - He states the coworker ran away from the scene - Afterwards he states he had some dizziness and confusion - He went to Baylor Hospital in Uptown Dallas - He was sent to NOVA medical center for evaluation by his company.

CONSTITUTIONAL: Denies fatigue, malaise, fever, or chills.

HEAD: POSITIVE headaches.

NECK: POSITIVE pain and stiffness.

LUNGS: Denies dyspnea, wheezing, or cough.

HEART: Denies chest pains, palpitations, or orthopnea.

ABDOMEN: Denies nausea, vomiting diarrhea, Constipation or abdominal pain.

MUSCULOSKELETAL: POSITIVE for joint pain/stiffness. POSITIVE for muscle pain/cramps/weakness. POSITIVE for back/neck/right shoulder pain.

SKIN: Denies any evolving rashes or lesions.

NEUROLOGIC: Denies disequilibrium, confusion, or increase lethargy.

PSYCHIATRIC: Denies symptoms of depression or anxiety..

Objective

1. Reviewed PLN-1 on file with patient - Patient has denied claim
2. The patient's TX PMP report has been reviewed. The Texas Prescription Monitoring Program report has been reviewed. The patient has been advised that all narcotics regardless of their strength are associated with decreased respiration

3/13/25, 12:37 PM

Encounter - Telemedicine Visit Date of service: 02/27/25 Patient: TAYLOR BURKS DOB: 09/10/1991 PRN: BT62856

20250331061081 rate, hypoventilation, and hypoxia. Narcotics use in conjunction with other sedating medication (e.g. benzodiazepines or alcohol) is associated with an increased risk of accidental overdose and/or premature death.

Assessment

- (S00.93XA) Contusion of unspecified part of head, initial encounter
- (S43.401A) Unspecified sprain of right shoulder joint, initial encounter
- (S13.4XXA) Sprain of ligaments of cervical spine, initial encounter
- (S23.3XXA) Sprain of ligaments of thoracic spine, initial encounter

Diagnoses attached to this encounter:

Contusion of unspecified part of head, initial encounter [ICD-10: S00.93XA], [ICD-9: 920], [SNOMED: 735645009]

Unspecified sprain of right shoulder joint, initial encounter [ICD-10: S43.401A], [ICD-9: 840.9], [SNOMED: 11819171000119108]

Sprain of ligaments of cervical spine, initial encounter [ICD-10: S13.4XXA], [ICD-9: 847.0], [SNOMED: 36241000119108]

Sprain of ligaments of thoracic spine, initial encounter [ICD-10: S23.3XXA], [ICD-9: 847.1], [SNOMED: 274162005]

Plan

1. Relevant Past Medical, Family and Social History and Active medical problems were reviewed.
2. All Active Medication and Allergies have been reviewed.
3. In the absence of other definite treatments, we can only offer medications. The patient has been advised they are not obligated to take the medicine unless it is needed to relieve pain.
4. Continue with rehabilitation *physical therapy*, Chiropractor treatments, and other consultants as recommended. Follow up with the treating provider as scheduled.
5. **Return to this Clinic in 1 month, for medication monitoring and management.**
6. Take all medications as prescribed. Review the Pharmacist's provided drug information for side effects and other risks associated with each medication. Prescription drug information on side effects is available through the FDA's web-based Index to Drug-Specific Information and Drugs@FDA database. Opioids and other medications (non-opioid analgesics, benzodiazepines, antidepressants, anticonvulsants, muscle relaxants) are prescribed to treat chronic pain of non-cancer origin
7. **START CELEBREX 200 MG**
8. **START LIDOCAINE 4% CREAM**
9. **START CYCLOBENZAPRINE 10 MG**
10. **START TYLENOL #4 W/CODEINE**
11. This medical encounter involved a mixture of in-person visits and Telehealth services, through an approved and HIPAA-compliant interactive audio and video telecommunications system, **Doxy.me**, that permitted real-time communication between the provider, at the distant site, and the beneficiary, at the originating site. The individual patient was seen in the office for measurement of vital signs, review of symptoms, and collection of screening toxicology specimens [urine or oral swab]. The provider was involved with synchronous and/or asynchronous modalities to assess, monitor, continue, or change medical management.

Orders

LAB ORDERS

No orders attached to this encounter.

IMAGING ORDERS

No orders attached to this encounter.

Screenings/ Interventions/ Assessments

No screenings/interventions/assessments recorded.

NORTH TEXAS IMAGING

PHONE: 214.333.3600 FAX: 214.333.0300



MAMMO, CT, SONO, X-RAY, FLUORO

2301 SOUTH HAMPTON ROAD, SUITE 100, DALLAS, TEXAS 75224 (PH) 214-333-3600 (F) 214-333-0300

PATIENT: **BURKS, TAYLOR**
CHART: **661282**
DATE: **03/06/2025 17:43**
DOB: **09/10/1991**
REF. PHYSICIAN: **Shaun Marek, DC**

CERVICAL SPINE SERIES, THREE VIEWS

CLINICAL HISTORY: M54.2

TECHNIQUE: Weight-bearing AP, lateral and odontoid views of the cervical spine were obtained. There are no previous studies available for comparison.

FINDINGS: There is no cervical spine fracture or dislocation. The intervertebral disc spaces are preserved and the posterior elements are intact. The craniocervical junction is normal. There is reversal of the normal cervical lordosis on the lateral image. The paracervical soft tissues are unremarkable.

IMPRESSION:

1. THERE IS REVERSAL OF THE NORMAL CERVICAL LORDOSIS, LIKELY FROM SURROUNDING PARASPINOUS MUSCLE SPASM.
2. OTHERWISE, NORMAL CERVICAL SPINE SERIES.

Dee L. Martinez, MD DABR

(Electronic Signature)
Signed Date/ Time: 03/06/2025 17:46
DLM/sf
DD: (03/06/2025 17:45), DT: ()

NORTH TEXAS IMAGING

PHONE: 214.333.3600 FAX: 214.333.0300



2301 SOUTH HAMPTON ROAD, SUITE 100, DALLAS, TEXAS 75224 (PH) 214-333-3600 (F) 214-333-0300

PATIENT: **BURKS, TAYLOR**
CHART: **661282**
DATE: **03/06/2025 17:43**
DOB: **09/10/1991**
REF. PHYSICIAN: **Shaun Marek, DC**

THORACIC SPINE SERIES, TWO-VIEWS

CLINICAL HISTORY: M54.14

TECHNIQUE: Weightbearing AP and lateral views of the thoracic spine were obtained. There are no previous studies available for comparison.

FINDINGS: There is no fracture, dislocation or spondylolisthesis. The intervertebral disk spaces are preserved and the posterior elements are intact. There is mild thoracic spine scoliosis present with a Cobb angle of 8° that is convex to the right in the lower thoracic spine. The parathoracic soft tissues are unremarkable.

IMPRESSION:

1. MILD THORACIC SPINE SCOLIOSIS.

Dee L.. Martinez, MD DABR

(Electronic Signature)
Signed Date/ Time: 03/06/2025 17:47
DLM/sf
DD: (03/06/2025 17:46), DT: ()

NORTH TEXAS IMAGING

PHONE: 214.333.3600 FAX: 214.333.0300



2301 SOUTH HAMPTON ROAD, SUITE 100, DALLAS, TEXAS 75224 (PH) 214-333-3600 (F) 214-333-0300

PATIENT: **BURKS, TAYLOR**
CHART: **661282**
DATE: **03/06/2025 17:43**
DOB: **09/10/1991**
REF. PHYSICIAN: **Shaun Marek, DC**

RIGHT SHOULDER SERIES, TWO-VIEWS

CLINICAL HISTORY: M25.519

TECHNIQUE: Weightbearing Internal and external rotation views of the right shoulder were obtained. There are no previous studies available for comparison.

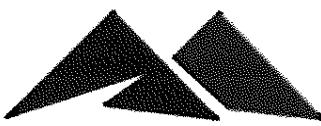
FINDINGS: There is no fracture, dislocation or subluxation. There is mild joint space narrowing with subchondral sclerosis and degenerative spur formation in the glenohumeral joint. The surrounding soft tissues are unremarkable.

IMPRESSION:

1. MILD DEGENERATIVE JOINT DISEASE IN THE RIGHT GLENOHUMERAL JOINT.

Dee L. Martinez, MD DABR

(Electronic Signature)
Signed Date/ Time: 03/06/2025 17:48
DLM/sf
DD: (03/06/2025 17:46), DT: ()



PEAK INTEGRATED HEALTHCARE
PUTTING PATIENTS FIRST

**4305 PINNACLE POINT DR, SUITE 301
DALLAS, TX 75211
DR. SHAUN MAREK, DC**

Fax Cover Sheet

ATTENTION:	PRE-AUTH DEPT.	FROM:	YESENIA PEDROZA
OFFICE:		DATE:	03/19/2025
PHONE:	972-404-8133	PHONE:	214-337-2100
FAX:	972-991-5572	FAX:	214-337-2108

Pages (INCLUDING COVER): 28

Message: PRE AUTHORIZATION REQUEST FOR PHYSICAL THERAPY

Patient Name: TAYLOR BURKS
Social Security #: 627-28-1799
Claim#: TRF24039737
DOI: 12/11/2024

Adjuster: KYLE TOWNSEND
Phone: 563-587-5216

REQUEST FOR TELEPHONICS, IF NECESSARY.

*****TCCR USE ONLY*****

REPORT INCLUDED: **REPORT DATE:** **REPORT FROM:**

OFFICE NOTE **02/14/2025** **DR. SHAUN MAREK, DC**
PPE REPORT **03/13/2025** **DR. MICHAEL SMITH, DC**



PEAK INTEGRATED HEALTHCARE
PUTTING PATIENTS FIRST

Treatment Plan:

- | | | |
|--|--|--|
| <input type="checkbox"/> Chronic Pain Management Program (CPM) | <input type="checkbox"/> Work Hardening Program | <input type="checkbox"/> Gait Training |
| <input checked="" type="checkbox"/> Physical Therapy | <input type="checkbox"/> Work Conditioning Program | <input type="checkbox"/> Chiropractic Manipulation |

Duration 6 PT sessions

Comments: Mr. Burks was injured on 12/11/2024 while performing his normal duties at work. We are requesting 6 physical therapy sessions to help the patient regain strength ROM and ADL's and to help decrease his pain level. Please see documentation attached.

Physical Medicine & Rehabilitation

	Therapeutic Exercises	Neuromuscular re-education
Area:	Cervical, Thoracic, Head, Right Shoulder	Cervical, Thoracic, Head, Right Shoulder
Units:	6 Units	2 Units
CPT:	97110	97112

ICD-9 Codes:

S134XXD	S233XXD	S43401D	S0093XD
Sprain of ligaments of Cervical spine, subsequent encounter	Sprain of ligaments of Thoracic spine, subsequent encounter	Unspecified sprain of Right Shoulder joint, subsequent encounter	Contusion of unspecified part of Head, subsequent encounter

Treating Doctor: DR. SHAUN MAREK, DC

Date:03/19/2025

PEER TO PEER HOURS
MONDAY-THURSDAY
11:00AM-12:00PM/ 2:00PM-5:00PM
PH: 214-337-2100/ FAX: 214-337-2108

BURKS, TAYLOR (09/10/1991) #HF502087430

Encounter DOS: 03/13/2025

Patient: BURKS, TAYLOR (WC, 12/11/24) (Male)
 3800 S. TYLER ST. APT.# 242
 DALLAS, TX 75224
 (972)750-7218

DOB: 09/10/1991 (33) **Language:** English
Race: Patient Declined **Ethnicity:** Patient Declined

Encounter ID: 203337977
Primary Ins: CBCS

WOODYCHOSE@GMAIL.COM

Location: Peak Integrated Healthcare **Provider:** JAMES MITCHELL, DC
 4305 Pinnacle Point Dr.
 #301
 dallas, TX, 75211-1412
 (214)337-2100

Assessment

Diagnosis

S134XXD Sprain Of Ligaments Of Cervical Spine, Subsequent Encounter
 S233XXD Sprain Of Ligaments Of Thoracic Spine, Subsequent Encounter
 S0093XD Contusion Of Unspecified Part Of Head, Subsequent Encounter
 S43401D Unspecified Sprain Of Right Shoulder .Joint, Subs Encntr

Plan

Procedures

Description	Code	Units	Modifiers	Comments
Physical Performance Test	97750	8 UN	GP	

Rendering Provider Signature

Signature

PROGRESS REPORT

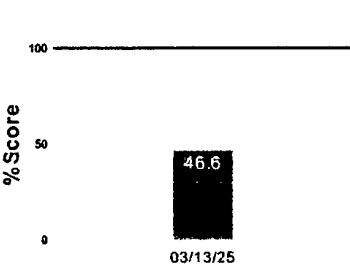
For Taylor Burks | 3/13/2025

20250410005122

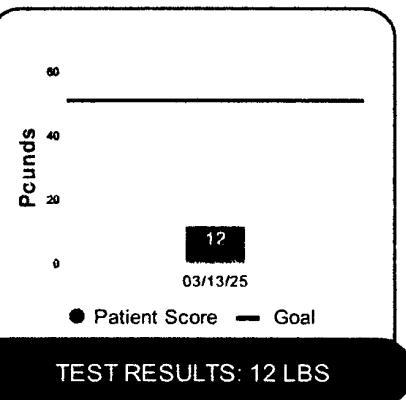
53%

JOB DEMAND MATCH
10 out of 19 tasks

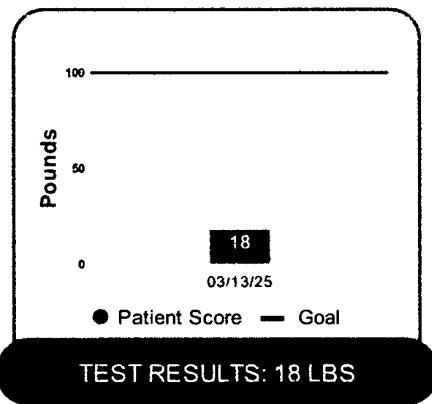
OVERALL SCORE



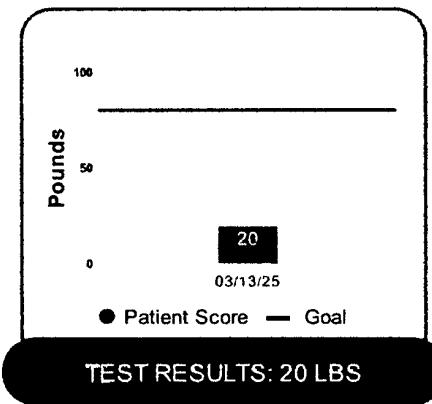
OVERALL STRENGTH CATEGORY RATING



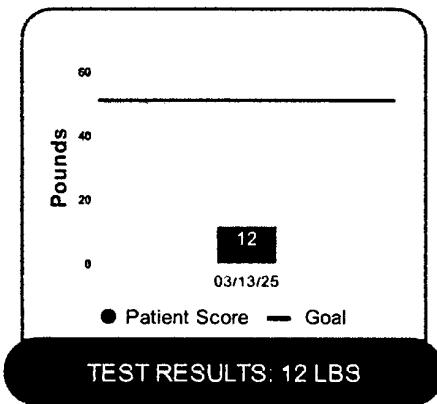
PUSH CAPACITY



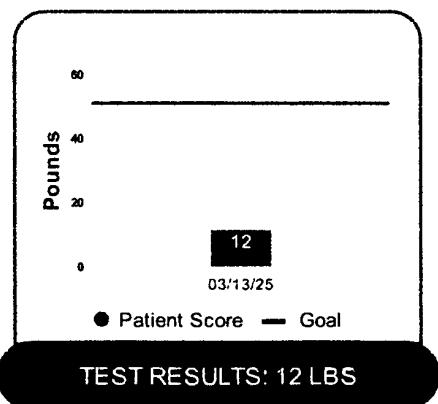
PULL CAPACITY



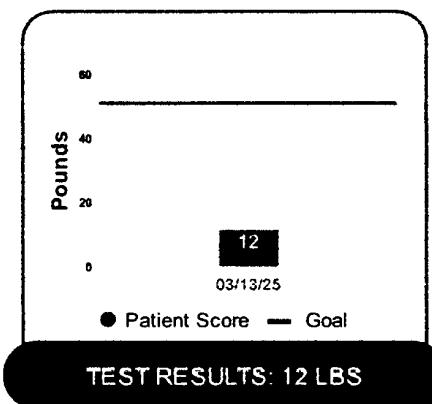
FLOOR TO WAIST LIFT CAPACITY



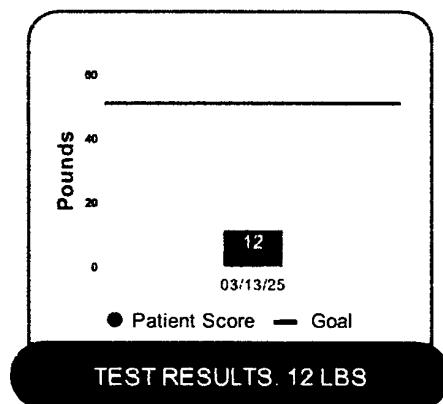
WAIST TO SHOULDER LIFT CAPACITY



OVERHEAD LIFT CAPACITY

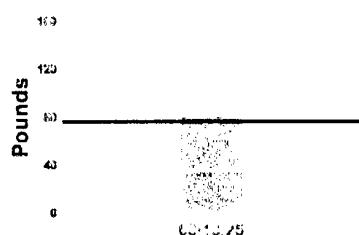


BILATERAL CARRY CAPACITY



PROGRESS REPORT For Taylor Burks | 3/13/2025

POWER GRASP: RIGHT POWER GRIP



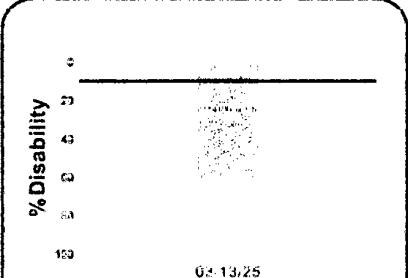
TEST RESULTS: 80 LBS

POWER GRASP: LEFT POWER GRIP



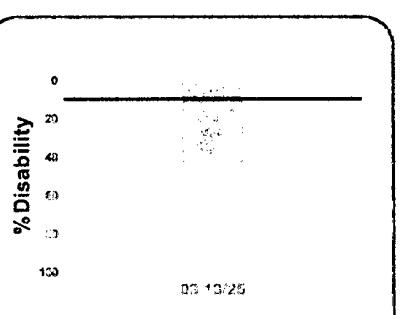
TEST RESULTS: 70 LBS

OSWESTRY DISABILITY INDEX



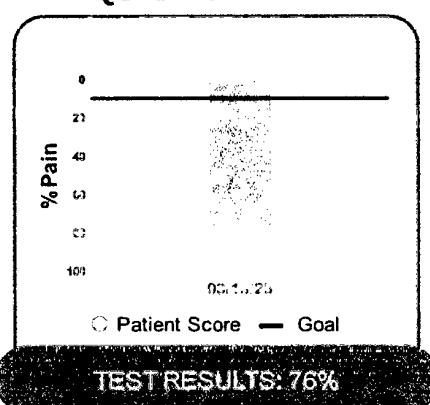
TEST RESULTS: 64%

QUICK DASH



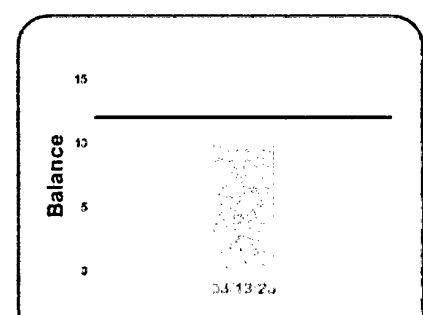
TEST RESULTS: 43%

MCGILL PAIN QUESTIONNAIRE



TEST RESULTS: 76%

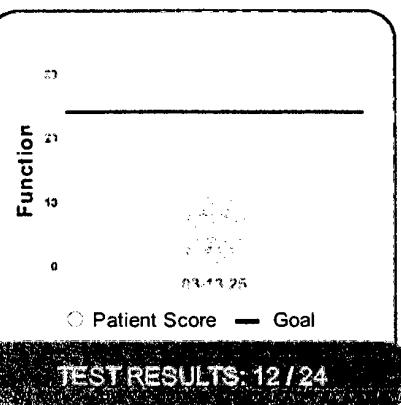
BALANCE CAPACITY



TEST RESULTS: 10 / 12

FUNCTIONAL ACTIVITIES A

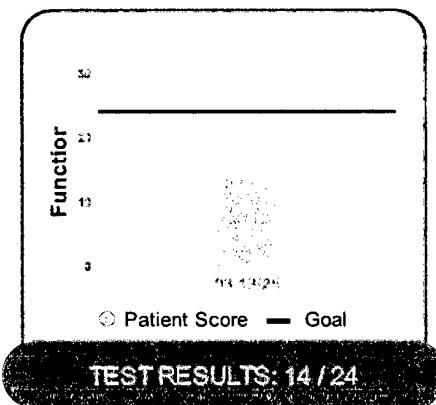
Climbing, Stooping, Kneeling, Crouching



TEST RESULTS: 12 / 24

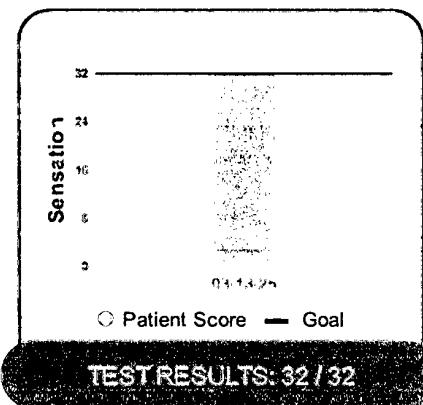
FUNCTIONAL ACTIVITIES B

Crawling, Reaching, Foot Control



TEST RESULTS: 14 / 24

SENSORY ABILITIES RIGHT & LEFT HAND



TEST RESULTS: 32 / 32

20250410005122

March 13, 2025

Shaun Marek, DC
Peak Integrated Healthcare
4305 Pinnacle Dr. Suite 301
Dallas, TX 75211

RE: BURKS, TAYLOR

Date of Birth: 9/10/1991 (Age: 33)

Sex: Male

Date of Injury: 12/11/2024

Reason for Test: PPE- Initial

Time of Evaluation 2 HRS

Dear Shaun Marek:

This letter provides a summary of the relevant data regarding Taylor Burks's physical abilities that were ascertained from the Work Performance Evaluation performed on 3/13/2025.

The occupation of Warehouse is listed in the **IICAVY physical demand level**. Based on this Functional Capacity Evaluation, Mr. Burks **does not** meet the strength requirements of this physical demand level.

Mr. Burks is only **capable** of assuming a position in a **LIGHT physical demand level**. Mr. Burks is capable of exerting up to a maximum of 12 pounds of force occasionally throughout the workday with frequent lifting or carrying objects weighing 6 pounds.

Physical Demand Level	Limits of Weights Lifted/Carried	Occasional 0-33% of the workday up to 12 times per hour	Frequent 34-66% of the workday 13-62 times per hour	Constant 67-100% of the workday > 63 times per hour
Sedentary	1.5 to 2.1 METS	Up to 10 lbs		
Light	2.2 to 3.5 METS	11 to 20 lbs	12 lbs (max)	6 lbs (max)
Medium	3.6. to 6.3 METS	21 to 50 lbs		
Heavy	6.3 to 7.5 METS	51 to 100 lbs		
Very Heavy	> 7.5 METS	> 100 lbs		

Job Match Summary: Mr. Burks did not meet all job requirements. He passed 10 out of the 19 applicable tests (see job match table summary). Work restrictions or modifications are necessary.

- Occasional (non-repetitive) **stooping** activities (6-33% of the time or 3-12 repetitions per hour)
- Occasional (non-repetitive) **kneeling on either knee** (6-33% of the time or 3-12 repetitions per hour)
- Occasional (non-repetitive) **kneeling on both knees simultaneously** (6-33% of the time or 3-12 repetitions per hour)
- Occasional (non-repetitive) **crouching** activities (6-33% of the time or 3-12 repetitions per hour)
- Occasional (non-repetitive) **reaching** activities with the right and left arm (6-33% of the time or 3-12 repetitions per hour)
- Occasional (non-repetitive) activities consisting of **firm power gripping**, holding, or turning objects with the **right and left hands** (6-33% of the time or 3-12 repetitions per hour).

2025041000312

Ancillary Job Factor Restriction(s):

- No pushing activities exceeding 18 pounds occasionally (6-33% of the time or 3-12 repetitions per hour).
- No pulling activities exceeding 20 pounds occasionally (6-33% of the time or 3-12 repetitions per hour).
- No lifting greater than 12 pounds occasionally from the floor to waist level.
- No lifting greater than 12 pounds occasionally from the waist to shoulder level.
- No lifting greater than 12 pounds occasionally above the shoulder.
- No carrying with **both arms** more than 12 pounds occasionally at waist level.
- Occasional (non-repetitive) **positional balance** activities (maintaining awkward positions such as crouching, squatting, or stooping on narrow, slippery, or erratically moving surfaces, 6-33% of the time).
- No **ladder climbing** activities.
- Occasional (non-repetitive) **crawling on hands and knees** (6-33% of the time)
- No **crawling on hands and feet**.

Recommendations:

It is recommended that the examinee participate in a trial of an **Active Therapy Program**.

If you should have any questions regarding this Work Performance Evaluation, or if I can be of any further assistance, please feel free to contact me at your convenience.

Sincerely,



Jeffrey Esquibel, NCRT
Functional Capacity Evaluator

JOB DEMAND MATCH COMPARISON

2025	Last Name: Burks	First Name: Taylor	Date of Test: 3/13/2025
	SSN: N/A	Date of Birth: 9/10/1991 (Age: 33)	Sex: Male
	Job Title: Warehouse		
	Job Description: material handler		

JOB ACTIVITIES	JOB REQUIREMENTS		INDIVIDUAL'S TEST RESULTS	JOB MATCH
STRENGTH LEVEL	Heavy (51-100 lbs)	Light (12 lbs)		NO
CLIMBING STAIRS	Not Present	Constant		Non applicable
CLIMBING LADDERS	Not Present	Never		Non applicable
BALANCING – Static (Stationary)	Constant	Constant		YES
BALANCING – Dynamic (Moving)	Constant	Constant		YES
STOOPING	Constant	Occasional		NO
KNEEL ON 1 KNEE	Constant	Occasional		NO
KNEEL ON BOTH KNEES	Constant	Occasional		NO
CROUCHING/SQUATTING	Constant	Occasional		NO
CRAWLING ON HANDS/FEET	Not Present	Never		Non applicable
CRAWLING ON HANDS/KNEES	Not Present	Occasional		Non applicable
REACHING – RIGHT ARM	Constant	Occasional		NO
REACHING – LEFT ARM	Constant	Occasional		NO
HANDLING				
Simple Grasping, Right	Constant	Constant		YES
Turning Left	Constant	Constant		YES
Firm Power Grasp Right	Constant	Occasional		NO
Firm Power Grasp Left	Constant	Occasional		NO
FINGERING				
Simple Picking, Pinching Right	Constant	Constant		YES
Simple Picking, Pinching Left	Constant	Constant		YES
FEELING – RIGHT HAND	Constant	Constant		YES
FEELING – LEFT HAND	Constant	Constant		YES

SUMMARY

Based upon today's employment screen, Mr. Burks did not meet all job requirements. He passed 10 out of the 19 applicable tests. Work restrictions or modifications are necessary.

NOT PRESENT	RARE	OCCASIONAL	FREQUENT	CONSTANT
Activity or condition does not exist.	Activity or condition exists: 1-5% of the time or < 25 minutes per day or 1-2 repetitions per hour or 1-16 repetitions per day	Activity or condition exists: Up to 1/3rd (6-33%) of the time or 25 min to 2 1/2 hours per day or 3-12 repetitions per hour or 17-100 repetitions per day	Activity or condition exists: > 1/3rd - 2/3rd (34-66%) of the time or > 2 1/2 to 5 1/4 hours per day or 13-62 repetitions per hour or 101-500 repetitions per day	Activity or condition exists: > 2/3rd (67-100%) of the time or > 5 1/4 to 8 hours per day or 63+ repetitions per hour or 500+ repetitions per day

PHYSICAL DEMAND CAPABILITIES TABLE

Last Name: Burks	First Name: Taylor	Date of Test: 3/13/2025			
SSN: N/A	Date of Birth: 9/10/1991 (Age: 33)	Sex: Male			
MATERIAL HANDLING					
OVERALL STRENGTH: Combined Lift/Carry	OCCASIONAL 12 lbs	FREQUENT 6 lbs	CONSTANT Negligible		
FLOOR TO WAIST LIFT	12 lbs	6 lbs	Negligible		
WAIST TO SHOULDER LIFT	12 lbs	6 lbs	Negligible		
SHOULDER TO OVERHEAD LIFT	12 lbs	6 lbs	Negligible		
FRONT ARM CARRY – BOTH HANDS	12 lbs	6 lbs	Negligible		
PUSHING	18 lbs	9 lbs	Negligible		
PULLING	20 lbs	10 lbs	Negligible		
JOB ACTIVITIES					
CLIMBING STAIRS	AVOID	RARE	OCCASIONAL	FREQUENT	CONSTANT
CLIMBING LADDERS					
BALANCING – Static (Stationary)					
BALANCING – Dynamic (Moving)					
STOOPING					
KNEEL ON 1 KNEE					
KNEEL ON BOTH KNEES					
CRUCHING/SQUATTING					
CRAWLING ON HANDS/FEET					
CRAWLING ON HANDS/KNEES					
REACHING – RIGHT ARM					
REACHING – LEFT ARM					
HANDLING					
Simple Grasping, Turning	Right				
	Left				
Firm Power Grasp	Right				
	Left				
FINGERING					
Simple Picking, Pinching	Right				
	Left				
FEELING – RIGHT HAND					
FEELING – LEFT HAND					
FOOT CONTROL - RIGHT					
FOOT CONTROL - LEFT					
REPETITIONS					
AVOID	RARE	OCCASIONAL	FREQUENT	CONSTANT	
Avoid Activity or condition	Activity or condition exists: .. 1-5% of the time or .. < 25 minutes per day or .. 1-2 repetitions per hour or .. 1-16 repetitions per day	Activity or condition exists: Up to 1/3rd (6-33%) of the time or 25 min to 2 1/2 hours per day or 3-12 repetitions per hour or 17-100 repetitions per day	Activity or condition exists: > 1/3rd 2/3rd (34-66%) of the time or > 2 1/2 to 5 1/4 hours per day or > 13-62 repetitions per hour or > 101-500 repetitions per day	Activity or condition exists: 2/3rd (67-100%) of the time or > 5 1/4 to 8 hours per day or > 62 repetitions per hour or > 500+ repetitions per day	

20250410005122

March 13, 2025

Shaun Marek, DC
Peak Integrated Healthcare
4305 Pinnacle Dr. Suite 301
Dallas, TX 75211

RE: BURKS, TAYLOR

Date of Birth: 9/10/1991 (Age: 33)

Sex: Male

Body Measurements: 186 lbs. (84.4 kg), 5' 10" (178 cm)

Date of Injury: 12/11/2024

Reason for Test: PPE- Initial

Time of Evaluation 2 HRS

Test Date: 3/13/2025

DIAGNOSIS

Sprain Of Ligaments Of Cervical Spine, Initial Encounter S134XXA

Sprain Of Ligaments Of Thoracic Spine, Initial Encounter S233XXA

Contusion Of Unspecified Part Of Head, Initial Encounter S0093XA

Unspecified Sprain Of Right Shoulder Joint, Inlt Encntr S43401A.

HISTORY OF CURRENT CONDITION

He reports being in training for driving a forklift and he was suddenly attacked by a coworker who punched and kicked him. He reports falling to the ground on his right side of body and then getting kicked afterwards repeatedly. He states the coworker ran away from the scene. Afterwards he states he had some dizziness and confusion.

CHIEF COMPLAINTS

Neck and Upper Back Pain, Right Shoulder Pain, and Dizziness.

PAST MEDICAL HISTORY

Medical History: Depression

Surgical History: none at this time

Allergies: No known drug allergies.

Current Medications: Celebrex, Lidocaine, Cyclobenzaprine, Tylenol #4

SYSTEMS REVIEW/EXAMINATION

Integumentary System: Texture (not impaired); temperature (not impaired).

Neuromuscular System: Gait, locomotion (not impaired); motor control (impaired - Head; Right arm=fair).

20250410005122

Musculoskeletal System: Gross range of motion (impaired - Cervical; Right shoulder=weak and painful); gross strength (impaired - Cervical; Right shoulder=weak and painful).

Communication & Cognition: Emotional/behavioral responses (impaired - Increased Anxiety; Depression); orientation to person, place, and time (not impaired); communication (not impaired).

PSYCHOSOCIAL &/OR PAIN ASSESSMENT QUESTIONNAIRES

Quick DASH (Disabilities of the Arm, Shoulder, and Hand)

Description: The QuickDASH is a shortened version of the DASH Outcome Measure. Instead of 30 items, the QuickDASH uses 11 items to measure physical function and symptoms in people with any or multiple musculoskeletal disorders of the upper limb. Like the DASH Outcome Measure the QuickDASH also has two optional modules intended to measure symptoms and function in athletes, performing artists and other workers whose jobs require a high degree of physical performance. These optional models are scored separately. The QuickDASH Outcome measure is also a valid and reliable questionnaire used for clinical and research purposes.

Test Results: Mr. Burks scored a **43%** overall disability rating on the QuickDASH questionnaire indicating his upper extremity pain is limiting/restricting his functioning in activities of daily living (ADL).

Short-Form McGill Pain Questionnaire (SF-MPQ)

Description: The Short Form McGill Pain Questionnaire (SF-MPQ) is a modified version of the McGill Pain Questionnaire. The Short-Form McGill Pain Questionnaire provides data on the sensory, affective and overall intensity of pain. The Short-Form McGill Pain Questionnaire also includes the Present Pain Intensity (PPI) index used in the standard McGill Pain Questionnaire and a visual analogue scale (VAS). The questionnaire consists of 15 different descriptors (1 sensory; 4 affective) that are rated on an intensity scale with 0 = none, 1 = mild, 2 = moderate, and 3 = severe. The total pain score is a combination of all 15 pain descriptors; the sensory pain score is a combination of the first 11 pain descriptors; and the affective pain score is a combination of the last 4 pain descriptors. All scores range from 0% (no pain) to 100% (extreme pain). Lower scores represent less pain. The visual analog scale (visual line graph) and the present pain intensity (numerical scale) are not calculated or graphed. The SF-MPQ is a useful option when the standard MPQ would be considered to take too long to complete and the measurement of the qualitative component of pain in addition to the intensity of pain (as measured with the PPI and VAS) are desired. Correlations to the MPQ were shown to be consistently high and the sensitivity sufficient to demonstrate differences due to treatment.

Test Results: Mr. Burks scored a **76%** on the sensory pain level scale, **75%** on the affective pain level scale and a **76%** on the total pain level indicating that pain is limiting/restricting his functioning in activities of daily living (ADL).

Modified Oswestry Disability Index (Version 2.0)

Description: The Modified Oswestry Disability Index (ODI) is a self-reported questionnaire that helps quantify the degree of disability of individuals suffering from low back pain. The Modified Oswestry Disability Index consists of ten questions (dealing with pain intensity, personal care, lifting, walking, standing, sleeping, sex life, social life and travel) that assess pain and limitations in activities of daily living. Each question has 6 possible choices and is scored on a 0 to 5 point ordinal scale. Individual question scores range from a "0" (no disability) to a "5" (complete disability). Overall scores range from 0% (no disability) to 100% (complete disability). The Modified Oswestry Disability Index can be used for treatment planning, monitoring progress, and the determination of one's disability as it related to his or her daily functional activities. The modified ODI has a strong test retest reliability and the individual items have a strong internal consistency. The ODI has also been shown to demonstrate strong

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concurrent validity. Finally, the Modified ODI (Version 2.0) is the most recommended version of the Oswestry Disability Questionnaires.

Test Results: Mr. Burks scored a **64%** disability rating on the Modified Oswestry Disability Index indicating that his back pain is limiting/restricting his functioning in activities of daily living (ADL). *Interpretation of test results is as follows: Minimal Disability (1-20%), Moderate Disability (21-40%), Severe Disability (41-60%), Crippled (61 to 80%), and Complete Disability (81-100%).*

RESTING VITAL SIGNS (PRE)		MAXIMUM VITAL SIGNS		FINAL VITAL SIGNS (POST)	
Blood Pressure	Heart Rate	Blood Pressure	Heart Rate	Blood Pressure	Heart Rate
130/79 mmHg	78 bpm	132/81 mmHg	82 bpm	131/81 mmHg	82 bpm

STRENGTH CAPACITIES

Combined Lift/Carry Test (manual materials-handling)

Objective: Determine the overall strength capacity for lifting and carrying. The protocol is a progressive isoinertial test used to determine the maximum acceptable weight for lifting and carrying on a safe and dependable basis up to 12 times per hour (i.e., occasional lifting).

Materials: Industrial Crate or Empty Box, free weights, an adjustable shelf that can hold over 100 lbs (45 kgs).

Description: The subject's overall strength capacity was evaluated by having him lift a box from "floor to waist", carry the box with both arms at waist level for 14 feet (4 meters), lift the box from "waist to shoulder", and return the box to the floor. This entire cycle is one repetition. First, the subject performs this task using an empty box/crate. After each repetition, 1 to 5 pounds or kilograms were gradually added to the box until the subject reached his safe one rep maximum which was determined by the appropriate endpoint (external, biomechanical, physiological, or psychophysical). Once the "safe one rep maximum" was determined, the next goal was to determine what weight the subject can safely do for 10 to 12 repetitions. This was accomplished by decreasing the one rep maximum weight by 10 to 20% and have the subject complete the task for an additional 10 to 12 repetitions.

Test Results: Mr. Burks was **able** to lift and carry up to **12** pounds. Therefore, he is capable of exerting up to 12 pounds of force occasionally, and/or up to 6 pounds of force frequently, and/or a negligible amount of force constantly to move objects. He may be able to lift greater weight but not in a safe and dependable manner.

Comments: Restrictions; May not lift/carry more than 15 lbs.

Physical Demand Level	Occasional	Frequent	Constant
	0-33% of the workday up to 12 times per hour	34-66% of the workday 13-62 times per hour	67-100% of the workday > 63 times per hour
Sedentary	Up to 10 lbs	Negligible	Negligible
Light	11 to 20 lbs	5 to 10 lbs	Negligible
Medium	21 to 50 lbs	11 to 25 lbs	4 to 10 lbs
Heavy	51 to 100 lbs	26 to 50 lbs	10 to 20 lbs
Very Heavy	> 100 lbs	> 50 lbs	> 20 lbs

NOTE: Lifting and carrying requirements are from Appendix A of the 4th edition of the Dictionary of Occupational Titles (DOT). Maximal accepted weight achieved corresponds directly to the "occasional column" on the chart above.

Pushing Test

Objective: To assess pushing abilities.

Materials: Push/Pull Sled or locking wheel cart, free weights.

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Description: The subject's pushing capacity was evaluated by having him push a weighted cart for 25 feet (7.6 meters). First the subject performs the task using an empty cart, and if accomplished, increments of 1 to 5 pounds or kilograms are added to the cart until the subject reaches his maximum pushing capacity or the demand minimal functional capacity of 100 pounds.

Test Results: Mr. Burks was only able to push 18 pounds and thus did not meet the demand minimal functional capacity of 100 pounds.

Pulling Test

Objective: To assess pulling abilities.

Materials: Push/Pull Sled or locking wheel cart, free weights.

Description: The subject's pulling capacity was evaluated by having him pull a weighted cart for 25 feet (7.6 meters). First the subject performs the task using an empty cart, and if accomplished, increments of 1 to 5 pounds or kilograms are added to the cart until the subject reaches his maximum pulling capacity or the demand minimal functional capacity of 80 pounds.

Test Results: Mr. Burks was only able to pull 20 pounds and thus did not meet the demand minimal functional capacity of 80 pounds.

Lifting Test (2 Hand Floor to Waist Lift)

Objective: To assess floor to shoulder height lifting abilities.

Materials: Industrial box or milk crate, free weights, adjustable shelf that can hold over 100 lbs (45 kgs).

Description: The subject's lower lifting strength capacity was evaluated by having him lift a box from "floor to waist level" and return the box to the floor. First the subject performs this task using an empty box, and if accomplished, increments of 1 to 5 pounds or kilograms are added to the box until the subject reaches his maximum lifting capacity or external weight limit.

Test Results: Mr. Burks was able to lift 12 pounds from floor to waist level. Mr. Burks may be able to lift greater weight but not in a safe and dependable manner.

Comments: Restrictions; May not lift/carry more than 15 lbs.

Lifting Test (2 Hand Waist To Shoulder Lift)

Objective: To assess waist to shoulder height lifting abilities.

Materials: Industrial box or milk crate, free weights, adjustable shelf that can hold over 100 lbs (45 kgs).

Description: The subject's upper lifting strength capacity was evaluated by having him lift a box from the "waist to shoulder level" and return the box to his waist level. First the subject performs this task using an empty box, and if accomplished, increments of 1 to 5 pounds or kilograms are added to the box until the subject reaches his maximum lifting capacity or external weight limit.

Test Results: Mr. Burks was able to lift 12 pounds from waist to shoulder level. Mr. Burks may be able to lift greater weight but not in a safe and dependable manner.

Comments: Restrictions; May not lift/carry more than 15 lbs.

Lifting Test (2 Hand Overhead Lift)

Objective: To assess overhead lifting abilities.

Materials: Industrial box or milk crate, free weights, adjustable shelf that can hold over 100 lbs (45 kgs).

Description: The subject's overhead lifting strength capacity was evaluated by having him lift a box from the "shoulder level to overhead" and return the box to his shoulder level. First the subject performs this task using an empty box, and if accomplished, increments of 1 to 5 pounds or kilograms are added to the box until the subject reaches his maximum lifting capacity or external weight limit.

Test Results: Mr. Burks was able to lift 12 pounds from shoulder level to overhead level. Mr. Burks may be able to lift greater weight but not in a safe and dependable manner.

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Comments: Restrictions; May not lift/carry more than 15 lbs.

Carrying Test (2 Hand Carry: Both Arms)

Objective: To assess carrying abilities with both arms.

Materials: Industrial box or milk crate, free weights.

Description: The subject's carrying capacity with both arms was evaluated by having him carry a box at waist level for 14 feet (4 meters). First the subject performs this task using an empty box, and if accomplished, increments of 1 to 5 pounds or kilograms are added to the box until the subject reaches his maximum carrying capacity or external weight limit.

Test Results: Mr. Burks was able to carry 12 pounds with both arms. Mr. Burks may be able to carry greater weight but not in a safe and dependable manner.

Comments: Restrictions; May not lift/carry more than 15 lbs.

BALANCE ACTIVITIES

Standing Balance Test

Objective: To assess standing balance abilities.

Materials: Stopwatch or timer, 8 foot (2.5 meters) long, 2"x4" (5 x 10 cm) piece of wood or similar type balance board.

Description: The subject's standing balance was assessed by having him stand on a narrow beam (in tandem) for approximately 30 seconds. The subject is required to meet the demand minimal functional capacity of 30 seconds.

Test Results: Mr. Burks was able to stand on a narrow beam for 30 seconds without difficulty.

Walking Balance Test

Objective: To assess walking balance abilities.

Materials: Stopwatch or timer, 8 foot (2.5 meters) long, 2"x4" (5 x 10 cm) piece of wood or similar type balance board.

Description: The subject's walking balance was assessed by having him walk on a narrow beam (in tandem) for approximately 6 feet (1.8 meters). The subject is required to meet this demand minimal functional capacity of 6 feet (1.8 meters).

Test Results: Mr. Burks was able to walk on a narrow beam for 6 feet (1.8 meters) without difficulty.

Crouching Balance Test

Objective: To assess positional balance abilities.

Materials: Stopwatch or timer, 8 foot (2.5 meters) long 2"x4" (5 x 10 cm) piece of wood or similar type balance board.

Description: The subject was assessed by having him crouch (>75% trunk flexion and knees bent) on a narrow beam (in tandem) for approximately 30 seconds. The subject is required to meet the demand minimal functional capacity of 30 seconds.

Test Results: Mr. Burks was able to crouch and balance himself on a narrow beam for 30 seconds but had difficulty with the task.

FUNCTIONAL ACTIVITIES

Stair Climbing Test

Objective: Gross assessment of stair climbing abilities.

Materials: Flight of stairs or step stool.

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Description: The subject's stair climbing capacity was evaluated by having him ascend and descend one flight of stairs without using a railing. The subject is required to meet the demand minimal functional capacity requirement of climbing up and down one flight of stairs.

Test Results: Mr. Burks was **able** to ascend and descend one flight of stairs without difficulty.

Climbing Ladder Test

Objective: Assess the ladder climbing abilities and tolerances

Materials: 8-10 foot (2.5 to 3 meter) ladder.

Description: The subject's ladder climbing capacity was evaluated by having him ascend and descend an 8-10 foot (2.5 to 3 meter) ladder (one repetition). The subject was instructed to climb up 6 ladder steps before descending. Starting and ending positions were standing on the floor in front of the ladder. During the test, the individual performed the maximum number of repetitions possible (up and down six ladder steps), until the point of voluntary fatigue. The subject must completely remove themselves from the ladder before starting another repetition. A verbal command was given at the beginning of the test, and during performance of the test, but no form of encouragement was given throughout the test. The examiner records the number of repetitions completed during the test.

Termination Criteria: 1) Subject is unable to maintain balance up and down the ladder; 2) Subject is no longer safe or able to perform; 3) Subject terminates the test; 4) Subject refuses to attempt the test

Test Results: Mr. Burks was **unable** to ascend and descend a ladder.

Stooping Test

Objective: Gross assessment of stair stooping abilities.

Materials: Goniometer or inclinometer.

Description: The subject's stooping ability was assessed by having him bend forward at the waist. A standard goniometer was used to measure the subject's maximum trunk flexion. The subject is required to meet the demand minimal functional capacity of stooping greater than 75 degrees.

Test Results: Mr. Burks was **able** to stoop greater than 75 degrees but had difficulty with the task.

Crouching Test

Objective: Gross assessment of crouching abilities.

Materials: Stopwatch or timer, Goniometer or inclinometer.

Description: The subject's crouching ability was evaluated by having him crouch down for one minute. Crouching consists of the subject bending his trunk greater than 75 degrees and bending both knees. The subject is required to meet the demand minimal functional capacity of crouching for one minute.

Test Results: Mr. Burks was **able** to crouch down for one minute but had difficulty with the task.

Kneeling (One Knee) Test

Objective: Kneeling abilities on one knee.

Materials: Stopwatch or timer, Floor (Hard Surface).

Description: The subject's kneeling ability was evaluated by having him kneel on one knee for 30 seconds without holding on to any object. The subject can pick which knee to kneel (left or right). The subject is required to meet the demand minimal functional capacity of kneeling on one knee for 30 seconds.

Test Results: Mr. Burks was **able** to kneel on one knee without support for 30 seconds but had difficulty with the task.

Kneeling (Both Knees) Test

Objective: Kneeling abilities on both knees.

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Materials: Stopwatch or timer, Floor (Hard Surface).

Description: The subject's bilateral kneeling ability was evaluated by having him kneel on both knees for 30 seconds without holding on to any object. The subject is required to meet the demand minimal functional capacity of kneeling on both knees for 30 seconds.

Test Results: Mr. Burks was **able** to kneel on both knees without support for 30 seconds but had difficulty with the task.

Crawling (Hands and Knees) Test

Objective: Ability to crawl on hands and knees.

Materials: Measuring tape, Floor (Hard Surface).

Description: The subject's crawling ability was evaluated by having him crawl on his hands and knees for 6 feet (1.8 meters). The subject is required to meet the demand minimal functional capacity of crawling on his hands and knees for 6 feet (1.8 meters).

Test Results: Mr. Burks was **able** to crawl on hands and knees for 6 feet (1.8 meters) but had difficulty with the task.

Crawling (Hands and Feet) Test

Objective: Ability to crawl on hands and feet.

Materials: Measuring tape, Floor (Hard Surface).

Description: The subject's crawling ability was evaluated by having him crawl on his hands and feet for 6 feet (1.8 meters). The subject is required to meet the demand minimal functional capacity of crawling on his hands and feet for 6 feet (1.8 meters).

Test Results: Mr. Burks was **unable** to crawl on hands and feet for 6 feet (1.8 meters).

Reaching (Right Arm) Test

Objective: Gross assessment of right arm reaching abilities.

Description: The subject's reaching abilities were assessed by having him reach as far as possible in all directions (forwards, backwards, across the body, and away from the body) several times with the right arm while standing. The subject is required to meet the demand minimum functional capacity of reaching in all directions at least three with the right arm, while standing.

Test Results: Mr. Burks was **able** to complete the task with the **right arm** but had difficulty with the task.

Reaching (Left Arm) Test

Objective: Gross assessment of left arm reaching abilities.

Description: The subject's reaching abilities were assessed by having him reach as far as possible in all directions (forwards, backwards, across the body, and away from the body) several times with the left arm while standing. The subject is required to meet the demand minimum functional capacity of reaching in all directions at least three with the left arm, while standing.

Test Results: Mr. Burks was **able** to complete the task with the **left arm** but had difficulty with the task.

Foot Control (Right Foot) Test

Objective: Gross assessment of right foot control.

Description: The subject's right foot control abilities were assessed by having him perform five calf and five toe raises in a standing position (patient may hold onto something for balance only). The subject is required to meet the demand minimum functional capacity of five calf and five toe raises in a standing position.

Test Results: Mr. Burks was **able** to complete the task with the **right foot** without difficulty.

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Foot Control (Left Foot) Test

Objective: Gross assessment of left foot control.

Description: The subject's left foot control abilities were assessed by having him perform five calf and five toe raises in a standing position (patient may hold onto something for balance only). The subject is required to meet the demand minimum functional capacity of five calf and five toe raises in a standing position.

Test Results: Mr. Burks was **able** to complete the task with the **left foot** without difficulty.

HAND DEXTERITY (Handling and Fingering Abilities)

Seizing, Holding, Grasping and Turning Abilities (Handling)

Objective: Gross assessment of Seizing, Holding, Grasping and Turning Abilities.

Materials: Examples may include turning a door knob, faucets, rotating file drawer handle. Other examples may include seizing, holding or grasping a small ball, bottle or can.

Description: The subject's gross seizing, holding, grasping, and turning abilities were evaluated by observing the subject seize, hold, grasp and turn several small objects with the right and left hands. The subject is required to meet this demand minimal functional capacity of performing this task without difficulty.

Test Results: Mr. Burks was **able** to successfully seize, hold, grasp and turn several small objects with the **right hand** without difficulty. Mr. Burks was **able** to successfully seize, hold, grasp and turn several small objects with the **left hand** without difficulty.

Grip Strength Test: Power Grip (Standardized Test)

Objcctive: Assessmcnt of power grip.

Materials: JAMAR grip strength dynamometer.

Description: The subject's grasping abilities were measured with a standardized JAMAR grip strength dynamometer set at grip level number two. The best score of three trials was used. Test results were compared against normative values (males: right = 104.3 lbs or 47.3 kg, left = 93.1 lbs or 42.2 kg) (females: right = 62.8 lbs or 28.5 kg, left = 53.9 lbs or 24.4 kg).

Test Results: **Right Grip** = 80 pounds (36.3 kg) which is a **23% deficit** when compared to normative values. **Left Grip** = 70 pounds (31.8 kg) which is a **25% deficit** when compared to normative values.

Power Grip	Score	Percentile Rank	Functional Category
Right Grip	80 lbs (36.3 kg)	19th	Below Average
Left Grip	70 lbs (31.8 kg)	20th	Below Average

Picking up Small Objects (Fingering)

Objective: Gross assessment of fine motor abilities.

Materials: Small hex or square screw nut.

Description: The subject's gross fine motor skills were evaluated by observing the subject pick up a small nut with all fingers using the right and left hands. The subject is required to meet the demand minimal functional capacity of picking up a small nut with all fingers using the right and left hands without difficulty.

Test Results: Mr. Burks was **able** to successfully pick up a nut with all fingers using the **right hand** without difficulty. Mr. Burks was **able** to successfully pick up a nut with all fingers using the **left hand** without difficulty.

SENSORY (Discrimination Abilities)

Discrimination of Shapes Test

Objective: Ability to identify different shapes.

Materials: Small round washer and square nut.

Description: Discrimination between different shapes was evaluated by having the subject identify the difference between a small round washer and square nut in each hand with their eyes closed. The subject is required to meet the demand minimal functional capacity of discriminating between round and square objects, without difficulty.

Test Results (Right Hand): Mr. Burks was **able** to correctly distinguish between a round and square object with the **right hand** without difficulty.

Test Results (Left Hand): Mr. Burks was **able** to correctly distinguish between a round and square object with the **left hand** without difficulty.

Discrimination of Sizes Test

Objective: Ability to identify different sizes.

Materials: Dime, quarter.

Description: Discrimination between large and small objects was evaluated by having the subject identify the difference between a dime and a quarter in each hand with their eyes closed. The subject is required to meet the demand minimal functional capacity of discriminating between larger and smaller objects, without difficulty.

Test Results (Right Hand): Mr. Burks was **able** to correctly distinguish between a large and small object with the **right hand** without difficulty.

Test Results (Left Hand): Mr. Burks was **able** to correctly distinguish between a large and small object with the **left hand** without difficulty.

Discrimination of Temperatures Test

Objective: Ability to identify temperature changes.

Materials: Warm cloth or hot pack versus a cold cloth or cold pack.

Description: Discrimination between temperatures was evaluated by having the subject identify the difference in temperatures of a warm cloth or hot pack versus a cold cloth or cold pack in each hand with their eyes closed. The subject is required to meet the demand minimal functional capacity of discriminating between cold and hot objects, without difficulty.

Test Results (Right Hand): Mr. Burks was **able** to correctly distinguish between a hot and cold object with the **right hand** without difficulty.

Test Results (Left Hand): Mr. Burks was **able** to correctly distinguish between a hot and cold object with the **left hand** without difficulty.

Discrimination of Textures Test

Objective: Ability to identify different textures.

Materials: Soft cloth, piece of sand paper.

Description: Discrimination between rough and smooth textures was evaluated by having the subject identify the difference between a soft cloth versus a piece of sand paper in each hand with their eyes closed. The subject is required to meet the demand minimal functional capacity of discriminating between rough and smooth objects, without difficulty.

Test Results (Right Hand): Mr. Burks was **able** to correctly distinguish between a rough and smooth texture with the **right hand** without difficulty.

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Test Results (Left Hand): Mr. Burks was able to correctly distinguish between a rough and smooth texture with the **left hand** without difficulty.

Sincerely,



Jeffrey Esquibel, NCRT
Functional Capacity Evaluator

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Outcomes – Short-Form McGill Pain Questionnaire

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QuickDASH

Name: Burks, Taylor

Date: 3/13/2025

Please rate your ability to do the following activities in the last week by circling the number below the appropriate response.

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. Open a tight or new jar.	1	2	(3)	4	5
2. Do heavy household chores (e.g., wash walls, floors).	1	2	(3)	4	5
3. Carry a shopping bag or briefcase.	1	2	(3)	4	5
4. Wash your back.	1	(2)	3	4	5
5. Use a knife to cut food.	(1)	2	3	4	5
6. Recreational activities in which you take some force or impact through your arm, shoulder, or hand (e.g., golf, hammering, tennis, etc.).	1	2	3	(4)	5
	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
7. During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbors or groups?	1	2	(3)	4	5
	NOT LIMITED AT ALL	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE
8. During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?	1	2	(3)	4	5
	NONE	MILD	Moderate	SEVERE	EXTREME
9. Arm, shoulder or hand pain.	1	2	(3)	4	5
10. Tingling (pins and needles) in your arm, shoulder or hand.	1	(2)	3	4	5
	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	SO MUCH DIFFICULTY THAT I CAN'T SLEEP
11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder, or hand?	1	2	(3)	4	5

Patient's (Raw) Score: 30

Patient's Perceived Disability: 43%

Reference:

- Kennedy CA, Beaton DE, Solway S, McConnell S, Bombardier C. *The DASH and QuickDASH Outcome Measure User's Manual*, Third Edition. Toronto, Ontario: Institute for Work & Health, 2011.

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McGill Pain Questionnaire**Name:** Burks, Taylor**Date:** 3/13/2025

Sensory Pain Levels	None	Mild	Moderate	Severe
1. Throbbing.	0	1	(2)	3
2. Shooting.	0	1	(2)	3
3. Stabbing.	0	1	(2)	3
4. Sharp.	0	1	(2)	3
5. Cramping.	0	1	(2)	3
6. Gnawing.	0	1	2	(3)
7. Hot-Burning.	0	1	(2)	3
8. Aching.	0	1	2	(3)
9. Heavy.	0	1	2	(3)
10. Tender.	0	(1)	2	3
11. Splitting.	0	1	2	(3)
Affective Pain Levels	None	Mild	Moderate	Severe
12. Tiring-exhausting.	0	1	2	(3)
13. Sickening.	(0)	1	2	3
14. Fearful.	0	1	2	(3)
15. Punishing-Cruel.	0	1	2	(3)

Visual Analog Scale (VAS):

No Pain _____ X _____ Worst Possible Pain

Present Pain Intensity (PPI):

- 0 No Pain
- 1 Mild
- (2) Discomforting
- 3 Distressing
- 4 Horrible
- 5 Excruciating

Sensory Pain Levels: Raw Score = 25 out of 33, Sensory Pain Score = 76%**Affective Pain Levels: Raw Score = 9 out of 12, Affective Pain Score = 75%****Overall Pain Levels: Raw Score = 34 out of 45, Total Pain Score = 76%****Reference:**

- Melzack R. The Short-Form McGill Pain Questionnaire. *Pain* 1987;30:191-197.

Oswestry Disability Index

Name: Burks, Taylor

Date: 3/13/2025

This questionnaire has been designed to give us information as to how your **back or leg pain** is affecting your ability to manage in everyday life. Please answer by checking **one box in each section** for the statement which best applies to you. We realize you may consider that two of the statements in any one section apply, but please just mark the box which **most clearly describes your problem**.

Section 1 - Pain Intensity

- 0 - I have no pain at the moment.
- 1 - The pain is very mild at the moment.
- 2 - The pain is moderate at the moment.
- 3 - The pain is fairly severe at the moment.
- 4 - The pain is very severe at the moment.
- 5 - The pain is the worst imaginable at the moment.

Section 2 - Personal Care (Washing, Dressing, etc.)

- 0 - I can look after myself normally without causing extra pain.
- 1 - I can look after myself normally but it causes extra pain.
- 2 - It is painful to look after myself and I am slow and careful.
- 3 - I need some help but manage most of my personal care.
- 4 - I need help every day in most aspects of self-care.
- 5 - I do not get dressed, wash with difficulty and stay in bed.

Section 3 - Lifting

- 0 - I can lift heavy weights without extra pain.
- 1 - I can lift heavy weights but it gives extra pain.
- 2 - Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, e.g. on a table.
- 3 - Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- 4 - I can lift only very light weights.
- 5 - I cannot lift or carry anything at all.

Section 4 - Walking

- 0 - Pain does not prevent me walking any distance
- 1 - Pain prevents me walking more than 1 mile.
- 2 - Pain prevents me walking more than 1/2 of a mile.
- 3 - Pain prevents me walking more than 100 yards.
- 4 - I can only walk using a stick or crutches.
- 5 - I am in bed most of the time and have to crawl to the toilet.

Section 5 - Sitting

- 0 - I can sit in any chair as long as I like.
- 1 - I can sit in my favourite chair as long as I like.
- 2 - Pain prevents me from sitting for more than 1 hour.
- 3 - Pain prevents me from sitting for more than 1/2 an hour.
- 4 - Pain prevents me from sitting for more than 10 minutes.
- 5 - Pain prevents me from sitting at all.

Section 6 - Standing

- 0 - I can stand as long as I want without extra pain.
- 1 - I can stand as long as I want but it gives me extra pain.
- 2 - Pain prevents me from standing for more than 1 hour.
- 3 - Pain prevents me from standing for more than 1/2 an hour.
- 4 - Pain prevents me from standing for more than 10 minutes.
- 5 - Pain prevents me from standing at all.

Section 7 - Sleeping

- 0 - My sleep is never disturbed by pain.
- 1 - My sleep is occasionally disturbed by pain.
- 2 - Because of pain I have less than 6 hours sleep.
- 3 - Because of pain I have less than 4 hours sleep.
- 4 - Because of pain I have less than 2 hours sleep.
- 5 - Pain prevents me from sleeping at all.

Section 8 - Sex Life (if applicable)

- 0 - My sex life is normal and causes no extra pain.
- 1 - My sex life is normal but causes some extra pain.
- 2 - My sex life is normal but is very painful.
- 3 - My sex life is severely restricted by pain.
- 4 - My sex life is nearly absent because of pain.
- 5 - Pain prevents any sex life at all.

Section 9 - Social Life

- 0 - My social life is normal and causes me no extra pain.
- 1 - My social life is normal but increases the degree of pain.
- 2 - Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. sport, etc.
- 3 - Pain has restricted my social life and I do not go out as often.
- 4 - Pain has restricted my social life to my home.
- 5 - I have no social life because of pain.

Section 10 - Traveling

- 0 - I can travel anywhere without pain.
- 1 - I can travel anywhere but it gives extra pain.
- 2 - Pain is bad but I manage journeys over two hours.
- 3 - Pain restricts me to journeys of less than one hour.
- 4 - Pain restricts me to short necessary journeys under 30 minutes.
- 5 - Pain prevents me from traveling except to receive treatment.

Patient's (Raw) Score: 29 out of 45

Patient's Perceived Disability: 64%

References:

- Fairbanks JCT, Pynsent P1 - The Oswestry Disability Index. SPINE 2000;25(22):2940-2953.
- Fairbanks JCT, Cooper JD, Davis JB, O'Brien JP. The Oswestry disability questionnaire. Physiotherapy. 1980;66:271-273.

REFERENCE TABLES

Functional Pain Scale

		Functional Descriptor
10	Worst Imaginable Pain	Causes you to be completely incapacitated and barely able to talk. Requires immediate emergency hospitalization.
9		Pain that causes disability between levels 7 and 10. Nearing need for hospitalization
8		
7	Severely Disabling Pain	You cannot use or move the painful area. You have difficulty talking and concentrating on anything but the pain. Needing to lie down and/or pain-related tearfulness are common at this level of pain
6		Pain that causes disability between levels 5 and 7
5	Very Disabling Pain	Causes great difficulty moving or applying any strength through the painful area. You are unable to complete the current activity
4		Pain that causes disability between levels 3 and 5
3	Functionally Disabling Pain	Pain that is starting to affect your ability to perform the current activity. (i.e., decreased movement, decreased speed, and/or the need to briefly rest and/or stretch in order to continue completing the current activity)
2.75		
2	Non Disabling Pain	The pain is present, but not yet at a level which limits you from performing the current activity
1		
0.25		
0	No Pain	No pain or discomfort

Numerical Pain Scale

		Pain Descriptor
0	No Pain	No pain at all, you feel perfectly normal.
1	Very Mild	Very light barely noticeable pain, like a mosquito bite or a poison ivy itch. Most of the time you never think about the pain.
2	Discomforting	Minor pain, like lightly pinching the fold of skin between the thumb and first finger with the other hand, using the fingernails. People can react differently to this self-test.
3	Tolerable	Very noticeable pain, like an accidental cut, a blow to the nose causing a bloody nose, or a doctor giving you an injection. The pain is not so strong that you cannot get used to it.
4	Distressing	Strong, deep pain, like a minor trauma to part of the body. So strong you notice the pain all the time and cannot completely adapt.
5	Very Distressing	Strong, deep, piercing pain. Not only do you notice the pain all the time, you are now so preoccupied with managing it that your normal lifestyle is curtailed. Temporary personality disorders are frequent.
6	Intense Pain	Strong, deep, piercing pain so strong it seems to partially dominate your senses, causing you to think somewhat unclearly. At this point you begin to have trouble holding a job or maintaining normal social relationships.
7	Very Intense Pain	Same as 6 except the pain completely dominates your senses, causing you to think unclearly about half the time. At this point you are effectively disabled and frequently cannot live alone.
8	Horrible Pain	Pain so intense you can no longer think clearly at all, and have often undergone severe personality change if the pain has been present for a long time. Suicide is frequently contemplated and sometimes tried. Comparable to childbirth.
9	Excruciating	Pain so intense you cannot tolerate it and demand pain killers or surgery, no matter what the side effects or risk. If this doesn't work, suicide is frequent since there is no more joy in life whatsoever.
10	Unimaginable Pain	Pain so intense you will go unconscious shortly. Most people have never experienced this level of pain.

BORG: 1-10 Scale

	BORG: 6-20 Scale	Description
1	6	No exertion at all
	7	Extremely light
	8	
2	9	Very light
	10	
3	11	Light
	12	
5	13	Somewhat hard
	14	
7	15	Hard (heavy)
8	16	
8.5	17	Very hard
9	18	
9.5	19	Extremely hard
10	20	Maximal Exertion

REFERENCE TABLES

20250410005100

DICTIONARY OF OCCUPATION TITLES Physical Demand Strength Table		OCCASIONAL	FREQUENT	CONSTANT
SEDENTARY 1.5 to 2.1 METS		Up to 10 lbs. (up to 4.5 kg)	Negligible Weight	Not Applicable
LIGHT 2.2 to 3.5 METS		11 - 20 lbs. (5 - 9 kg)	5 to 10 lbs. (2.25 - 4.5 kg)	Negligible Weight
MEDIUM 3.6 to 6.3 METS		21 - 50 lbs. (10 - 22 kg)	11 to 25 lbs. (5 - 11 kg)	4 to 10 lbs. (1.8 - 4.5 kg)
HEAVY 6.4 to 7.5 METS		51 - 100 lbs. (23 - 45 kg)	26 to 50 lbs. (12 - 23 kg)	10 to 20 lbs. (4.5 - 9 kg)
VERY HEAVY >7.5 METS		> 100 lbs. (> 45 kg)	> 50 lbs. (> 23 kg)	> 20 lbs. (> 9 kg)

PHYSICAL DEMAND ACTIVITY DEFINITIONS

AVOID	Activity or condition does not exist or should be avoided.
RARE (Non-Repetitive Activity)	Activity or condition exists from 1 to 5% of the workday; less than 25 minutes per day; 1-7 repetitions per hour; or 16 or less repetitions per day. Rare is defined as non-repetitive activity
OCCASIONAL (Non-Repetitive Activity)	Activity or condition exists from 6 to 33% of the workday: up to 1/3 of the time, from 25 minutes to 2 1/2 hours per day; 3-12 repetitions per hour; or 17-100 repetitions per day. Occasional is defined as non-repetitive activity.
FREQUENT (Non-Repetitive Activity)	Activity or condition exists from 34 to 66% of the workday: from 1/3 to 2/3 of the time; from 2 1/2 to 5 1/4 hours per day; 13-29 repetitions per hour; or 101-239 repetitions per day. This frequent activity is defined as non-repetitive activity since its less than 30 repetitions per hour or less than 240 repetitions per day.
FREQUENT (Repetitive Activity)	Activity or condition exists from 34 to 66% of the workday: from 1/3 to 2/3 of the time; from 2 1/2 to 5 1/4 hours per day; 30-62 repetitions per hour; or 240-500 repetitions per day. This frequent activity is defined as repetitive activity since its 30 or more repetitions per hour or 240 or more repetitions per day.
CONSTANT (Repetitive Activity)	Activity or condition exists from 67 to 100% of the workday: more than 2/3 of the time; more than 5 1/4 hours per day; 63 or more repetitions per hour; or more than 500 repetitions per day. Constant is defined as repetitive activity.
*Non-Repetitive Activity	Defined as activity performed less than 30 times per hour or less than 240 times per day. Use of keyboard less than 4 hours per day.

END POINT DETERMINATIONS – Safety measurements used by the clinician to determine when a task/test ends or stops

EXTERNAL	Lifting restrictions imposed by the treating medical practitioner, or other healthcare provider or occupation. Test termination by the clinician when the individual safely reaches the maximum required weight load.
PSYCHOPHYSICAL	The test is terminated by the individual based on complaints of fatigue, excessive pain, and an inability to complete the required number of movements during the testing interval (cycle). The evaluator needs to determine if the individual is trying his or her best and/or if there are other extenuating factors limiting his or her performance.
PHYSIOLOGICAL	Test termination by the clinician due to cardiovascular or metabolic changes. This end point relies on measurements of heart rate, oxygen consumption, or blood pressure. Examples: Heart rate outside of the age-determined target heart rate, &/or a blood pressure >160/100 or > (10 mm Hg drop or increase in diastolic pressure), &/or a 4% drop in O2 saturation a drop in o2 saturation <90%.
BIOMECHANICAL (SAFETY)	The test is terminated by the clinician if the individual's technique (body mechanics) deteriorates during testing (he or she demonstrates unsafe practices) -or- due to the achievement of a pre-determined anthropometric safe lifting limit based on the individual's adjusted body weight and/or based upon an evaluation of the individual's signs & symptoms.

References:

1. Revised 4th Ed of the Dictionary of Occupational Titles, Volumes I and II, U.S. Department of Labor Employment and Training Administration, 1991.
2. Selected Characteristics of Occupations Defined in the Revised Dictionary of Occupational Titles (SCO), U.S. Department of Labor Employment and Training Administration, 1993.
3. Disability Evaluation. 2nd edition. American Medical Association. 2003.
4. Guide to the Evaluation of Functional Ability: How to request, interpret and apply functional capacity evaluations. American Medical Association. 2009.

BURKS, TAYLOR (09/10/1991) #HF502087430

Encounter DOS: 03/20/2025

Patient: 01-BURKS, TAYLOR (WC, 2025-0407-003-12/11/24) (Male)
 3800 S. TYLER ST. APT.# 242
 DALLAS, TX 75224
 (972)750-7218

DOB: 09/10/1991 (33) Race: Patient Declined Language: English
 Ethnicity: Patient Declined

Encounter ID: 203374089
 Primary Ins: CBCS

WOODYCHOSE@GMAIL.COM

Location: Peak Integrated Healthcare Provider: DR. SHAUN
 Sd MAREK,
 4305 Pinnacle Point Dr. CHIROPRACTIC
 #301
 dallas, TX, 75211-1412
 (214)337-2100

Subjective

Chief Complaint

I dont really have any changes in pain today but I have been having trouble sleeping on my side
Burks, Taylor is a 33 year old male complaining of Bilateral Shoulder Pain.

The symptoms are located at: RIGHT,shoulder,

The quality is best described as: achy,sharp,

When asked about the severity level of the symptoms the patient reported: moderate,

The patient reports the duration of their symptoms as: since injured at work,

The timing of their symptoms is reported to be: constant,with activity,with movement,with overhead reaching,

The patient also reports the following factors related to their symptoms: interferes with daily activities,

The patient admits to the following factors that modify their symptoms: exertion,lifting,

The following findings or symptoms are associated with patient's chief complaint: joint pain,joint stiffness,radiating pain,

The patient also complains of Neck and Upper Back Pain.

The symptoms are located at: neck,back (mid),back (upper),

The quality is best described as: achy,

When asked about the severity level of the symptoms the patient reported: moderate,

The patient reports the duration of their symptoms as: since injured at work,

The timing of their symptoms is reported to be: intermittent,with activity,with movement,

The patient also reports the following factors related to their symptoms: interferes with daily activities,bending,repetitive tasks,

The patient admits to the following factors that modify their symptoms: exertion,standing,walking,

The following findings or symptoms are associated with patient's chief complaint: joint pain,joint stiffness,neck pain radiates to his right shoulder

Questionnaire : Worker's Compensation Consult

Patient was injured on 12/11/2024. History of injury: The patient works for RJW Logistics as a material handler - He reports being in training for driving a forklift and he was suddenly attacked by a coworker who punched and kicked him - He reports falling to the ground on his right side of body and then getting kicked afterwards repeatedly - He states the coworker ran away from the scene - Afterwards he states he had some dizziness and confusion - He went to Baylor Hospital in Uptown Dallas - He was sent to NOVA medical center for evaluation by his company. Yes, injury was reported. Yes, patient has had therapy. 4-6 visits for therapy. Patient has had an X-Ray. Patient has had Injections. No, patient has not had surgery. Neck was injured. Mid Back was injured. Shoulder was injured. Patient is injured on this area: Right Shoulder and Collar bone. Yes, patient knows which areas were accepted by insurance. Yes, patient knows which areas are being denied. No, employee was not terminated by company where they were injured. Employee is working; Full-Time, restrictions.

Review of Systems

DAILY ROUTINE : Review of Symptoms

Constitutional

Peak Integrated Healthcare | 4305 Pinnacle Point Dr. #301, dallas, TX 75211-1412 | Phone (214)337-2100

BURKS, TAYLOR (09/10/1991) #HF502087430

Encounter DOS: 03/20/2025

70070 Negative for Fever/sweats. Negative for fatigue. Negative for loss of appetite/weight change.
 20250 03549

Eyes

Negative for blurred/double vision. Negative for glaucoma.

Ears/nose/mouth/throat

Negative for hearing loss. Negative for problems with thyroid. Negative for snoring. Negative for sore throat.
 Negative for hearing noises in your ear.

Musculoskeletal

Positive for joint pain/stiffness. Positive for muscle pain/cramps/weakness. Positive for back/neck pain.

Cardiovascular

Negative for chest pain/angina. Negative for palpitations. Negative for swelling of feet, ankle or hands.

Respiratory

Negative for cough, spitting up blood. Negative for shortness of breath/wheezing.

Gastrointestinal

Negative for problems with bowel movement. Negative for nausea/vomiting. Negative for rectal bleeding/blood in stool. Negative for abdominal pain/heartburn.

Genitourinary

Negative for flank pain. Negative for problems with urination. Negative for blood in urine. Negative for kidney stones.

Hematologic/Lymphatic

Negative for slow healing after cuts. Negative for tendency to bleed/bruise. Negative for blood clots.

Psychiatric

Negative for sleeping disorder/memory loss.

Skin

Negative for rashes, lesions, ulcers.

Remainder of Review of Systems

Remainder of Review of systems is Negative.

Objective**Physical Exam****PT Exam : Cervical Exam****INSPECTION**

(+) Tightness. (+) Tenderness.

PALPATION

The muscle tone is increased, on the right. Pain on pressure over the right trapezius, Pain on pressure over the right paraspinals, Pain on pressure over the C4 spinous process, Pain on pressure over the C5 spinous process, Pain on pressure over the C6 spinous process, Pain on pressure over the C7 spinous process.

RANGE OF MOTION

Flexion is decreased at 50 degrees, with pain. Extension is decreased at 30 degrees, with pain. Left lateral flexion is decreased at 25 degrees, with pain. Right lateral flexion is decreased at 35 degrees, with pain. Left rotation is below decreased at 55 degrees, with pain. Right rotation is decreased at 65 degrees, with pain.

REFLEXES

The left biceps deep tendon reflex (C5-C6) is 2+ (normal). The right biceps deep tendon reflex (C5-C6) is 2+ (normal). The left brachioradialis deep tendon reflex (C6) is 2+ (normal). The right brachioradialis deep tendon reflex (C6) is 2+ (normal). The triceps deep tendon reflex (C7) is 2+ (normal). 2+ (normal).

SENSORY EXAMINATION

Light touch is intact.

ORTHOPEDIC TESTING

(+) Right cervical compression The patient is either sitting or lying and the examiner presses down upon the top of the patient's head. Narrowing of the neural foramen, pressure on the facet joints, or muscle spasm can cause increased pain and the test may indicate pressure upon a nerve and the neurologic level of existing pathology. This test is done with the patient supine. The examiner standing at the head of the patient, flexes the neck to the Peak Integrated Healthcare | 4305 Pinnacle Point Dr. #301, Dallas, TX 75211-1412 | Phone (214) 310-0000

This test is done with the patient supinc. The examiner standing at the head of the patient, flexes the neck to the side opposite to the shoulder being tested while pushing the shoulder caudad. Then, while maintaining the depression of the shoulder, the head is rotated, again to the side opposite to the shoulder being tested. If radicular pain is either produced or aggravated the first action and then confirmed by the second, the test is considered positive. A positive test indicates adhesions of the dural sleeves, the spinal roots, or the adjacent structures of the joint capsule on the side of the shoulder being depressed.

MOTOR FUNCTION/MUSCLE TESTING

Cervical flexion was Abnormal. Cervical extension was Abnormal. Left lateral flexion was Abnormal. Right lateral flexion was Abnormal. Left rotation was Abnormal. Right rotation was Abnormal. Deltoid (C5) muscle testing was normal at 5/5. Biceps (C6) muscle testing was normal at 5/5. Triceps (C7) muscle testing was normal at 5/5. Wrist flexor (C8) muscle testing was normal at 5/5. Wrist Extensor (C6) muscle testing was normal at 5/5. Interossei (T1) muscle testing was normal at 5/5. Both upper extremities are affected.

PT Exam : Shoulder Exam

INSPECTION

(+) Tightness. (+) Tenderness.

PALPATION

The muscle tone is increased, on both sides. Pain on pressure over the right supraspinatus, Pain on pressure over the left deltoid, Pain on pressure over the right deltoid, Pain on pressure over the left trapezius, Pain on pressure over the right trapezius, Pain on pressure over the right scapular border.

SENSORY EXAMINATION

light touch is intact.

ORTHOPEDIC TESTING

(+) Right Apprehension Test The arm abducted and elbow flexed to 90 degrees. Gently externally rotate the arm. Once the patient becomes apprehensive or complains of pain, proceed with the relocation and surprise test by applying a posterior force to the humeral head. This test indicates anterior shoulder instability vs. primary impingement. (+) Right Hawkin's Test The patient stands while the examiner forward flexes the arm to 90 degrees and then forcibly medially rotates the shoulder. Pain represents rotator cuff impingement or injury.

MOTOR FUNCTION/MUSCLE TESTING

Shoulder flexion muscle testing was normal at 5/5. Shoulder extension muscle testing was normal at 5/5. Shoulder abduction muscle testing was normal at 5/5. Adduction muscle testing was normal at 5/5. Shoulder internal rotation muscle testing was normal at 5/5. Shoulder external rotation muscle testing was normal at 5/5. Both upper extremities are affected.

PT Exam : Thoracic Exam

INSPECTION

(+) Tightness. (+) Tenderness.

PALPATION

The muscle tone is increased, on the right side. Pain on pressure over the right trapezius, Pain on pressure over the right paraspinal muscles, Pain on pressure over the T1 spinous process, Pain on pressure over the T2 spinous process, Pain on pressure over the T3 spinous process, Pain on pressure over the T4 spinous process, Pain on pressure over the T5 spinous process.

Assessment

Diagnosis

S134XXD Sprain of ligaments of cervical spine, subsequent encounter
 S233XXD Sprain of ligaments of thoracic spine, subsequent encounter
 S43401D Unspecified sprain of right shoulder joint, subs encntr
 S0093XD Contusion of unspecified part of head, subsequent encounter
 S43402D Unspecified sprain of left shoulder joint, subs encntr

Plan

Procedures

Description	Code	Units	Modifiers	Comments
Special Reports Or Forms	99080	1 UN		

BURKS, TAYLOR (09/10/1991) #HF502087430

Encounter DOS: 03/20/2025

2025 Visit For Evaluation And Management 99213
For An Established Patient, Requiring
A Medically Appropriate
History/examination And Low-Level
Decision Making. If Using Total Time
For Code Selection, 20 Minutes

1 UN

Follow-Up

Appointment Reminder (04/03/2025) with MAREK, SHAUN
Notes: Reviewed imaging reports with patient
Reviewed PPE report
Pending authorization for therapy
Refer for x-ray - left shoulder
Patient reports having medication at this time
Patient scheduled for hearing on 4/22/25
Updated work status form
Follow up in 3 weeks

Rendering Provider Signature



TIME RECEIVED
March 6, 2025 at 6:47:15 PM CSTREMOTE CSID
214+337+2108DURATION
75 PAGES
1 STATUS
Received

From: 214+337+2108

03/06/2025 18:59 #553 P.001/001



Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation (DWC) and may be entitled to certain medical and income benefits. For further information call DWC at 800-252-7031.

Empleado - Es requerido que usted reporte su lesión a su empleador dentro de 30 días si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte del Departamento de Seguros de Texas, División de Compensación para Trabajadores (DWC), y es posible que tenga derecho a recibir ciertos beneficios médicos y de ingresos. Para obtener más información llame a DWC al 800-252-7031.

DWC073

Texas Workers' Compensation Work Status Report

I. GENERAL INFORMATION

		Date Sent (for transmission purposes only): 3/6/25		
1. Injured Employee's Name Taylor Burks		5a. Doctor's/Delegating Doctor's Name and Degree Shaun J. Marek, D.C.	5b. PA / APRN Name (if completing form)	
2. Date of Injury 12/11/24	3. Social Security Number (last four) XXX-XX- 1799	6. Facility Name Peak Integrated Healthcare - South Dallas	9. Employer's Name RJW TRANSPORT LLC	
4. Employee's Description of Injury/Accident He reports being in training for driving a forklift and he was suddenly attacked by a coworker who punched and kicked him - He reports falling to the ground on his right side of body and then getting kicked afterwards repeatedly		7. Facility/Doctor Phone and Fax Numbers 214-337-2100 / 214-337-2108	10. Employer's Fax Number or Email Address (if known)	
		8. Facility/Doctor Address (Street, City, State, ZIP Code) 4305 Pinnacle Point Drive, Suite 301 Dallas TX 75211	11. Insurance Carrier CBCS / MILE HIGH	
			12. Carrier's Fax Number or Email Address (if known) 563-239-2849 / 214-357-5810	

II. WORK STATUS INFORMATION (Fully complete one box including estimated dates, and a description in 13c, if applicable)

13. The injured employee's medical condition resulting from the workers' compensation injury:

- a) will allow the employee to return to work as of ____ / ____ / ____ without restrictions; OR
 b) will allow the employee to return to work as of 3 / 6 / 25 with the restrictions identified in PART III, which are expected to last through 3 / 20 / 25; OR

- c) has prevented and still prevents the employee from returning to work as of ____ / ____ / ____ and is expected to continue through ____ / ____ / ____.

The following describes how this injury prevents the employee from returning to work:

III. ACTIVITY RESTRICTIONS (Only complete if box 13b is checked)

14. Posture Restrictions (if any): Max hours per day 0 2 4 6 8 Other: Standing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Kneeling/squatting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bending/stooping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pushing/pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Twisting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other:	17. Motion Restrictions (if any): Max hours per day 0 2 4 6 8 Other: Walking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Climbing stairs/ladders <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No climbing ladders Grasping/squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Overhead reaching <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other:	19. Misc. Restrictions (if any): Max hours per day of work: <input checked="" type="checkbox"/> Sit/stretch breaks of <u>As Needed</u> per _____ Must wear splint/cast at work Must use crutches at all times No driving/operating heavy equipment Can only drive automatic transmission No skin contact with: No running Dressing changes necessary at work
15. Restrictions Specific To (if applicable): <input type="checkbox"/> Left hand/wrist <input type="checkbox"/> Left leg <input type="checkbox"/> Right hand/wrist <input type="checkbox"/> Right leg <input type="checkbox"/> Left arm <input type="checkbox"/> Back <input checked="" type="checkbox"/> Right arm <input type="checkbox"/> Left foot/ankle <input checked="" type="checkbox"/> Neck <input type="checkbox"/> Right foot/ankle Other:	18. Lift/Carry Restrictions (if any): <input checked="" type="checkbox"/> May not lift/carry objects more than <u>15</u> lbs. for more than <u>2</u> hours per day. <input type="checkbox"/> May not perform any lifting/carrying. Other:	<input type="checkbox"/> No work / _____ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding <input type="checkbox"/> Must keep _____ <input type="checkbox"/> elevated <input type="checkbox"/> clean & dry

16. Other Restrictions (if any)

- 20. Medication Restrictions (if any):**
 Must take prescription medication(s)
 Advised to take over-the-counter meds
 Medication may make drowsy (possible safety/driving issues)

IV: TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION

21. Work Injury Diagnosis Information: Cervical Sprain Thoracic Sprain Right Shoulder Sprain	22. Expected Follow-up Services Include: <input checked="" type="checkbox"/> Evaluation by the treating doctor on <u>3</u> / <u>20</u> / <u>25</u> at _____ a.m./p.m. <input type="checkbox"/> Referral to/consult with _____ on _____ / _____ / _____ at _____ a.m./p.m. <input type="checkbox"/> Physical medicine _____ X per week for _____ weeks starting on _____ / _____ / _____ at _____ a.m./p.m. <input checked="" type="checkbox"/> Special studies (list): <u>PPE</u> on <u>3</u> / <u>13</u> / <u>25</u> at <u>3</u> : <u>30</u> a.m./p.m. <input type="checkbox"/> None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.		
Date /Time of Visit: 3/6/25	Employee's Signature <u>Taylor Burks</u>	Visit Type: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up	Role of Health Care Practitioner: <input type="checkbox"/> Treating doctor <input type="checkbox"/> Referral doctor <input type="checkbox"/> RME doctor <input type="checkbox"/> Consulting doctor <input type="checkbox"/> PA <input type="checkbox"/> APRN
Discharge Time:	Health Care Practitioner's Signature / License # <u>Janet M...</u>		
	12537 TX		





IMO Plano
P.O. Box 260287
Plano, TX 75026
(888) 645-1200 Fax (888) 275-9946
URA #4919

Preauthorization Determination Letter

Shawn Mayes
P.O. Box 28
Dubuque, IA 52004

Response Date: 3/24/2025
Employee Name: Burks, Taylor
SSN: XXX-XX-1199
Date of Injury: 12/11/2024
Requesting Provider: Shaun Marek, DC
Claim Number: TRF24039737
Employer: RJW Logistics Group - Mesquite

Treating Provider:

TPA: CBCS
Facility: Peak Integrated Healthcare

Request ID: 286841

ICD-10 Description

S13.4XXD	Sprain of ligaments of cervical spine, subsequent encounter
S23.3XXD	Sprain of ligaments of thoracic spine, subsequent encounter
S43.401D	Unspecified sprain of right shoulder joint, subsequent encounter
S00.93XD	Contusion of unspecified part of head, subsequent encounter

Requested Services:

CPT	Description	Request Date	Determ Date	Status	Authorization #	Dates of Service	Guideline
97110	Therapeutic Exercise	03/19/25	03/24/25	Preadmitted	185204	03/24/25 to 05/09/25	ODG
97112	Neuromuscular Re-education	03/19/25	03/24/25	Preadmitted	185204	03/24/25 to 05/09/25	ODG

Determination Note:

IMO Physician Advisor Ron Ben-Meir, DO TX License# V3830 Physical Medicine/Rehabilitation has preauthorized medical necessity for 6 Sessions of Physical Therapy to Cervical, Thoracic, Head, & Right Shoulder to be done on an Outpatient basis.

Rationale: Based on the provided documentation, the claimant has been recommended for 6 Sessions of Physical Therapy to Cervical, Thoracic, Head, & Right Shoulder. The claimant is 33 years of age and was injured on December 11, 2024. The claimant was in training for driving a forklift when attacked by a coworker who punched and kicked him and he fell to the ground on the right side and then kicked afterward while down repeatedly. On February 14, 2025, the claimant presented for chiropractic treatment with chief complaints of neck, upper back, right shoulder pain. Examination of the cervical spine revealed positive tenderness and tightness. Pain on pressure over the right trapezius, right paraspinals, C4 spinous process, C5 spinous process, C6 spinous process, C7 spinous process. ROM decreased. Positive right cervical compression test. Examination of the shoulder revealed positive tightness and tenderness. Pain on pressure over the right supraspinatus, right deltoid, right trapezius, and right scapular border. Positive right apprehension test. Positive right Hawkin's test. Examination of the thoracic spine revealed positive tightness and tenderness. Pain on pressure over the right trapezius, right paraspinal muscles, T1 spinous process, T2 spinous process, T3 spinous process, T4 spinous process, T5 spinous process. The claimant has had no prior therapy. Physical therapy can actually help the recovery and healing process after a major injury or surgery. Physical therapy alleviates pain by removing pressure from muscles and joints, and helps regain strength and range of motion. Therefore, the claimant may benefit from a short course of physical therapy. Medical necessity has been established for 6 Sessions of Physical Therapy to Cervical, Thoracic, Head, & Right Shoulder.

Medical Records Reviewed:

Shaun Marek, DC, Chiropractic, 2/14/25

Work Performance Evaluation Report, 3/13/25



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P.O. Box 260287
Plano, TX 75026
(888) 645-1200 Fax (888) 275-9946
URA #4919

Summary: Based on the review of the provided documentation, the claimant was involved in a work related injury on December 11, 2024. On February 14, 2025, the claimant presented for chiropractic treatment with chief complaints of neck, upper back, right shoulder pain. Examination of the cervical spine revealed positive tenderness and tightness. Pain on pressure over the right trapezius, right paraspinals, C4 spinous process, C5 spinous process, C6 spinous process, C7 spinous process. ROM decreased. Positive right cervical compression test. Examination of the shoulder revealed positive tightness and tenderness. Pain on pressure over the right supraspinatus, right deltoid, right trapezius, and right scapular border. Positive right apprehension test. Positive right Hawkin's test. Examination of the thoracic spine revealed positive tightness and tenderness. Pain on pressure over the right trapezius, right paraspinal muscles, T1 spinous process, T2 spinous process, T3 spinous process, T4 spinous process, T5 spinous process. On March 13, 2025, a work performance evaluation report revealed a candidate capable of assuming a position in a light physical demand level. Only capable of exerting up to a maximum of 12 pounds of force occasionally throughout the workday with frequent lifting or carrying objects weighing 6 pounds. The claimant was recommended for 6 Sessions of Physical Therapy to Cervical, Thoracic, Head, & Right Shoulder.

Contacts: A call was placed on March 20th, 2025, to 214-337-2100 at 4:26 PM EST. A message was left with Catherine, office staff including call back number and request for peer to peer. A second call is not needed for authorization.

Determination: Pre-Authorization

Screening Criteria and Treatment Guidelines:

EBG:ODG

ODG Neck/upper back

ODG Physical/Occupational Therapy (PT/OT) Guidelines

Please see Physical Therapy and Chiropractic Guideline Methodology for additional physical therapy philosophies that apply to all diagnoses and may not be specifically mentioned within each guideline.

?Brachial neuritis or radiculitis: 12 visits over 10 weeks

?Cervical spondylosis; cervicalgia (neck pain): 9 visits over 8 weeks

?Contusion of neck or upper back: 6 visits over 3 weeks

?Degeneration of cervical intervertebral disc: 10-12 visits over 8 weeks

?Displacement of cervical intervertebral disc:

?Medical treatment: 10 visits over 8 weeks

?Post-injection treatment: 1-2 visits over 1 week

?Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks

?Post-surgical treatment (fusion, after graft maturity): 24 visits over 16 weeks

?Fracture:

?Vertebral column with spinal cord injury:

?Medical treatment: 8 visits over 10 weeks

?Post-surgical treatment: 48 visits over 18 weeks

?Vertebral column without spinal cord injury:

?Medical treatment: 8 visits over 10 weeks

?Post-surgical treatment: 34 visits over 16 weeks

?Post laminectomy syndrome: 10 visits over 6 weeks

?Sprain or strain of neck: 10 visits over 8 weeks

?Torticollis: 12 visits over 10 weeks

?Work conditioning: 10 visits over 4 weeks

ODG Physical/Occupational Therapy (PT/OT) Criteria

?PT/OT is conditionally recommended for 1 or more of the following (1) (2) (3) (4) (5) :

?PT/OT evaluation may be indicated for assessment of physical impairment or pain.

?Initial therapy may be indicated when ALL of the following are present:

?Evaluation demonstrates functional impairment, need for work conditioning, or pain, as indicated by 1 or more of the following:

?Arthritis (eg, osteoarthritis)



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URA #4919

- ?Cartilage or connective tissue disorder or injury
- ?Contusion of neck or upper back
- ?Degeneration of cervical intervertebral disc
- ?Disc herniation
- ?Displacement of cervical intervertebral disc
- ?Fracture
- ?Neck or upper back pain (eg, cervical spondylosis, cervicalgia [neck pain], torticollis)
- ?Nerve compression
- ?Nerve pain (eg, brachial neuritis, post laminectomy syndrome, radiculitis)
- ?Sprain or strain of neck or upper back
- ?Work conditioning
- ?No active wound infection
- ?No documentation of deep venous thrombosis (DVT)
- ?No documentation of fracture displacement
- ?No documentation of hardware loosening
- ?No documentation of rupture of repaired or injured tissue
- ?Patient is expected to be able to adequately participate in and respond to proposed treatment.
- ?There is an expectation that anticipated improvement is attainable in a reasonable and generally predictable period of time.
- ?Continued therapy may be indicated when ALL of the following are present:
- ?Functional progress has been made during initial therapy or plan of care has been modified or re-evaluated every 2-3 weeks.
- ?Maximum improvement has not yet been attained.
- ?Patient is actively participating in treatment sessions.
- ?Patient is adherent to plan of care.

ODG: Shoulder

ODG Physical Therapy (PT) Guidelines

Please see Physical Therapy and Chiropractic Guideline Methodology for additional physical therapy philosophies that apply to all diagnoses and may not be specifically mentioned within each guideline.

?Acromioclavicular (AC) joint dislocation:

?AC separation, type III+: 8 visits over 8 weeks

?Post-surgical treatment: 24 visits over 14 weeks

?Adhesive capsulitis:

?Medical treatment: 16 visits over 8 weeks

?Post-surgical treatment: 24 visits over 14 weeks

?Arthritis (eg, arthropathy, unspecified; osteoarthritis; rheumatoid arthritis):

?Medical treatment: 9 visits over 8 weeks

?Post-injection treatment: 1-2 visits over 1 week

?Post-surgical treatment, arthroplasty, shoulder: 24 visits over 10 weeks

?Brachial plexus lesions (eg, thoracic outlet syndrome [TOS]):

?Medical treatment: 14 visits over 6 weeks

?Post-surgical treatment: 20 visits over 10 weeks

?Contusion of shoulder: 6 visits over 3 weeks

?Dislocation of shoulder:

?Medical treatment: 12 visits over 12 weeks

?Post-surgical treatment (Bankart): 24 visits over 14 weeks

?Fracture:

?Clavicle: 8 visits over 10 weeks

?Humerus:

?Medical treatment: 18 visits over 12 weeks

?Post-surgical treatment: 24 visits over 14 weeks

?Scapula: 8 visits over 10 weeks

?Rotator cuff, massive rupture:



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?Post-surgical treatment, arthroscopic: 30 visits over 18 weeks

?Post-surgical treatment, open: 40 visits over 18 weeks

?Rotator cuff syndrome/impingement syndrome:

?Medical treatment: 10 visits over 8 weeks

?Post-injection treatment: 1-2 visits over 1 week

?Post-surgical treatment, arthroscopic: 24 visits over 14 weeks

?Post-surgical treatment, open: 30 visits over 18 weeks

?Sprained shoulder; rotator cuff tear:

?Medical treatment, sprain: 10 visits over 8 weeks

?Medical treatment, tear: 20 visits over 10 weeks

?Post-surgical treatment, arthroscopic: 24 visits over 14 weeks

?Post-surgical treatment, open: 30 visits over 18 weeks

?Superior glenoid labral lesion:

?Medical treatment: 10 visits over 8 weeks

?Post-surgical treatment (labral repair/SLAP lesion): 24 visits over 14 weeks

?Tendon rupture (eg, biceps, brachialis, deltoid, pectoralis major):

?Medical treatment, sprain or tear: 10 visits over 8 weeks

?Post-surgical treatment, arthroscopic or open: 24 visits over 14 weeks

ODG Physical Therapy (PT) Criteria

?PT is conditionally recommended for 1 or more of the following (1) (2) (3) (4) (5) :

?PT evaluation may be indicated for assessment of physical impairment.

?Initial therapy may be indicated when ALL of the following are present:

?Evaluation demonstrates functional impairment from condition that is appropriate for rehabilitation, as indicated by 1 or more of the following:

?Arthritis (eg, arthropathy, osteoarthritis, rheumatoid arthritis)

?Bursitis

?Cartilage or connective tissue disorder or injury (eg, adhesive capsulitis, superior glenoid labral lesion)

?Nerve compression

?Shoulder contusion

?Shoulder dislocation

?Shoulder fracture

?Shoulder impingement syndrome

?Shoulder sprain or strain

?Tendon injury or rupture (eg, biceps, brachialis, deltoid, pectoralis major)

?No active wound infection

?No documentation of deep venous thrombosis (DVT)

?No documentation of fracture displacement

?No documentation of hardware loosening

?No documentation of rupture of repaired or injured tissue

?Patient is expected to be able to adequately participate in and respond to proposed treatment.

?There is an expectation that anticipated improvement is attainable in a reasonable and generally predictable period of time.

?Continued therapy may be indicated when ALL of the following are present:

?Functional progress has been made during initial therapy or plan of care has been modified or re-evaluated every 2-3 weeks.

?Maximum improvement has not yet been attained.

?Patient is actively participating in treatment sessions.

?Patient is adherent to plan of care.

Per CMS Guidelines, treatment past 45-60 minutes requires documentation substantiating the medical necessity of the additional time. If more than one unit of any modality is utilized, there must be documentation to support the medical necessity. Over the course of physical therapy treatment, CMS Guidelines state that 75% of the modalities should be active. In addition, ODG Physical Therapy Guidelines allow for fading frequency.



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Preauthorization is not a guarantee of payment but is based on medical necessity. If the treatment is for a condition, diagnosis, or body part that has not been accepted as part of the compensable injury that could affect your right to payment, even if the treatment is preauthorized. You may contact the claims representative if you have questions about your right to payment.

You may reach IMO at (888) 645-1200 x if additional treatment is required beyond dates shown.

Andrea Griffith

Utilization Review Nurse

CC	Recipient Name	Address	Fax
Claimant	Taylor Burks	3800 S Tyler St Apt. 242 Dallas, TX 752244489	
Requesting Physician	Shaun Marek, DC	4305 Pinnacle Point Drive Suite 301 Dallas, TX 75211-1412	(214) 337-2108
Adjuster	Shawn Mayes	P.O. Box 28 Dubuque, IA 52004	
Facility	Peak Integrated Healthcare	4305 Pinnacle Point Dr Suite 301 Dallas, TX 75211	(214) 337-2108

BURKS, TAYLOR (09/10/1991) #HF502087430

Encounter DOS: 03/31/2025

Patient: BURKS, TAYLOR (WC, 12/11/24) (Male)
DOB: 09/10/1991 (33)
Race: Patient Declined
3800 S. TYLER ST. APT.# **Language:** English
242 THE ANDERSONS APARTMENTS (NO GATE **Ethnicity:** Patient Declined
#)
DALLAS, TX 75224
(972)750-7218

WOODYCHOSE@GMAIL.COM

Location: Peak Integrated Healthcare **Provider:** DR. SHAUN MAREK,
Sd 4305 Pinnacle Point Dr.
#301
dallas, TX, 75211-1412
(214)337-2100

Assessment

Diagnosis

S134XXD Sprain of ligaments of cervical spine, subsequent encounter
 S233XXD Sprain of ligaments of thoracic spine, subsequent encounter
 S43401D Unspecified sprain of right shoulder joint, subs encntr
 S0093XD Contusion of unspecified part of head, subsequent encounter
 S43402D Unspecified sprain of left shoulder joint, subs encntr

Disposition

Code	Description
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Plan

Office Procedures

THERAPY

Plan

Todays exam date 03/31/2025. The date of injury was 12/11/2024. Patient is adhering to instructions and progressing towards their goals. Continue with current plan.

Subjective

Patient reported no change. The pain level today is 5.

Objective

Therapeutic Exercises were performed. Balance techniques were performed, Co-ordination techniques were performed.

Assessment

No Change in Pain, Increased Mobility, Increased ROM.

Procedures

Description	Code	Units	Modifiers	Comments
Therapeutic Exercise	97110	6 UN	GP	0770003405707
Nmr	97112	2 UN	GP	

BURKS, TAYLOR (09/10/1991) #HF502087430

Encounter DOS: 03/31/2025

Rendering Provider Signature



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PEAK INTEGRATED HC	C	T	L	L-SH	R-SH	L-E	R-E	L-W	R-W	L-Ha	R-Ha	L-Hi	R-Hi	L-K	R-K	L-A	R-A	L-F	R-F
Target Areas:	X	X			X														
TAYLOR BURKS (HEAD)				Date:	03/31														
Neuro-Upper Extremity				Visit #:	1	2	3	4	5	6									
Alphabet in Space																			
Peg Board						5													
Codman's Pendulum																			
Theraball																			
Benwa Balls					5														
Coin Flips																			
Card Flips					5														
PNF Stretches																			
Ball Twists w/band																			
Ball Crunches																			
Wall Push-ups																			
Vibration Plate																			
JENGA																			
Neuro- Lower Extremity	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	
Theraball																			
Heel Ball Roll					5														
Baps Board																			
Rocker Board					5														
One leg stands																			
Ball Squats																			
Ankle ROM																			
Hip ROM																			
Alphabet - Hip/Knee/Ankle																			
PNF Stretches				5															
Ball Squats																			
Grapevines																			
Toe Grabs Towel/Marble																			
Vibration Plate																			
Total Time	0	0	0	0	30	0	0	0	0	0	0								
Therapy Units	0	0	0	0	2	0	0	0	0	0	U								
					YE	YE	YE	YE	YE	YE									

Notes:

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PEAK INTEGRATED HC	C	T	L	L-SHR-SH	L-E	R-E	L-W	R-W	L-HaR-Ha	r-toe	L-Hi	R-Hi	L-K	R-K	L-A	R-A	L-F	R-F
Target Areas:	X	X			X													
TAYLOR BURKS (HEAD)				03/31														
WARMUP/CARDIO	Plan Tim			Visit #:	1	2	3	4	5	6								
TREADMILL / TRACK																		
AIR-DYNE / R- BIKE					15													
ELLIPTICAL																		
HAND BIKE ON FLOOR					15													
PUSH / PULL 15/20LBS																		
STRETCHING	Time	Ph1	Ph2	Ph3	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
Cervical Stretching/ROM					5													
Thoracic Stretching/ROM					5													
Lumbar Stretching/ROM																		
EXERCISES FOR RIBS																		
Shoulder Stretching/ROM					10													
Pulley					10													
Wall Crawls/ Clock Stretch																		
Wand Exercises					5													
Wrist stretching/ROM																		
Crescent/ Pro/Sup Stretch																		
Finger ROM/ Finger pulls																		
STRETCHING ON CHAIR																		
ICE/TOWEL STRETCH																		
Foot/Toe Stretching/ROM																		
STRENGTHENING	Time	Wt- Ph1	Wt- Ph2	Wt- Ph3	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
Cervical Isometrics																		
Cervical Resistance																		
Core Work/Planks																		
Ab Crunch																		
Back Hyper																		
McKenzie's																		
Lat Pull																		
Bench Press																		
Mid-Row																		
Tricep Push																		
Bicep Curl																		
2/5LB WEIGHTS																		
Band Exercises																		
SQUATS																		
Digital blocking																		
Therabeads/ Theraputty					5													
Web Exercise					5													
Ball Squeeze																		
Finger Opposition																		
MEDICINE BALL					5													
Leg Curl																		
Leg Extension																		
Calf/ Toe Raise																		
Leg Press																		
STAIRS					5													
Total Time	0				85	0	0	0	0	0								04270000105700
Therapy Units	0				6	0	0	0	0	0								
LMT/CA/HCP INITIALS					YE	YE	YE	YE	YE	YE								

NOTES:

BURKS, TAYLOR (09/10/1991) #HF502087430

Encounter DOS: 04/02/2025

Patient: BURKS, TAYLOR (WC, 12/11/24) (Male)
 3800 S. TYLER ST. APT.# 242 THE ANDERSONS APARTMENTS (NO GATE #)
 DALLAS, TX 75224
 (972)750-7218
 WOODYCHOSE@GMAIL.COM

DOB: 09/10/1991 (33) **Race:** Patient Declined **Language:** English **Ethnicity:** Patient Declined

Encounter ID: 204058985 **Primary Ins:** CBCS

Location: Peak Integrated Healthcare **Provider:** DR. SHAUN MAREK,
 Sd 4305 Pinnacle Point Dr.
 #301 dallas, TX, 75211-1412
 (214)337-2100

CHIROPRACTIC

Assessment

Diagnosis

S134XXD Sprain of ligaments of cervical spine, subsequent encounter
 S233XXD Sprain of ligaments of thoracic spine, subsequent encounter
 S43401D Unspecified sprain of right shoulder joint, subs encntr
 S0093XD Contusion of unspecified part of head, subsequent encounter
 S43402D Unspecified sprain of left shoulder joint, subs encntr

Disposition

Code	Description
------	-------------

Plan

Office Procedures

THERAPY

Plan

Todays exam date 04/02/2025. The date of injury was 12/11/2024. Patient is adhering to instructions and progressing towards their goals. Continue with current plan.

Subjective

Patient reported no change. Last visits pain level was 5. The pain level today is 7.

Objective

Therapeutic Exercises were performed. Balance techniques were performed, Co-ordination techniques were performed.

Assessment

Increased Pain, Increased Mobility, Increased ROM.

Procedures

Description	Code	Units	Modifiers	Comments
Therapeutic Exercises	97110	6 UN	GP	1770003040570
Neuromuscular Reeducation	97112	2 UN	GP	

BURKS, TAYLOR (09/10/1991) #HF502087430

Encounter DOS: 04/02/2025

Rendering Provider Signature

A handwritten signature in black ink, appearing to read "TAYLOR BURKS".

0250430002771

PEAK INTEGRATED HC	C	T	L	L-SH	R-SH	L-E	R-E	L-W	R-W	L-Ha	R-Ha	L-Hi	R-Hi	L-K	R-K	L-A	R-A	L-F	R-F
Target Areas:	X	X			X														
TAYLOR BURKS (HEAD)				Date:	03/31	04/02													
Neuro-Upper Extremity				Visit #:	1	2	3	4	5	6									
Alphabet in Space																			
Peg Board						5	5												
Codman's Pendulum																			
Theraball																			
Benwa Balls						5	5												
Coin Flips																			
Card Flips						5	5												
PNF Stretches																			
Ball Twists w/band																			
Ball Crunches																			
Wall Push-ups																			
Vibration Plate																			
JENGA																			
Neuro- Lower Extremity	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
Theraball																			
Heel Ball Roll						5	5												
Baps Board																			
Rocker Board						5	5												
One leg stands																			
Ball Squats																			
Ankle ROM																			
Hip ROM																			
Alphabet - Hip/Knee/Ankle																			
PNF Stretches						5	5												
Ball Squats																			
Grapevines																			
Toe Grabs Towel/Marble																			
Vibration Plate																			
Total Time	0	0	0	0	30	30	0	0	0	0									
Therapy Units	0	0	0	0	2	2	0	0	0	0									
					YE	YE	YE	YE	YE	YE									

Notes:

0250430002771

PEAK INTEGRATED HC	C	T	L	L-SHR-SH	L-E	R-E	L-W	R-W	L-Ha	R-Ha	r-toe	L-Hi	R Hi	L-K	R-K	L-A	R-A	L-F	R-F
Target Areas:	X	X			X														
TAYLOR BURKS (HEAD)				03/31	04/02														
WARMUP/CARDIO	Plan Tim			Visit #:	1	2	3	4	5	6									
TREADMILL / TRACK																			
AIR-DYNE / R- BIKE					15	15													
ELLIPTICAL																			
HAND BIKE ON FLOOR					15	15													
PUSH / PULL 15/20LBS																			
STRETCHING	Time	Ph1	Ph2	Ph3	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
Cervical Stretching/ROM					5	5													
Thoracic Stretching/ROM					5	5													
Lumbar Stretching/ROM																			
EXERCISES FOR RIBS																			
Shoulder Stretching/ROM					10	10													
Pulley					10	10													
Wall Crawls/ Clock Stretch																			
Wand Exercises					5	5													
Wrist stretching/ROM																			
Crescent/ Pro/Sup Stretch																			
Finger ROM/ Finger pulls																			
STRETCHING ON CHAIR																			
ICE/TOWEL STRETCH																			
Foot/Toe Stretching/ROM																			
STRENGTHENING	Time	Wt- Ph1	Wt- Ph2	Wt- Ph3	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
Cervical Isometrics																			
Cervical Resistance																			
Core Work/Planks																			
Ab Crunch																			
Back Hyper																			
McKenzie's																			
Lat Pull																			
Bench Press																			
Mid-Row																			
Tricep Push																			
Bicep Curl																			
2/5LB WEIGHTS																			
Band Exercises																			
SQUATS																			
Digital blocking																			
Therabeads/ Theraputty					5	5													
Web Exercise					5	5													
Ball Squeeze																			
Finger Opposition					5	5													
MEDICINE BALL					5	5													
Leg Curl																			
Leg Extension																			
Calf/ Toe Raise																			
Leg Press																			
STAIRS					5	5													
Total Time	0				85	85	0	0	0	0									
Therapy Units	0				6	6	0	0	0	0									
LMT/CA/HCP INITIALS					YE	YE	YE	YE	YE	YE									

NOTES:

TLL7000210



Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation (DWC) and may be entitled to certain medical and income benefits. For further information call DWC at 800-252-7031.

Empleado - Es requerido que usted reporte su lesión a su empleador dentro de 30 días si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte del Departamento de Seguros de Texas, División de Compensación para Trabajadores (DWC), y es posible que tenga derecho a recibir ciertos beneficios médicos y de ingresos. Para obtener más información llame a DWC al 800-252-7031.

Texas Workers' Compensation Work Status Report

I. GENERAL INFORMATION

Date Sent (for transmission purposes only): 3/20/25

1. Injured Employee's Name Taylor Burks	5a. Doctor's/Delegating Doctor's Name and Degree Shaun J. Marek, D.C.	5b. PA / APRN Name (if completing form)
2. Date of Injury 12/11/24	3. Social Security Number (last four) XXX-XX- 1799	6. Facility Name Peak Integrated Healthcare - South Dallas
4. Employee's Description of Injury/Accident He reports being in training for driving a forklift and he was suddenly attacked by a coworker who punched and kicked him - He reports falling to the ground on his right side of body and then getting kicked afterwards repeatedly		7. Facility/Doctor Phone and Fax Numbers 214-337-2100 / 214-337-2108
		8. Facility/Doctor Address (Street, City, State, ZIP Code) 4305 Pinnacle Point Drive, Suite 301 Dallas TX 75211
		9. Employer's Name RJW TRANSPORT LLC
		10. Employer's Fax Number or Email Address (if known)
		11. Insurance Carrier CBCS
		12. Carrier's Fax Number or Email Address (if known) 563-239-2849

II. WORK STATUS INFORMATION (Fully complete one box including estimated dates, and a description in 13c, if applicable)

13. The injured employee's medical condition resulting from the workers' compensation injury:

- a) will allow the employee to return to work as of ____ / ____ / ____ without restrictions; OR
 b) will allow the employee to return to work as of 3 / 20 / 25 with the restrictions identified in PART III, which are expected to last through 4 / 3 / 25; OR
 c) has prevented and still prevents the employee from returning to work as of ____ / ____ / ____ and is expected to continue through ____ / ____ / ____.

The following describes how this injury prevents the employee from returning to work:

III. ACTIVITY RESTRICTIONS (Only complete if box 13b is checked)

14. Posture Restrictions (if any): Max hours per day 0 2 4 6 8 Other:	17. Motion Restrictions (if any): Max hours per day 0 2 4 6 8 Other: Walking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Climbing stairs/ladders <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No climbing ladders Grasping/squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Overhead reaching <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	19. Misc. Restrictions (if any): Max hours per day of work: <input checked="" type="checkbox"/> Sit/stretch breaks of As Needed per _____ <input type="checkbox"/> Must wear splint/cast at work <input type="checkbox"/> Must use crutches at all times <input type="checkbox"/> No driving/operating heavy equipment <input type="checkbox"/> Can only drive automatic transmission <input type="checkbox"/> No skin contact with: <input type="checkbox"/> No running <input type="checkbox"/> Dressing changes necessary at work
15. Restrictions Specific To (if applicable): <input type="checkbox"/> Left hand/wrist <input type="checkbox"/> Left leg <input type="checkbox"/> Right hand/wrist <input type="checkbox"/> Right leg <input type="checkbox"/> Left arm <input type="checkbox"/> Back <input checked="" type="checkbox"/> Right arm <input type="checkbox"/> Left foot/ankle <input checked="" type="checkbox"/> Neck <input type="checkbox"/> Right foot/ankle Other:	18. Lift/Carry Restrictions (if any): <input checked="" type="checkbox"/> May not lift/carry objects more than <u>15</u> lbs. for more than <u>2</u> hours per day. <input type="checkbox"/> May not perform any lifting/carrying. Other:	<input type="checkbox"/> No work / _____ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding <input type="checkbox"/> Must keep _____ <input type="checkbox"/> elevated <input type="checkbox"/> clean & dry
16. Other Restrictions (if any)	20. Medication Restrictions (if any): <input checked="" type="checkbox"/> Must take prescription medication(s) <input type="checkbox"/> Advised to take over-the-counter meds <input type="checkbox"/> Medication may make drowsy (possible safety/driving issues)	

IV. TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION

21. Work Injury Diagnosis Information: Cervical Sprain Thoracic Sprain Right Shoulder Sprain	22. Expected Follow-up Services Include: <input checked="" type="checkbox"/> Evaluation by the treating doctor on <u>4</u> / <u>3</u> / <u>25</u> at _____ a.m./p.m. <input type="checkbox"/> Referral to/consult with _____ on _____ / _____ / _____ at _____ a.m./p.m. <input checked="" type="checkbox"/> Physical medicine <u>2</u> X per week for <u>3</u> weeks starting on _____ / _____ / _____ at _____ a.m./p.m. <input type="checkbox"/> Special studies (list): _____ on _____ / _____ / _____ at _____ a.m./p.m. <input type="checkbox"/> None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.		
Date / Time of Visit: 3/20/25	Employee's Signature <i>Taylor Burks</i>	Visit Type: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up	Role of Health Care Practitioner: <input type="checkbox"/> Treating doctor <input type="checkbox"/> Referral doctor <input type="checkbox"/> RME doctor <input type="checkbox"/> Consulting doctor <input type="checkbox"/> PA <input type="checkbox"/> APRN <input type="checkbox"/> Designated doctor <input type="checkbox"/> Other doctor
Discharge Time:	Health Care Practitioner's Signature / License # <i>John M...</i>	12537 TX	



To: CBSC

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2025-05-28 13:22:15 GMT

12149751965

From: Erica Cantualla

BURKS, TAYLOR (09/10/1991) #HF502087430

Encounter DOS: 04/07/2025

Patient:	BURKS, TAYLOR (WC, 12/11/24) (Male)	DOB:	09/10/1991 (33)	Encounter ID:	204302511
	3800 S. TYLER ST. APT.# 242 THE ANDERSONS APARTMENTS (NO GATE #)	Race:	Patient Declined	Primary Ins:	CBCS
	DALLAS, TX 75224 (972)750-7218	Language:	English		
		Ethnicity:	Patient Declined		

WOODYCHOSE@GMAIL.COM

Location:	Peak Integrated Healthcare	Provider:	DR. SHAUN Sd 4305 Pinnacle Point Dr. #301 dallas, TX, 75211-1412 (214)337-2100	MAREK, CHIROPRACTIC
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Subjective

Chief Complaint

Overall I am feeling a little better and the therapy has been helping me so far

Prior: I dont really have any changes in pain today but I have been having trouble sleeping on my side

Burks, Taylor is a 33 year old male complaining of Bilateral Shoulder Pain.

The symptoms are located at: RIGHT,shoulder,

The quality is best described as: achy,sharp,

When asked about the severity level of the symptoms the patient reported: moderate,

The patient reports the duration of their symptoms as: since injured at work,

The timing of their symptoms is reported to be: constant,with activity,with movement,with overhead reaching,

The patient also reports the following factors related to their symptoms: interferes with daily activities,

The patient admits to the following factors that modify their symptoms: exertion,lifting,

The following findings or symptoms are associated with patient's chief complaint: joint pain,joint stiffness,radiating pain,

The patient also complains of Neck and Upper Back Pain - Improving.

The symptoms are located at: neck,back (mid),back (upper),

The quality is best described as: achy,

When asked about the severity level of the symptoms the patient reported: moderate,

The patient reports the duration of their symptoms as: since injured at work,

The timing of their symptoms is reported to be: intermittent,with activity,with movement,

The patient also reports the following factors related to their symptoms: interferes with daily activities,bending,repetitive tasks,

The patient admits to the following factors that modify their symptoms: exertion,standing,walking,

The following findings or symptoms are associated with patient's chief complaint: joint pain,joint stiffness,neck pain radiates to his right shoulder

Questionnaire : Worker's Compensation Consult

Patient was injured on 12/11/2024. History of injury: The patient works for RJW Logistics as a material handler - He reports being in training for driving a forklift and he was suddenly attacked by a coworker who punched and kicked him - He reports falling to the ground on his right side of body and then getting kicked afterwards repeatedly - He states the coworker ran away from the scene - Afterwards he states he had some dizziness and confusion - He went to Baylor Hospital in Uptown Dallas - He was sent to NOVA medical center for evaluation by his company. Yes, injury was reported. Yes, patient has had therapy. 4-6 visits for therapy. Patient has had an X-Ray. Patient has had Injections. No, patient has not had surgery. Neck was injured. Mid Back was injured. Shoulder was injured. Patient is injured on this area: Right Shoulder and Collar bone. Yes, patient knows which areas were accepted by insurance. Yes, patient knows which areas are being denied. No, employee was not terminated by company where they were injured. Employee is working; Full-Time, restrictions.

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12149751965

From: Erica Cantualla

BURKS, TAYLOR (09/10/1991) #HF502087430

Encounter DOS: 04/07/2025

Review of Systems**DAILY ROUTINE : Review of Symptoms****Constitutional**

Negative for Fever/sweats. Negative for fatigue. Negative for loss of appetite/weight change.

Eyes

Negative for blurred/double vision. Negative for glaucoma.

Ears/nose/mouth/throat

Negative for hearing loss. Negative for problems with thyroid. Negative for snoring. Negative for sore throat.
Negative for hearing noises in your ear.

Musculoskeletal

Positive for joint pain/stiffness. Positive for muscle pain/cramps/weakness. Positive for back/neck pain.

Cardiovascular

Negative for chest pain/angina. Negative for palpitations. Negative for swelling of feet, ankle or hands.

Respiratory

Negative for cough, spitting up blood. Negative for shortness of breath/wheezing.

Gastrointestinal

Negative for problems with bowel movement. Negative for nausea/vomiting. Negative for rectal bleeding/blood in stool. Negative for abdominal pain/heartburn.

Genitourinary

Negative for flank pain. Negative for problems with urination. Negative for blood in urine. Negative for kidney stones.

Hematologic/Lymphatic

Negative for slow healing after cuts. Negative for tendency to bleed/bruise. Negative for blood clots.

Psychiatric

Negative for sleeping disorder/memory loss.

Skin

Negative for rashes, lesions, ulcers.

Remainder of Review of Systems

Remainder of Review of systems is Negative.

Objective**Physical Exam****PT Exam : Cervical Exam****INSPECTION**

(-)Tightness. (+) Tenderness.

PALPATION

The muscle tone is increased, on the right. Pain on pressure over the right trapezius, Pain on pressure over the right paraspinals, Pain on pressure over the C4 spinous process, Pain on pressure over the C5 spinous process, Pain on pressure over the C6 spinous process, Pain on pressure over the C7 spinous process.

RANGE OF MOTION

Flexion is decreased at 50 degrees, with pain. Extension is decreased at 30 degrees, with pain. Left lateral flexion is decreased at 25 degrees, with pain. Right lateral flexion is decreased at 35 degrees, with pain. Left rotation is below decreased at 55 degrees, with pain. Right rotation is decreased at 65 degrees, with pain.

REFLEXES

The left biceps deep tendon reflex (C5-C6) is 2+ (normal). The right biceps deep tendon reflex (C5-C6) is 2+ (normal). The left brachioradialis deep tendon reflex (C6) is 2+ (normal). The right brachioradialis deep tendon reflex (C6) is 2+ (normal). The triceps deep tendon reflex (C7) is 2+ (normal). 2+ (normal).

SENSORY EXAMINATION

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2025-05-28 13:22:15 GMT

12149751965

From: Erica Cantualla

BURKS, TAYLOR (09/10/1991) #HF502087430

Encounter DOS: 04/07/2025

light touch is intact.

ORTHOPEDIC TESTING

(+) Right cervical compression The patient is either sitting or lying and the examiner presses down upon the top of the patient's head. Narrowing of the neural foramen, pressure on the facet joints, or muscle spasm can cause increased pain and the test may indicate pressure upon a nerve and the neurologic level of existing pathology. This test is done with the patient supine. The examiner standing at the head of the patient, flexes the neck to the side opposite to the shoulder being tested while pushing the shoulder caudad. Then, while maintaining the depression of the shoulder, the head is rotated, again to the side opposite to the shoulder being tested. If radicular pain is either produced or aggravated the first action and then confirmed by the second, the test is considered positive. A positive test indicates adhesions of the dural sleeves, the spinal roots, or the adjacent structures of the joint capsule on the side of the shoulder being depressed.

MOTOR FUNCTION/MUSCLE TESTING

Cervical flexion was Abnormal. Cervical extension was Abnormal. Left lateral flexion was Abnormal. Right lateral flexion was Abnormal. Left rotation was Abnormal. Right rotation was Abnormal. Deltoid (C5) muscle testing was normal at 5/5. Biceps (C6) muscle testing was normal at 5/5. Triceps (C7) muscle testing was normal at 5/5. Wrist flexor (C8) muscle testing was normal at 5/5. Wrist Extensor (C6) muscle testing was normal at 5/5. Interossei (T1) muscle testing was normal at 5/5. Both upper extremities are affected.

PT Exam : Shoulder Exam

INSPECTION

(+) Tightness. (+) Tenderness.

PALPATION

The muscle tone is increased, on both sides. Pain on pressure over the right supraspinatus, Pain on pressure over the left deltoid, Pain on pressure over the right deltoid, Pain on pressure over the left trapezius, Pain on pressure over the right trapezius, Pain on pressure over the right scapular border.

SENSORY EXAMINATION

light touch is intact.

ORTHOPEDIC TESTING

(+) Right Apprehension Test The arm abducted and elbow flexed to 90 degrees. Gently externally rotate the arm. Once the patient becomes apprehensive or complains of pain, proceed with the relocation and surprise test by applying a posterior force to the humeral head. This test indicates anterior shoulder instability vs. primary impingement. (+) Right Hawkin's Test The patient stands while the examiner forward flexes the arm to 90 degrees and then forcibly medially rotates the shoulder. Pain represents rotator cuff impingement or injury.

MOTOR FUNCTION/MUSCLE TESTING

Shoulder flexion muscle testing was normal at 5/5. Shoulder extension muscle testing was normal at 5/5. Shoulder abduction muscle testing was normal at 5/5. Adduction muscle testing was normal at 5/5. Shoulder internal rotation muscle testing was normal at 5/5. Shoulder external rotation muscle testing was normal at 5/5. Both upper extremities are affected.

PT Exam : Thoracic Exam

INSPECTION

(-)Tightness. (+) Tenderness.

PALPATION

The muscle tone is increased, on the right side. Pain on pressure over the right trapezius, Pain on pressure over the right paraspinal muscles, Pain on pressure over the T1 spinous process, Pain on pressure over the T2 spinous process, Pain on pressure over the T3 spinous process, Pain on pressure over the T4 spinous process, Pain on pressure over the T5 spinous process.

Assessment

Diagnosis

S134XXD Sprain of ligaments of cervical spine, subsequent encounter
 S233XXD Sprain of ligaments of thoracic spine, subsequent encounter
 S43401D Unspecified sprain of right shoulder joint, subs encntr
 S0093XD Contusion of unspecified part of head, subsequent encounter
 S43402D Unspecified sprain of left shoulder joint, subs encntr

Disposition

Peak Integrated Healthcare | 4305 Pinnacle Point Dr. #301, Dallas, TX 75211-1412 | Phone (214)337-2126

To: CBSC

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2025-05-28 13:22:15 GMT

12149751965

From: Erica Cantualla

BURKS, TAYLOR (09/10/1991) #HF502087430

Encounter DOS: 04/07/2025

Code	Description
------	-------------

Plan**Office Procedures****THERAPY****Plan**

Todays exam date 04/07/2025. The date of injury was 12/11/2024. Patient is adhering to instructions and progressing towards their goals. Continue with current plan.

Subjective

Patient reported no change. Last visits pain level was 5. The pain level today is 5.

Objective

Therapeutic Exercises were performed. Balance techniques were performed, Co-ordination techniques were performed.

Assessment

No Change in Pain, Increased Mobility, Increased ROM.

Procedures

Description	Code	Units	Modifiers	Comments
Therapeutic Exercises	97110	6 UN	GP	
Neuromuscular Reeducation	97112	2 UN	GP	
Special Reports Or Forms	99080	1 UN		
Evaluation And Management Of Established Patient With History/exam And Low-Level Decision Making.	99213	1 UN		

Follow-Up

Appointment Reminder (04/07/2025) with MAREK, SHAUN

Notes: Patient will complete his approved for therapy

Pending scheduling of imaging

Patient scheduled for hearing on 4/22/25

Updated work status form

Follow up in 3 weeks

Rendering Provider Signature

To: CBSC

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2025-05-28 13:22:15 GMT

12149751965

From: Erica Cantualla

BURKS, TAYLOR (09/10/1991) #HF502087430

Encounter DOS: 04/09/2025

Patient: BURKS, TAYLOR (WC, 12/11/24) (Male)
 3800 S. TYLER ST. APT.# 242 THE ANDERSONS APARTMENTS (NO GATE #)
 DALLAS, TX 75224
 (972)750-7218

DOB: 09/10/1991 (33)
Race: Patient Declined
Language: English
Ethnicity: Patient Declined

Encounter ID: 204477419
Primary Ins: CBCS

Location: Peak Integrated Healthcare
 Sd
 4305 Pinnacle Point Dr.
 #301
 dallas, TX, 75211-1412
 (214)337-2100

Provider: DR. SHAUN
 MAREK,
 CHIROPRACTIC

Assessment

Diagnosis

S134XXD Sprain of ligaments of cervical spine, subsequent encounter
 S233XXD Sprain of ligaments of thoracic spine, subsequent encounter
 S43401D Unspecified sprain of right shoulder joint, subs encntr
 S0093XD Contusion of unspecified part of head, subsequent encounter
 S43402D Unspecified sprain of left shoulder joint, subs encntr

Disposition Code	Description
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Plan

Office Procedures

Therapy

Plan

Todays exam date 04/09/2025. The date of injury was 12/11/2024. Patient is adhering to instructions and progressing towards their goals. Continue with current plan.

Subjective

Patient reported no change. Last visits pain level was 5. The pain level today is 6.

Objective

Therapeutic Exercises were performed. Balance techniques were performed, Co-ordination techniques were performed.

Assessment

No Change in Pain, Increased Mobility, Increased ROM.

Procedures

Description	Code	Units	Modifiers	Comments
Therapeutic Exercises	97110	6 UN	GP	
Neuromuscular Reeducation	97112	2 UN	GP	

To: CBSC

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12149751965

From: Erica Cantualla

BURKS, TAYLOR (09/10/1991) #HF502087430

Encounter DOS: 04/09/2025

Rendering Provider Signature



20250527060194	C	T	L	L-SHR-SH	L-E	R-E	L-W	R-W	L-Ha	R-Ha	r-toe	L-Hi	R-Hi	L-K	R-K	I-A	R-A	L-F	R-F
Target Areas:	X	X		X															
TAYLOR BURKS (HEAD)				5 03	2 04	7 04	8 04												
WARMUP/CARDIO	Plan Tim			Visit #:	1	2	3	4	5	6									
TREADMILL / TRACK																			
AIR-DYNE / R-BIKE					15	15	15	15											
ELLIPTICAL																			
HAND BIKE ON FLOOR					15	15	15	15											
PUSH / PULL 15/20LBS																			
STRETCHING	Time	Ph1	Ph2	Ph3	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
Cervical Stretching/ROM					5	5	5	5											
Thoracic Stretching/ROM					5	5	5	5											
Lumbar Stretching/ROM																			
EXERCISES FOR RIBS																			
Shoulder Stretching/ROM					10	10	10	10											
Pulley					10	10	10	10											
Wall Crawls/ Clock Stretch					5	5	5	5											
Wand Exercises																			
Wrist stretching/ROM																			
Crescent/ Pro/Sup Stretch																			
Finger ROM/ Finger pulls																			
STRETCHING ON CHAIR																			
ICE/TOWEL STRETCH																			
Foot/Toe Stretching/ROM																			
STRENGTHENING	Time	Wt- Ph1	Wt- Ph2	Wt- Ph3	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
Cervical Isometrics																			
Cervical Resistance																			
Core Work/Planks																			
Ab Crunch																			
Back Hyper																			
McKenzie's																			
Lat Pull																			
Bench Press																			
Mid-Row																			
Tricep Push																			
Bicep Curl																			
2/5LB WEIGHTS																			
Band Exercises																			
SQUATS																			
Digital blocking																			
Therabeads/ Theraputty					5	5	5	5											
Web Exercise					5	5	5	5											
Ball Squeeze																			
Finger Opposition																			
MEDICINE BALL					5	5	5	5											
Leg Curl																			
Leg Extension																			
Calf/ Toe Raise																			
Leg Press																			
STAIRS					5	5	5	5											
Total Time	0				85	85	85	85	0	0									
Therapy Units	0				6	6	6	6	0	0									
LMT/CA/HCP INITIALS					YE	YE	YE	YE	YE	YE									
NOTES:																			

PFAK INTEGRATED HC	C	T	L	L-SH	R-SH	L-E	R-E	L-W	R-W	L-Ha	R-Ha	L-Hi	R-Hi	L-K	R-K	I-A	R-A	L F	R-F
Target Areas:	X	X			X														
0250527060194						03/31	04/02	04/07	04/09										
TAYLOR BURKS (HEAD)				Date:															
Neuro-Upper Extremity				Visit #:	1	2	3	4	5	6									
Alphabet in Space																			
Peg Board						5	5	5	5										
Codman's Pendulum																			
Theraball																			
Benwa Balls						5	5	5	5										
Coin Flips																			
Card Flips						5	5	5	5										
PNF Stretches																			
Ball Twists w/band																			
Ball Crunches																			
Wall Push-ups																			
Vibration Plate																			
JENGA																			
Neuro- Lower Extremity	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
Theraball																			
Heel Ball Roll						5	5	5	5										
Baps Board																			
Rocker Board						5	5	5	5										
One leg stands																			
Ball Squats																			
Ankle ROM																			
Hip ROM																			
Alphabet - Hip/Knee/Ankle																			
PNF Stretches						5	5	5	5										
Ball Squats																			
Grapevines																			
Toe Grabs Towel/Marble																			
Vibration Plate																			
Total Time	0	0	0	0	30	30	30	30	0	0									
Therapy Units	0	0	0	0	2	2	2	2	0	0									
					YE	YE	YE	YE	YE	YE									

Notes:

BURKS, TAYLOR (09/10/1991) #H502087430

Encounter DOS: 04/17/2025

Patient: BURKS, TAYLOR (WC, 2025052706012/11/24) (Male)
Address: 3800 S. TYLER ST. APT.# 242 THE ANDERSONS APARTMENTS (NO GATE #)
City: DALLAS, TX 75224
Phone: (972)750-7218
Email: WOODYCHOSE@GMAIL.COM

Location: Peak Integrated Healthcare
Provider: DR. SHAUN MAREK,
 Sd 4305 Pinnacle Point Dr.
#301 dallas, TX, 75211-1412
(214)337-2100

Provider: DR. SHAUN MAREK,
Specialty: CHIROPRACTIC

Assessment

Diagnosis

S134XXD Sprain of ligaments of cervical spine, subsequent encounter
 S233XXD Sprain of ligaments of thoracic spine, subsequent encounter
 S43401D Unspecified sprain of right shoulder joint, subs encntr
 S0093XD Contusion of unspecified part of head, subsequent encounter
 S43402D Unspecified sprain of left shoulder joint, subs encntr

Disposition

Code	Description
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Plan

Office Procedures

THERAPY

Plan

Todays exam date 04/17/2025. The date of injury was 12/11/2024. Patient is adhering to instructions and progressing towards their goals. Continue with current plan.

Subjective

Patient reported no change. Last visits pain level was 5. The pain level today is 6.

Objective

Therapeutic Exercises were performed. Balance techniques were performed, Co-ordination techniques were performed.

Assessment

No Change in Pain, Increased Mobility, Increased ROM.

Procedures

Description	Code	Units	Modifiers	Comments
Therapeutic Exercises	97110	6 UN	GP	
Neuromuscular Reeducation	97112	2 UN	GP	

BURKS, TAYLOR (09/10/1991) #HF502087430

Encounter DOS: 04/17/2025

20250527060193

Rendering Provider Signature

A handwritten signature in black ink, appearing to read "TAYLOR BURKS".

20250527060193	C	I	I	I-SHR-SH	L-E	R-E	L-W	R-W	L-Ha	R-Ha	r-toe	L-Hi	R-Hi	L-K	R-K	L A	R A	L F	R F
Target Areas:	X	X			X														
TAYLOR BURKS (HEAD)					03/21	04/02	04/07	04/09	04/17										
WARMUP/CARDIO	Plan Tim			Visit #:	1	2	3	4	5	6									
TREADMILL / TRACK																			
AIR-DYNE / R-BIKE					15	15	15	15	15										
ELLIPTICAL																			
HAND BIKE ON FLOOR					15	15	15	15	15										
PUSH / PULL 15/20LBS																			
STRETCHING	Time	Ph1	Ph2	Ph3	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
Cervical Stretching/ROM					5	5	5	5	5										
Thoracic Stretching/ROM					5	5	5	5	5										
Lumbar Stretching/ROM																			
EXERCISES FOR RIBS																			
Shoulder Stretching/ROM					10	10	10	10	10										
Pulley					10	10	10	10	10										
Wall Crawls/ Clock Stretch																			
Wand Exercises					5	5	5	5	5										
Wrist stretching/ROM																			
Crescent/ Pro/Sup Stretch																			
Finger ROM/ Finger pulls																			
STRETCHING ON CHAIR																			
ICE/TOWEL STRETCH																			
Foot/Toe Stretching/ROM																			
STRENGTHENING	Time	Wt- Ph1	Wt- Ph2	Wt- Ph3	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
Cervical Isometrics																			
Cervical Resistance																			
Core Work/Planks																			
Ab Crunch																			
Back Hyper																			
McKenzie's																			
Lat Pull																			
Bench Press																			
Mid-Row																			
Tricep Push																			
Bicep Curl																			
2/5LB WEIGHTS																			
Band Exercises																			
SQUATS																			
Digital blocking																			
Therabeads/ Theraputty					5	5	5	5	5										
Web Exercise					5	5	5	5	5										
Ball Squeeze																			
Finger Opposition																			
MEDICINE BALL					5	5	5	5	5										
Leg Curl																			
Leg Extension																			
Calf/ Toe Raise																			
Leg Press																			
STAIRS					5	5	5	5	5										
Total Time	0				85	85	85	85	85	0									
Therapy Units	0				6	6	6	6	6	0									
LM1/CA/HCP INITIALS					YE	YE	YE	YE	YE										

NOTES:

PFAK INTEGRATED HC	C	T	L	L-SH	R-SI	L-E	R-E	L-W	R-W	L-Ha	R-Ha	L-Hi	R-Hi	L-K	R-K	L-A	R-A	L-F	R-F
Target Areas:	X	X			X														
20250527060193						33/31	34/02	24/07	34/09	34/17									
TAYLOR BURKS (HEAD)					Date:														
Neuro-Upper Extremity					Visit #:	1	2	3	4	5	6								
Alphabet in Space																			
Peg Board							5	5	5	5	5								
Codman's Pendulum																			
Theraball																			
Benwa Balls							5	5	5	5	5								
Coin Flips																			
Card Flips							5	5	5	5	5								
PNF Stretches																			
Ball Twists w/band																			
Ball Crunches																			
Wall Push-ups																			
Vibration Plate																			
JENGA																			
Neuro- Lower Extremity	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	
Theraball																			
Heel Ball Roll							5	5	5	5	5								
Baps Board																			
Rocker Board							5	5	5	5	5								
One leg stands																			
Ball Squats																			
Ankle ROM																			
Hip ROM																			
Alphabet - Hip/Knee/Ankle							5	5	5	5	5								
PNF Stretches																			
Ball Squats																			
Grapevines																			
Toe Grabs Towel/Marble																			
Vibration Plate																			
Total time	0	0	0	0	30	30	30	30	30	30	0								
Therapy Units	0	0	0	0	2	2	2	2	2	2	0								
					YE	YE	YE	YE	YE	YE									

Notes:



Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation (DWC) and may be entitled to certain medical and income benefits. For further information call DWC at 800-252-7031

Empleado - Es requerido que usted reporte su lesión a su empleador dentro de 30 días si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte del Departamento de Seguros de Texas, División de Compensación para Trabajadores (DWC), y es posible que tenga derecho a recibir ciertos beneficios médicos y de ingresos. Para obtener más información llame a DWC al 800-252-7031.

DWC073

Texas Workers' Compensation Work Status Report

I. GENERAL INFORMATION		Date Sent (for transmission purposes only): 4/7/25
1. Injured Employee's Name Taylor Burks		5a. Doctor's/Delegating Doctor's Name and Degree Shaun J. Marek, D.C.
2. Date of Injury 12/11/24	3. Social Security Number (last four) XXX-XX- 1799	6. Facility Name Peak Integrated Healthcare - South Dallas
4. Employee's Description of Injury/Accident He reports being in training for driving a forklift and he was suddenly attacked by a coworker who punched and kicked him - He reports falling to the ground on his right side of body and then getting kicked afterwards repeatedly		7. Facility/Doctor Phone and Fax Numbers 214-337-2100 / 214-337-2108
		8. Facility/Doctor Address (Street, City, State, ZIP Code) 4305 Pinnacle Point Drive, Suite 301 Dallas TX 75211
		9. Employer's Name RJW TRANSPORT LLC
		10. Employer's Fax Number or Email Address (if known)
		11. Insurance Carrier CBCS
		12. Carrier's Fax Number or Email Address (if known) 563-239-2849

II. WORK STATUS INFORMATION (Fully complete one box including estimated dates, and a description in 13c, if applicable)

13. The injured employee's medical condition resulting from the workers' compensation injury:

- a) will allow the employee to return to work as of / / without restrictions; OR
 b) will allow the employee to return to work as of 4 / 7 / 25 with the restrictions identified in PART III, which are expected to last through 4 / 28 / 25; OR
 c) has prevented and still prevents the employee from returning to work as of / / and is expected to continue through / / .

The following describes how this injury prevents the employee from returning to work:

III. ACTIVITY RESTRICTIONS (Only complete if box 13b is checked)

14. Posture Restrictions (if any): Max hours per day 0 2 4 6 8 Other: Standing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Kneeling/squatting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bending/stooping <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Pushing/pulling <input type="checkbox"/> <input type="checkbox"/> Twisting <input type="checkbox"/> <input type="checkbox"/> Other:	17. Motion Restrictions (if any): Max hours per day 0 2 4 6 8 Other: Walking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Climbing stairs/ladders <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No climbing ladders Grasping/squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Overhead reaching <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other:	19. Misc. Restrictions (if any): Max hours per day of work: <input checked="" type="checkbox"/> Sit/stretch breaks of <u>As Needed</u> per _____ <input type="checkbox"/> Must wear splint/cast at work <input type="checkbox"/> Must use crutches at all times <input type="checkbox"/> No driving/operating heavy equipment <input type="checkbox"/> Can only drive automatic transmission <input type="checkbox"/> No skin contact with: <input type="checkbox"/> No running <input type="checkbox"/> Dressing changes necessary at work
15. Restrictions Specific To (if applicable): <input type="checkbox"/> Left hand/wrist <input type="checkbox"/> Left leg <input type="checkbox"/> Right hand/wrist <input type="checkbox"/> Right leg <input type="checkbox"/> Left arm <input type="checkbox"/> Back <input checked="" type="checkbox"/> Right arm <input type="checkbox"/> Left foot/ankle <input checked="" type="checkbox"/> Neck <input type="checkbox"/> Right foot/ankle Other:	18. Lift/Carry Restrictions (if any): <input checked="" type="checkbox"/> May not lift/carry objects more than <u>15</u> lbs. for more than <u>2</u> hours per day. <input type="checkbox"/> May not perform any lifting/carrying. Other:	No work / _____ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding <input type="checkbox"/> Must keep <u> </u> <input type="checkbox"/> elevated <input type="checkbox"/> clean & dry
16. Other Restrictions (if any)	20. Medication Restrictions (if any): <input checked="" type="checkbox"/> Must take prescription medication(s) <input type="checkbox"/> Advised to take over-the-counter meds <input type="checkbox"/> Medication may make drowsy (possible safety/driving issues)	

IV. TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION

21. Work Injury Diagnosis Information: Cervical Sprain Thoracic Sprain Right Shoulder Sprain	22. Expected Follow-up Services Include: <input checked="" type="checkbox"/> Evaluation by the treating doctor on <u>4</u> / <u>28</u> / <u>25</u> at _____ : _____ a.m./p.m. <input type="checkbox"/> Referral to/consult with _____ on _____ / _____ / _____ at _____ : _____ a.m./p.m. <input checked="" type="checkbox"/> Physical medicine <u>2</u> X per week for <u>3</u> weeks starting on _____ / _____ / _____ at _____ : _____ a.m./p.m. <input type="checkbox"/> Special studies (list): _____ on _____ / _____ / _____ at _____ : _____ a.m./p.m. <input type="checkbox"/> None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.			
Date /Time of Visit: 4/7/25	Employee's Signature Taylor Burks	Visit Type: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up	Role of Health Care Practitioner: <input type="checkbox"/> Treating doctor <input type="checkbox"/> Referral doctor <input type="checkbox"/> RME doctor <input type="checkbox"/> PA <input type="checkbox"/> APRN	Consulting doctor <input type="checkbox"/> Designated doctor <input type="checkbox"/> Other doctor
Discharge Time:	Health Care Practitioner's Signature / License # 12537 TX			



BURKS, TAYLOR (09/10/1991) #HF502087430

Encounter DOS: 05/06/2025

2025 Patient 20 BURKS, TAYLOR (WC, 12/11/24) (Male)
3800 S. TYLER ST. APT.# 242 THE ANDERSONS
APARTMENTS (NO GATE #)
DALLAS, TX 75224
(972)750-7218

DOB: 09/10/1991 (33)
Race: Patient Declined
Language: English
Ethnicity: Patient Declined

Encounter ID: 206043348
Primary Ins: CBCS

WOODYCHOSE@GMAIL.COM

Location: Peak Integrated Healthcare Sd Provider: DR. SHAUN
4305 Pinnacle Point Dr. #301 MAREK,
dallas, TX, 75211-1412 CHIROPRACTIC
(214)337-2100

Subjective

Chief Complaint

Therapy has been helping me a little bit but I am getting pain that goes from my neck to my shoulder and arms that bothers me - It happens every now and then and it concerns me

Burks, Taylor is a 33 year old male complaining of Neck and Upper Back Pain.

The symptoms are located at: neck,back (mid),back (upper),

The quality is best described as: achy,

When asked about the severity level of the symptoms the patient reported: moderate,

The patient reports the duration of their symptoms as: since injured at work,

The timing of their symptoms is reported to be: intermittent,with activity,with movement,

The patient also reports the following factors related to their symptoms: interferes with daily activities,bending,repetitive tasks,

The patient admits to the following factors that modify their symptoms: exertion,standing,walking,

The following findings or symptoms are associated with patient's chief complaint: joint pain,joint stiffness,neck pain radiates to his shoulders and arms

The patient also complains of Bilateral Shoulder Pain.

The symptoms are located at: Left, Right,shoulder,

The quality is best described as: achy,sharp,

When asked about the severity level of the symptoms the patient reported: moderate,

The patient reports the duration of their symptoms as: since injured at work,

The timing of their symptoms is reported to be: constant,with activity,with movement,with overhead reaching,

The patient also reports the following factors related to their symptoms: interferes with daily activities,

The patient admits to the following factors that modify their symptoms: exertion,lifting,

The following findings or symptoms are associated with patient's chief complaint: joint pain,joint stiffness,radiating pain,

Questionnaire : Worker's Compensation Consult

Patient was injured on 12/11/2024. History of injury: The patient works for RJW Logistics as a material handler - He reports being in training for driving a forklift and he was suddenly attacked by a coworker who punched and kicked him - He reports falling to the ground on his right side of body and then getting kicked afterwards repeatedly - He states the coworker ran away from the scene - Afterwards he states he had some dizziness and confusion - He went to Baylor Hospital in Uptown Dallas - He was sent to NOVA medical center for evaluation by his company. Yes, injury was reported. Yes, patient has had therapy. 4-6 visits for therapy. Patient has had an X-Ray. Patient has had Injections. No, patient has not had surgery. Neck was injured. Mid Back was injured. Shoulder was injured. Patient is injured on this area: Right Shoulder and Collar bone. Yes, patient knows which areas were accepted by insurance. Yes, patient knows which areas are being denied. No, employee was not terminated by company where they were injured. Employee is working; Full-Time, restrictions.

Review of Systems

Peak Integrated Healthcare | 4305 Pinnacle Point Dr. #301, dallas, TX 75211-1412 | Phone (214)337-3170

2025 DAILY ROUTINE : Review of Symptoms**Constitutional**

Negative for Fever/sweats. Negative for fatigue. Negative for loss of appetite/weight change.

Eyes

Negative for blurred/double vision. Negative for glaucoma.

Ears/nose/mouth/throat

Negative for hearing loss. Negative for problems with thyroid. Negative for snoring. Negative for sore throat.
Negative for hearing noises in your ear.

Musculoskeletal

Positive for joint pain/stiffness. Positive for muscle pain/cramps/weakness. Positive for back/neck pain.

Cardiovascular

Negative for chest pain/angina. Negative for palpitations. Negative for swelling of feet, ankle or hands.

Respiratory

Negative for cough, spitting up blood. Negative for shortness of breath/wheezing.

Gastrointestinal

Negative for problems with bowel movement. Negative for nausea/vomiting. Negative for rectal bleeding/blood in stool. Negative for abdominal pain/heartburn.

Genitourinary

Negative for flank pain. Negative for problems with urination. Negative for blood in urine. Negative for kidney stones.

Hematologic/Lymphatic

Negative for slow healing after cuts. Negative for tendency to bleed/bruise. Negative for blood clots.

Psychiatric

Negative for sleeping disorder/memory loss.

Skin

Negative for rashes, lesions, ulcers.

Remainder of Review of Systems

Remainder of Review of systems is Negative.

Objective**Physical Exam****PT Exam : Cervical Exam****INSPECTION**

(-)Tightness. (+) Tenderness.

PALPATION

The muscle tone is increased, on the right. Pain on pressure over the left trapezius, Pain on pressure over the right trapezius, Pain on pressure over the left paraspinals, Pain on pressure over the right paraspinals, Pain on pressure over the C4 spinous process, Pain on pressure over the C5 spinous process, Pain on pressure over the C6 spinous process, Pain on pressure over the C7 spinous process.

RANGE OF MOTION

Flexion is decreased at 50 degrees, with pain. Extension is decreased at 30 degrees, with pain. Left lateral flexion is decreased at 25 degrees, with pain. Right lateral flexion is decreased at 35 degrees, with pain. Left rotation is below decreased at 55 degrees, with pain. Right rotation is decreased at 65 degrees, with pain.

REFLEXES

The left biceps deep tendon reflex (C5-C6) is 2+ (normal). The right biceps deep tendon reflex (C5-C6) is 2+ (normal). The left brachioradialis deep tendon reflex (C6) is 2+ (normal). The right brachioradialis deep tendon reflex (C6) is 2+ (normal). The triceps deep tendon reflex (C7) is 2+ (normal). 2+ (normal).

SENSORY EXAMINATION

light touch is intact.

ORTHOPEDIC TESTING

Peak Integrated Healthcare | 4305 Pinnacle Point Dr. #301, Dallas, TX 75211-1412 | Phone (214)337-3380

20250513(02) Bilateral cervical compression The patient is either sitting or lying and the examiner presses down upon the top of the patient's head. Narrowing of the neural foramen, pressure on the facet joints, or muscle spasm can cause increased pain and the test may indicate pressure upon a nerve and the neurologic level of existing pathology. This test is done with the patient supine. The examiner standing at the head of the patient, flexes the neck to the side opposite to the shoulder being tested while pushing the shoulder caudad. Then, while maintaining the depression of the shoulder, the head is rotated, again to the side opposite to the shoulder being tested. If radicular pain is either produced or aggravated the first action and then confirmed by the second, the test is considered positive. A positive test indicates adhesions of the dural sleeves, the spinal roots, or the adjacent structures of the joint capsule on the side of the shoulder being depressed.

MOTOR FUNCTION/MUSCLE TESTING

Cervical flexion was Abnormal. Cervical extension was Abnormal. Left lateral flexion was Abnormal. Right lateral flexion was Abnormal. Left rotation was Abnormal. Right rotation was Abnormal. Deltoid (C5) muscle testing was normal at 5/5. Biceps (C6) muscle testing was normal at 5/5. Triceps (C7) muscle testing was normal at 5/5. Wrist flexor (C8) muscle testing was normal at 5/5. Wrist Extensor (C6) muscle testing was normal at 5/5. Interossei (T1) muscle testing was normal at 5/5. Both upper extremities are affected.

PT Exam : Shoulder Exam

INSPECTION

(+) Tightness. (+) Tenderness.

PALPATION

The muscle tone is increased, on both sides. Pain on pressure over the right supraspinatus, Pain on pressure over the left deltoid, Pain on pressure over the right deltoid, Pain on pressure over the left trapezius, Pain on pressure over the right trapezius, Pain on pressure over the right scapular border.

SENSORY EXAMINATION

light touch is intact.

ORTHOPEDIC TESTING

(+) Bilateral Apprehension Test The arm abducted and elbow flexed to 90 degrees. Gently externally rotate the arm. Once the patient becomes apprehensive or complains of pain, proceed with the relocation and surprise test by applying a posterior force to the humeral head. This test indicates anterior shoulder instability vs. primary impingement.

MOTOR FUNCTION/MUSCLE TESTING

Shoulder flexion muscle testing was normal at 5/5. Shoulder extension muscle testing was normal at 5/5. Shoulder abduction muscle testing was normal at 5/5. Adduction muscle testing was normal at 5/5. Shoulder internal rotation muscle testing was normal at 5/5. Shoulder external rotation muscle testing was normal at 5/5. Both upper extremities are affected.

PT Exam : Thoracic Exam

INSPECTION

(-)Tightness. (+) Tenderness.

PALPATION

The muscle tone is increased, on the right side. Pain on pressure over the right trapezius, Pain on pressure over the right paraspinal muscles, Pain on pressure over the T1 spinous process, Pain on pressure over the T2 spinous process, Pain on pressure over the T3 spinous process, Pain on pressure over the T4 spinous process, Pain on pressure over the T5 spinous process.

Assessment

Diagnosis

S134XXD Sprain of ligaments of cervical spine, subsequent encounter

S233XXD Sprain of ligaments of thoracic spine, subsequent encounter

S43401D Unspecified sprain of right shoulder joint, subs encntr

S0093XD Contusion of unspecified part of head, subsequent encounter

S43402D Unspecified sprain of left shoulder joint, subs encntr

Disposition

Code	Description

20250513020884

Plan**Office Procedures****THERAPY****Plan**

Todays exam date 05/06/2025. The date of injury was 12/11/2024. Patient is adhering to instructions and progressing towards their goals. Continue with current plan.

Subjective

Patient reported no change. PATIENT STATED HE FEELS TIGHT , NUMBING AND TINGLING SENSATION RADIATING FROM LEFT SIDE OF SHOULDER/CERVICAL DOWN TO FINGERS,IF HE WALKS OR STANDS TOO LONG HIS LUMBAR HURTS AND HE GETS LIGHT HEADED. Last visits pain level was 6. The pain level today is 6.

Objective

Therapeutic Exercises were performed. Balance techniques were performed, Co-ordination techniques were performed.

Assessment

No Change in Pain, Increased Mobility, Increased ROM.

Procedures

Description	Code	Units	Modifiers	Comments
Therapeutic Exercises	97110	6 UN	GP	
Special Reports Or Forms	99080	1 UN		
Neuromuscular Reeducation	97112	2 UN	GP	
Evaluation And Management Of Established Patient With History/exam And Low-Level Decision Making.	99213	1 UN		
Unlisted E&m Service	99499	1 UN	BU	/

Orders

Ordering Provider	MAREK, S	Order Date	05/06/2025 17:41	Order Status	Created	Result Status	Open
Result Date		Facility		Peak Integrated Healthcare SD			
Order	Test Name		In Range	Out Range	Result Comment		
99499 Bue Emg/ncv	99499 Bue Emg/ncv						

Follow-Up

Appointment Reminder (05/20/2025) with MAREK, SHAUN

Notes: Patient completed his approved therapy

Refer for new PPE for updated functional and work capacity

Patient reports having hearing and states his claim was accepted - Pending report for review

Refer for EMG/NCV - BUE d/t patient having continued pain that radiates from neck to shoulders and arms with numbness and tingling

Discussed plan of care with patient

Updated work status form

Follow up in 2 weeks

BURKS, TAYLOR (09/10/1991) #HF502087430

Encounter DOS: 05/06/2025

20250513020664

Rendering Provider Signature

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

20250513020884

PEAK INTEGRATED HC	C	I	L	L-SHR-SH	L-E	R-E	L-W	R-WL	L-HaR	R-HaR	r toe	L Hi	R Hi	L-K	R-K	L-A	R-A	L-F	R-F
Target Areas:	X	X		X															
TAYLOR BURKS (HEAD)				0331	0402	0407	0409	0417	0506										
WARMUP/CARDIO	Plan Tim			Visit #:	1	2	3	4	5	6									
TREADMILL / TRACK																			
AIR-DYNE / R- BIKE					15	15	15	15	15	15									
ELLIPTICAL																			
HAND BIKE ON FLOOR					15	15	15	15	15	15									
PUSH / PULL 15/20LBS																			
STRETCHING	Time	Ph1	Ph2	Ph3	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	
Cervical Stretching/ROM					5	5	5	5	5	5									
Thoracic Stretching/ROM					5	5	5	5	5	5									
Lumbar Stretching/ROM																			
EXERCISES FOR RIBS																			
Shoulder Stretching/ROM					10	10	10	10	10	10									
Pulley					10	10	10	10	10	10									
Wall Crawls/ Clock Stretch																			
Wand Exercises					5	5	5	5	5	5									
Wrist stretching/ROM																			
Crescent/ Pro/Sup Stretch																			
Finger ROM/ Finger pulls																			
STRETCHING ON CHAIR																			
ICE/TOWEL STRETCH																			
Foot/Toe Stretching/ROM																			
STRENGTHENING	Time	Wt- Ph1	Wt- Ph2	Wt- Ph3	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	
Cervical Isometrics																			
Cervical Resistance																			
Core Work/Planks																			
Ab Crunch																			
Back Hyper																			
McKenzie's																			
Lat Pull																			
Bench Press																			
Mid-Row																			
Tricep Push																			
Bicep Curl																			
2/5LB WEIGHTS																			
Band Exercises																			
SQUATS																			
Digital blocking																			
Therabeads/ Theraputty					5	5	5	5	5	5									
Web Exercise					5	5	5	5	5	5									
Ball Squeeze																			
Finger Opposition																			
MEDICINE BALL					5	5	5	5	5	5									
Leg Curl																			
Leg Extension																			
Calf/ Toe Raise																			
Leg Press																			
STAIRS					5	5	5	5	5	5									
Total Time	0				85	85	85	85	85	85									
Therapy Units	0				6	6	6	6	6	6									
LMT/CA/HCP INITIALS					YE	YE	YE	YE	YE	YE									

NOTES:

PEAK INTEGRATED HC	C	T	L	L-SH	R-SH	I-F	R-E	I-W	R-WL	L-Ha	R-Ha	L-HI	R-Hi	L-K	R-K	L-A	R-A	L-F	R-F
20150513020804 Target Areas:	X	X			X														
TAYLOR BURKS (HEAD)					Date:	03/01	04/02	04/07	04/08	04/17	05/06								
Neuro-Upper Extremity					Visit #:	1	2	3	4	5	6								
Alphabet in Space																			
Peg Board						5	5	5	5	5	5								
Codman's Pendulum																			
Theraball																			
Benwa Balls						5	5	5	5	5	5								
Coin Flips																			
Card Flips						5	5	5	5	5	5								
PNF Stretches																			
Ball Twists w/band																			
Ball Crunches																			
Wall Push-ups																			
Vibration Plate																			
JENGA																			
Neuro- Lower Extremity	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	
Theraball																			
Heel Ball Roll						5	5	5	5	5	5								
Baps Board																			
Rocker Board						5	5	5	5	5	5								
One leg stands																			
Ball Squats																			
Ankle ROM																			
Hip ROM																			
Alphabet - Hip/Knee/Ankle																			
PNF Stretches						5	5	5	5	5	5								
Ball Squats																			
Grapevines																			
Toe Crabs Towel/Marble																			
Vibration Plate																			
Total Time	0	0	0	0	30	30	30	30	30	30	30								
Therapy Units	0	0	0	0	2	2	2	2	2	2	2								
Notes:					YE	YE	YE	YE	YE	YE	YE								

BURKS, TAYLOR (09/10/1991) #HF502087430

Encounter DOS: 05/20/2025

Patient: BURKS, TAYLOR (WC, 12/11/24) (Male)
Address: 3800 S. TYLER ST. APT.# 242 THE ANDERSONS APARTMENTS (NO GATE #)
City: DALLAS, TX 75224
Phone: (972)750-7218

DOB: 09/10/1991 (33)
Race: Patient Declined
Language: English
Ethnicity: Patient Declined

Encounter ID: 206916701
Primary Ins: CBCS

0250603003424

WOODYCHOSE@GMAIL.COM

Location: Peak Integrated Healthcare **Provider:** DR. SHAUN
Sd
Address: 4305 Pinnacle Point Dr.
City: #301
Phone: dallas, TX, 75211-1412
Phone: (214)337-2100

Subjective

Chief Complaint

I have no changes in pain today

Prior: Therapy has been helping me a little bit but I am getting pain that goes from my neck to my shoulder and arms that bothers me - It happens every now and then and it concerns me

Burks, Taylor is a 33 year old male complaining of Bilateral Shoulder Pain (L>R) - Staying the same.

The symptoms are located at: Left, Right,shoulder,

The quality is best described as: achy,sharp,

When asked about the severity level of the symptoms the patient reported: moderate,

The patient reports the duration of their symptoms as: since injured at work,

The timing of their symptoms is reported to be: constant,with activity,with movement,with overhead reaching,

The patient also reports the following factors related to their symptoms: interferes with daily activities,

The patient admits to the following factors that modify their symptoms: exertion,lifting,

The following findings or symptoms are associated with patient's chief complaint: joint pain,joint stiffness,radiating pain,

The patient also complains of Neck and Upper Back Pain - Staying the same.

The symptoms are located at: neck,back (mid),back (upper),

The quality is best described as: achy,

When asked about the severity level of the symptoms the patient reported: moderate,

The patient reports the duration of their symptoms as: since injured at work,

The timing of their symptoms is reported to be: intermittent,with activity,with movement,

The patient also reports the following factors related to their symptoms: interferes with daily activities,bending,repetitive tasks,

The patient admits to the following factors that modify their symptoms: exertion,standing,walking,

The following findings or symptoms are associated with patient's chief complaint: joint pain,joint stiffness,neck pain radiates to his shoulders and arms

Questionnaire : Worker's Compensation Consult

Patient was injured on 12/11/2024. History of injury: The patient works for RJW Logistics as a material handler - He reports being in training for driving a forklift and he was suddenly attacked by a coworker who punched and kicked him - He reports falling to the ground on his right side of body and then getting kicked afterwards repeatedly - He states the coworker ran away from the scene - Afterwards he states he had some dizziness and confusion - He went to Baylor Hospital in Uptown Dallas - He was sent to NOVA medical center for evaluation by his company. Yes, injury was reported. Yes, patient has had therapy. 4-6 visits for therapy. Patient has had an X-Ray. Patient has had Injections. No, patient has not had surgery. Neck was injured. Mid Back was injured. Shoulder was injured. Patient is injured on this area: Right Shoulder and Collar bone. Yes, patient knows which areas were accepted by insurance. Yes, patient knows which areas are being denied. No, employee was not terminated by company where they were injured. Employee is working; Full-Time, restrictions.

BURKS, TAYLOR (09/10/1991) #HF502087430

Encounter DOS: 05/20/2025

20250529000052

Review of Systems**DAILY ROUTINE : Review of Symptoms****Constitutional**

Negative for Fever/sweats. Negative for fatigue. Negative for loss of appetite/weight change.

Eyes

Negative for blurred/double vision. Negative for glaucoma.

Ears/nose/mouth/throat

Negative for hearing loss. Negative for problems with thyroid. Negative for snoring. Negative for sore throat.
Negative for hearing noises in your ear.

Musculoskeletal

Positive for joint pain/stiffness. Positive for muscle pain/cramps/weakness. Positive for back/neck pain.

Cardiovascular

Negative for chest pain/angina. Negative for palpitations. Negative for swelling of feet, ankle or hands.

Respiratory

Negative for cough, spitting up blood. Negative for shortness of breath/wheezing.

Gastrointestinal

Negative for problems with bowel movement. Negative for nausea/vomiting. Negative for rectal bleeding/blood in stool. Negative for abdominal pain/heartburn.

Genitourinary

Negative for flank pain. Negative for problems with urination. Negative for blood in urine. Negative for kidney stones.

Hematologic/Lymphatic

Negative for slow healing after cuts. Negative for tendency to bleed/bruise. Negative for blood clots.

Psychiatric

Negative for sleeping disorder/memory loss.

Skin

Negative for rashes, lesions, ulcers.

Remainder of Review of Systems

Remainder of Review of systems is Negative.

Objective**Physical Exam****PT Exam : Cervical Exam****INSPECTION**

(-)Tightness. (+) Tenderness.

PALPATION

The muscle tone is increased, on the right. Pain on pressure over the left trapezius, Pain on pressure over the right trapezius, Pain on pressure over the left paraspinals, Pain on pressure over the right paraspinals, Pain on pressure over the C4 spinous process, Pain on pressure over the C5 spinous process, Pain on pressure over the C6 spinous process, Pain on pressure over the C7 spinous process.

RANGE OF MOTION

Flexion is decreased at 50 degrees, with pain. Extension is decreased at 30 degrees, with pain. Left lateral flexion is decreased at 25 degrees, with pain. Right lateral flexion is decreased at 35 degrees, with pain. Left rotation is decreased at 55 degrees, with pain. Right rotation is decreased at 65 degrees, with pain.

REFLEXES

The left biceps deep tendon reflex (C5-C6) is 2+ (normal). The right biceps deep tendon reflex (C5-C6) is 2+ (normal). The left brachioradialis deep tendon reflex (C6) is 2+ (normal). The right brachioradialis deep tendon reflex (C6) is 2+ (normal). The triceps deep tendon reflex (C7) is 2+ (normal). 2+ (normal).

SENSORY EXAMINATION

Peak Integrated Healthcare | 4305 Pinnacle Point Dr. #301, Dallas, TX 75211-1412 | Phone (214)337-4500

BURKS, TAYLOR (09/10/1991) #HF502087430

Encounter DOS: 05/20/2025

20250521 light touch is intact.

ORTHOPEDIC TESTING

(+) Bilateral cervical compression The patient is either sitting or lying and the examiner presses down upon the top of the patient's head. Narrowing of the neural foramen, pressure on the facet joints, or muscle spasm can cause increased pain and the test may indicate pressure upon a nerve and the neurologic level of existing pathology. This test is done with the patient supine. The examiner standing at the head of the patient, flexes the neck to the side opposite to the shoulder being tested while pushing the shoulder caudad. Then, while maintaining the depression of the shoulder, the head is rotated, again to the side opposite to the shoulder being tested. If radicular pain is either produced or aggravated the first action and then confirmed by the second, the test is considered positive. A positive test indicates adhesions of the dural sleeves, the spinal roots, or the adjacent structures of the joint capsule on the side of the shoulder being depressed.

MOTOR FUNCTION/MUSCLE TESTING

Cervical flexion was Abnormal. Cervical extension was Abnormal. Left lateral flexion was Abnormal. Right lateral flexion was Abnormal. Left rotation was Abnormal. Right rotation was Abnormal. Deltoid (C5) muscle testing was normal at 5/5. Biceps (C6) muscle testing was normal at 5/5. Triceps (C7) muscle testing was normal at 5/5. Wrist flexor (C8) muscle testing was normal at 5/5. Wrist Extensor (C6) muscle testing was normal at 5/5. Interossei (T1) muscle testing was normal at 5/5. Both upper extremities are affected.

PT Exam : Shoulder Exam**INSPECTION**

(+) Tightness. (+) Tenderness.

PALPATION

The muscle tone is increased, on both sides. Pain on pressure over the right supraspinatus, Pain on pressure over the left deltoid, Pain on pressure over the right deltoid, Pain on pressure over the left trapezius, Pain on pressure over the right trapezius, Pain on pressure over the right scapular border.

SENSORY EXAMINATION

light touch is intact.

ORTHOPEDIC TESTING

(+) Bilateral Apprehension Test The arm abducted and elbow flexed to 90 degrees. Gently externally rotate the arm. Once the patient becomes apprehensive or complains of pain, proceed with the relocation and surprise test by applying a posterior force to the humeral head. This test indicates anterior shoulder instability vs. primary impingement.

MOTOR FUNCTION/MUSCLE TESTING

Shoulder flexion muscle testing was normal at 5/5. Shoulder extension muscle testing was normal at 5/5. Shoulder abduction muscle testing was normal at 5/5. Adduction muscle testing was normal at 5/5. Shoulder internal rotation muscle testing was normal at 5/5. Shoulder external rotation muscle testing was normal at 5/5. Both upper extremities are affected.

PT Exam : Thoracic Exam**INSPECTION**

(-)Tightness. (+) Tenderness.

PALPATION

The muscle tone is increased, on the right side. Pain on pressure over the right trapezius, Pain on pressure over the right paraspinal muscles, Pain on pressure over the T1 spinous process, Pain on pressure over the T2 spinous process, Pain on pressure over the T3 spinous process, Pain on pressure over the T4 spinous process, Pain on pressure over the T5 spinous process.

Assessment**Diagnosis**

S134XXD Sprain of ligaments of cervical spine, subsequent encounter
 S233XXD Sprain of ligaments of thoracic spine, subsequent encounter
 S43401D Unspecified sprain of right shoulder joint, subs encntr
 S0093XD Contusion of unspecified part of head, subsequent encounter
 S43402D Unspecified sprain of left shoulder joint, subs encntr

Disposition

BURKS, TAYLOR (09/10/1991) #HF502087430

Encounter DOS: 05/20/2025

202 ~~Code 29000052~~

Description

Plan

Procedures

Description	Code	Units	Modifiers	Comments
Special Reports Or Forms	99080	1 UN		
Evaluation And Management Of Established Patient With History/exam And Low-Level Decision Making.	99213	1 UN		

Follow-Up

Appointment Reminder (06/17/2025) with MAREK, SHAUN
Notes: Patient reports having hearing last month - Pending D+O report
Patient has denied claim at this time
Updated work status
Follow up in 4 weeks

Rendering Provider Signature



PEAK INTEGRATED HC	C	T	L	L-SHR	SH	L-E	R-E	L-W	R-W	L-HaR	R-HaR	HaI-toe	L-Hi	R-Hi	L-K	R-K	L-A	R-A	L-F	R-F
Target Areas:	X	X			X															
TAYLOR BURKS (HEAD)				03/31		04/02		04/07												
WARMUP/CARDIO	Plan Tim			Visit #:	1	2	3	4	5	6										
TREADMILL / TRACK																				
AIR-DYNE / R- BIKE					15	15	15													
ELLIPTICAL																				
HAND BIKE ON FLOOR					15	15	15													
PUSH / PULL 15/20LBS																				
STRETCHING	Time	Ph1	Ph2	Ph3	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
Cervical Stretching/ROM					5	5	5													
Thoracic Stretching/ROM					5	5	5													
Lumbar Stretching/ROM																				
EXERCISES FOR RIBS																				
Shoulder Stretching/ROM					10	10	10													
Pulley					10	10	10													
Wall Crawls/ Clock Stretch					5	5	5													
Wand Exercises																				
Wrist stretching/ROM																				
Crescent/ Pro/Sup Stretch																				
Finger ROM/ Finger pulls																				
STRETCHING ON CHAIR																				
ICE/TOWEL STRETCH																				
Foot/Toe Stretching/ROM																				
STRENGTHENING	Time	Wt- Ph1	Wt- Ph2	Wt- Ph3	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
Cervical Isometrics																				
Cervical Resistance																				
Core Work/Planks																				
Ab Crunch																				
Back Hyper																				
McKenzie's																				
Lat Pull																				
Bench Press																				
Mid-Row																				
Tricep Push																				
Bicep Curl																				
2/5LB WEIGHTS																				
Band Exercises																				
SQUATS																				
Digital blocking																				
Therabeads/ Theraputty						5	5	5												
Web Exercise						5	5	5												
Ball Squeeze																				
Finger Opposition						5	5	5												
MEDICINE BALL						5	6	5												
Leg Curl																				
Leg Extension																				
Calf/ Toe Raise																				
Leg Press						5	5	5												
STAIRS																				
Total Time	0				85	85	85	0	0	0										
Therapy Units	0				6	6	6	0	0	0										
LMT/CA/HCP INITIALS					YE	YE	YE	YE	YE	YE										

NOTES:

PEAK INTEGRATED HC	C	T	L	L-SH	R-SH	L-E	R-E	L-W	R-W	L-Ha	R-Ha	L-Hi	R-Hi	L-K	R-K	L-A	R-A	L-F	R-F
Target Areas:	X	X			X														
TAYLOR BURKS (HEAD)						03/31	04/02	04/07											
Neuro-Upper Extremity						Visit #:	1	2	3	4	5	6							
Alphabet in Space																			
Peg Board							5	5	5										
Codman's Pendulum																			
Theraball																			
Benwa Balls							5	5	5										
Coin Flips																			
Card Flips							5	5	5										
PNF Stretches																			
Ball Twists w/band																			
Ball Crunches																			
Wall Push-ups																			
Vibration Plate																			
JENGA																			
Neuro- Lower Extremity	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	
Theraball																			
Heel Ball Roll							5	5	5										
Baps Board																			
Rocker Board							5	5	5										
One leg stands																			
Ball Squats																			
Ankle ROM																			
Hip ROM																			
Alphabet - Hip/Knee/Ankle																			
PNF Stretches							5	5	5										
Ball Squats																			
Grapevines																			
Toe Grabs Towel/Marble																			
Vibration Plate																			
Total Time	0	0	0	0	30	30	30	0	0	0									
Therapy Units	0	0	0	0	2	2	2	0	0	0									
					YE	YE	YE	YE	YE	YE									

Notes:


Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation (DWC) and may be entitled to certain medical and income benefits. For further information call DWC at 800-252-7031.

Empleado - Es requerido que usted reporte su lesión a su empleador dentro de 30 días si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte del Departamento de Seguros de Texas, División de Compensación para Trabajadores (DWC), y es posible que tenga derecho a recibir ciertos beneficios médicos y de ingresos. Para obtener más información llame a DWC al 800-252-7031.

Texas Workers' Compensation Work Status Report

I. GENERAL INFORMATION

		Date Sent (for transmission purposes only): 5/6/25	
1. Injured Employee's Name Taylor Burks		5a. Doctor's/Delegating Doctor's Name and Degree Shaun J. Marek, D.C.	5b. PA / APRN Name (if completing form)
2. Date of Injury 12/11/24	3. Social Security Number (last four) XXX-XX- 1799	6. Facility Name Peak Integrated Healthcare - South Dallas	9. Employer's Name RJW TRANSPORT LLC
4. Employee's Description of Injury/Accident He reports being in training for driving a forklift and he was suddenly attacked by a coworker who punched and kicked him - He reports falling to the ground on his right side of body and then getting kicked afterwards repeatedly		7. Facility/Doctor Phone and Fax Numbers 214-337-2100 / 214-337-2108	10. Employer's Fax Number or Email Address (if known)
		8. Facility/Doctor Address (Street, City, State, ZIP Code) 4305 Pinnacle Point Drive, Suite 301 Dallas TX 75211	11. Insurance Carrier CBCS
			12. Carrier's Fax Number or Email Address (if known) 563-239-2849

II. WORK STATUS INFORMATION (Fully complete one box including estimated dates, and a description in 13c, if applicable)

13. The injured employee's medical condition resulting from the workers' compensation injury:

- a) will allow the employee to return to work as of / / without restrictions; OR
 b) will allow the employee to return to work as of 5 / 6 / 25 with the restrictions identified in PART III, which are expected to last through 5 / 20 / 25; OR
 c) has prevented and still prevents the employee from returning to work as of / / and is expected to continue through / / .

The following describes how this injury prevents the employee from returning to work:

III. ACTIVITY RESTRICTIONS (Only complete if box 13b is checked)

14. Posture Restrictions (if any): Max hours per day <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 Other: _____	17. Motion Restrictions (if any): Max hours per day <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 Other: _____	19. Misc. Restrictions (if any): Max hours per day of work: <input checked="" type="checkbox"/> Sit/stretch breaks of <u>As Needed</u> per _____ <input type="checkbox"/> Must wear splint/cast at work <input type="checkbox"/> Must use crutches at all times <input type="checkbox"/> No driving/operating heavy equipment <input type="checkbox"/> Can only drive automatic transmission <input type="checkbox"/> No skin contact with: <input type="checkbox"/> No running <input type="checkbox"/> Dressing changes necessary at work
Standing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Walking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Climbing stairs/ladders <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No climbing ladders
Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Climbing stairs/ladders <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Grasping/squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Kneeling/squatting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Grasping/squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Bending/stooping <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Pushing/pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Overhead reaching <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Twisting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Overhead reaching <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other: _____	Other: _____	
15. Restrictions Specific To (if applicable): <input type="checkbox"/> Left hand/wrist <input type="checkbox"/> Left leg <input type="checkbox"/> Right hand/wrist <input type="checkbox"/> Right leg <input type="checkbox"/> Left arm <input type="checkbox"/> Back <input checked="" type="checkbox"/> Right arm <input checked="" type="checkbox"/> Left foot/ankle <input checked="" type="checkbox"/> Neck <input type="checkbox"/> Right foot/ankle Other: _____	18. Lift/Carry Restrictions (if any): <input type="checkbox"/> May not lift/carry objects more than <u>15</u> lbs. for more than <u>2</u> hours per day. <input type="checkbox"/> May not perform any lifting/carrying. Other: _____	<input type="checkbox"/> No work / _____ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding <input type="checkbox"/> Must keep _____ <input type="checkbox"/> elevated <input type="checkbox"/> clean & dry
16. Other Restrictions (if any)		20. Medication Restrictions (if any): <input checked="" type="checkbox"/> Must take prescription medication(s) <input type="checkbox"/> Advised to take over-the-counter meds <input type="checkbox"/> Medication may make drowsy (possible safety/driving issues)

IV: TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION

21. Work Injury Diagnosis Information: Cervical Sprain Thoracic Sprain Right Shoulder Sprain	22. Expected Follow-up Services Include: <input checked="" type="checkbox"/> Evaluation by the treating doctor on <u>5</u> / <u>20</u> / <u>25</u> at _____ : _____ a.m./p.m. <input type="checkbox"/> Referral to/consult with _____ on _____ / _____ / _____ at _____ : _____ a.m./p.m. <input checked="" type="checkbox"/> Physical medicine <u>2</u> X per week for <u>3</u> weeks starting on <u>_____</u> / <u>_____</u> / <u>_____</u> at _____ : _____ a.m./p.m. <input checked="" type="checkbox"/> Special studies (list): <u>EMG/NCV - BUE / PPE</u> on <u>_____</u> / <u>_____</u> / <u>_____</u> at _____ : _____ a.m./p.m. <input type="checkbox"/> None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.		
Date /Time of Visit: 5/6/25	Employee's Signature 	Visit Type: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up	Role of Health Care Practitioner: <input type="checkbox"/> Treating doctor <input type="checkbox"/> Referral doctor <input type="checkbox"/> RME doctor <input type="checkbox"/> Consulting doctor <input type="checkbox"/> PA <input type="checkbox"/> APRN <input type="checkbox"/> Designated doctor <input type="checkbox"/> Other doctor
Discharge Time:	Health Care Practitioner's Signature / License #  12537 TX		

BURKS, TAYLOR (09/10/1991) #HF502087430

Encounter DOS: 06/10/2025

2025 Patient: 20 BURKS, TAYLOR (WC, 12/11/24) (Male)
3800 S. TYLER ST. APT.# 242 THE ANDERSONS APARTMENTS (NO GATE #)
DALLAS, TX 75224
(972)750-7218

DOB: 09/10/1991 (33)
Race: Patient Declined
Language: English
Ethnicity: Patient Declined

Encounter ID: 208023838
Primary Ins: CBCS

WOODYCHOSE@GMAIL.COM

Location: Peak Integrated Healthcare Provider: DR. SHAUN
Sd MAREK,
4305 Pinnacle Point Dr. CHIROPRACTIC
#301
dallas, TX, 75211-1412
(214)337-2100

Subjective

Chief Complaint

If I lay on my side I get some numbness at my right arm occasionally

Prior: Therapy has been helping me a little bit but I am getting pain that goes from my neck to my shoulder and arms that bothers me - It happens every now and then and it concerns me

Burks, Taylor is a 33 year old male complaining of Bilateral Shoulder Pain (L>R) - Staying the same.

The symptoms are located at: Left, Right, shoulder,

The quality is best described as: achy, sharp,

When asked about the severity level of the symptoms the patient reported: moderate,

The patient reports the duration of their symptoms as: since injured at work,

The timing of their symptoms is reported to be: constant, with activity, with movement, with overhead reaching,

The patient also reports the following factors related to their symptoms: interferes with daily activities,

The patient admits to the following factors that modify their symptoms: exertion, lifting,

The following findings or symptoms are associated with patient's chief complaint: joint pain, joint stiffness, radiating pain,

The patient also complains of Neck and Upper Back Pain - Staying the same.

The symptoms are located at: neck, back (mid), back (upper),

The quality is best described as: achy,

When asked about the severity level of the symptoms the patient reported: moderate,

The patient reports the duration of their symptoms as: since injured at work,

The timing of their symptoms is reported to be: intermittent, with activity, with movement,

The patient also reports the following factors related to their symptoms: interferes with daily activities, bending, repetitive tasks,

The patient admits to the following factors that modify their symptoms: exertion, standing, walking,

The following findings or symptoms are associated with patient's chief complaint: joint pain, joint stiffness, neck pain radiates to his shoulders and arms

Questionnaire : Worker's Compensation Consult

Patient was injured on 12/11/2024. History of injury: The patient works for RJW Logistics as a material handler - He reports being in training for driving a forklift and he was suddenly attacked by a coworker who punched and kicked him - He reports falling to the ground on his right side of body and then getting kicked afterwards repeatedly - He states the coworker ran away from the scene - Afterwards he states he had some dizziness and confusion - He went to Baylor Hospital in Uptown Dallas - He was sent to NOVA medical center for evaluation by his company. Yes, injury was reported. Yes, patient has had therapy. 4-6 visits for therapy. Patient has had an X-Ray. Patient has had Injections. No, patient has not had surgery. Neck was injured. Mid Back was injured. Shoulder was injured. Patient is injured on this area: Right Shoulder and Collar bone. Yes, patient knows which areas were accepted by insurance. Yes, patient knows which areas are being denied. No, employee was not terminated by company where they were injured. Employee is working; Full-Time, restrictions.

20250617002812

Review of Systems**DAILY ROUTINE : Review of Symptoms****Constitutional**

Negative for Fever/sweats. Negative for fatigue. Negative for loss of appetite/weight change.

Eyes

Negative for blurred/double vision. Negative for glaucoma.

Ears/nose/mouth/throat

Negative for hearing loss. Negative for problems with thyroid. Negative for snoring. Negative for sore throat.
Negative for hearing noises in your ear.

Musculoskeletal

Positive for joint pain/stiffness. Positive for muscle pain/cramps/weakness. Positive for back/neck pain.

Cardiovascular

Negative for chest pain/angina. Negative for palpitations. Negative for swelling of feet, ankle or hands.

Respiratory

Negative for cough, spitting up blood. Negative for shortness of breath/wheezing.

Gastrointestinal

Negative for problems with bowel movement. Negative for nausea/vomiting. Negative for rectal bleeding/blood in stool. Negative for abdominal pain/heartburn.

Genitourinary

Negative for flank pain. Negative for problems with urination. Negative for blood in urine. Negative for kidney stones.

Hematologic/Lymphatic

Negative for slow healing after cuts. Negative for tendency to bleed/bruise. Negative for blood clots.

Psychiatric

Negative for sleeping disorder/memory loss.

Skin

Negative for rashes, lesions, ulcers.

Remainder of Review of Systems

Remainder of Review of systems is Negative.

Objective**Physical Exam****PT Exam : Cervical Exam****INSPECTION**

(-)Tightness. (+) Tenderness.

PALPATION

The muscle tone is increased, on the right. Pain on pressure over the left trapezius, Pain on pressure over the right trapezius, Pain on pressure over the left paraspinals, Pain on pressure over the right paraspinals, Pain on pressure over the C4 spinous process, Pain on pressure over the C5 spinous process, Pain on pressure over the C6 spinous process, Pain on pressure over the C7 spinous process.

RANGE OF MOTION

Flexion is decreased at 50 degrees, with pain. Extension is decreased at 30 degrees, with pain. Left lateral flexion is decreased at 25 degrees, with pain. Right lateral flexion is decreased at 35 degrees, with pain. Left rotation is below decreased at 55 degrees, with pain. Right rotation is decreased at 65 degrees, with pain.

REFLEXES

The left biceps deep tendon reflex (C5-C6) is 2+ (normal). The right biceps deep tendon reflex (C5-C6) is 2+ (normal). The left brachioradialis deep tendon reflex (C6) is 2+ (normal). The right brachioradialis deep tendon reflex (C6) is 2+ (normal). The triceps deep tendon reflex (C7) is 2+ (normal). 2+ (normal).

SENSORY EXAMINATION

Peak Integrated Healthcare | 4305 Pinnacle Point Dr. #301, Dallas, TX 75211-1412 | Phone (214) 135-2200

20250617 light touch is intact.

ORTHOPEDIC TESTING

(+) Bilateral cervical compression The patient is either sitting or lying and the examiner presses down upon the top of the patient's head. Narrowing of the neural foramen, pressure on the facet joints, or muscle spasm can cause increased pain and the test may indicate pressure upon a nerve and the neurologic level of existing pathology. This test is done with the patient supine. The examiner standing at the head of the patient, flexes the neck to the side opposite to the shoulder being tested while pushing the shoulder caudad. Then, while maintaining the depression of the shoulder, the head is rotated, again to the side opposite to the shoulder being tested. If radicular pain is either produced or aggravated the first action and then confirmed by the second, the test is considered positive. A positive test indicates adhesions of the dural sleeves, the spinal roots, or the adjacent structures of the joint capsule on the side of the shoulder being depressed.

MOTOR FUNCTION/MUSCLE TESTING

Cervical flexion was Abnormal. Cervical extension was Abnormal. Left lateral flexion was Abnormal. Right lateral flexion was Abnormal. Left rotation was Abnormal. Right rotation was Abnormal. Deltoid (C5) muscle testing was normal at 5/5. Biceps (C6) muscle testing was normal at 5/5. Triceps (C7) muscle testing was normal at 5/5. Wrist flexor (C8) muscle testing was normal at 5/5. Wrist Extensor (C6) muscle testing was normal at 5/5. Interossei (T1) muscle testing was normal at 5/5. Both upper extremities are affected.

PT Exam : Shoulder Exam**INSPECTION**

(+) Tightness. (+) Tenderness.

PALPATION

The muscle tone is increased, on both sides. Pain on pressure over the right supraspinatus, Pain on pressure over the left deltoid, Pain on pressure over the right deltoid, Pain on pressure over the left trapezius, Pain on pressure over the right trapezius, Pain on pressure over the right scapular border.

SENSORY EXAMINATION

light touch is intact.

ORTHOPEDIC TESTING

(+) Bilateral Apprehension Test The arm abducted and elbow flexed to 90 degrees. Gently externally rotate the arm. Once the patient becomes apprehensive or complains of pain, proceed with the relocation and surprise test by applying a posterior force to the humeral head. This test indicates anterior shoulder instability vs. primary impingement.

MOTOR FUNCTION/MUSCLE TESTING

Shoulder flexion muscle testing was normal at 5/5. Shoulder extension muscle testing was normal at 5/5. Shoulder abduction muscle testing was normal at 5/5. Adduction muscle testing was normal at 5/5. Shoulder internal rotation muscle testing was normal at 5/5. Shoulder external rotation muscle testing was normal at 5/5. Both upper extremities are affected.

PT Exam : Thoracic Exam**INSPECTION**

(-)Tightness. (+) Tenderness.

PALPATION

The muscle tone is increased, on the right side. Pain on pressure over the right trapezius, Pain on pressure over the right paraspinal muscles, Pain on pressure over the T1 spinous process, Pain on pressure over the T2 spinous process, Pain on pressure over the T3 spinous process, Pain on pressure over the T4 spinous process, Pain on pressure over the T5 spinous process.

Assessment**Diagnosis**

S134XXD Sprain of ligaments of cervical spine, subsequent encounter
 S233XXD Sprain of ligaments of thoracic spine, subsequent encounter
 S43401D Unspecified sprain of right shoulder joint, subs encntr
 S0093XD Contusion of unspecified part of head, subsequent encounter
 S13402D Unspecified sprain of left shoulder joint, subs encntr

Disposition

BURKS, TAYLOR (09/10/1991) #HF502087430

Encounter DOS: 06/10/2025

20250 Code 002012

Description

Plan

Procedures

Description	Code	Units	Modifiers	Comments
Special Reports Or Forms	99080	1 UN		
Evaluation And Management Of Established Patient With History/exam And Low-Level Decision Making.	99213	1 UN		

Follow-Up

Appointment Reminder (07/01/2025) with MAREK, SHAUN

Notes: Reviewed D+O report with patient - Patient has accepted claim

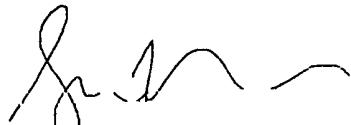
Patient completed his approved therapy

Patient reports he is working full time

Updated work status form

Follow up in 3 weeks

Rendering Provider Signature




Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation (DWC) and may be entitled to certain medical and income benefits. For further information call DWC at 800-252-7031

Empleado - Es requerido que usted reporte su lesión a su empleador dentro de 30 días si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte del Departamento de Seguros de Texas, División de Compensación para Trabajadores (DWC), y es posible que tenga derecho a recibir ciertos beneficios médicos y de ingresos. Para obtener más información llame a DWC al 800-252-7031.

Texas Workers' Compensation Work Status Report

I. GENERAL INFORMATION			
Date Sent (for transmission purposes only): 5/20/25			
1. Injured Employee's Name Taylor Burks		5a. Doctor's/Delegating Doctor's Name and Degree Shaun J. Marek, D.C.	5b. PA / APRN Name (if completing form)
2. Date of Injury 12/11/24	3. Social Security Number (last four) XXX-XX- 1799	6. Facility Name Peak Integrated Healthcare - South Dallas	9. Employer's Name RJW TRANSPORT LLC
4. Employee's Description of Injury/Accident He reports being in training for driving a forklift and he was suddenly attacked by a coworker who punched and kicked him - He reports falling to the ground on his right side of body and then getting kicked afterwards repeatedly		7. Facility/Doctor Phone and Fax Numbers 214-337-2100 / 214-337-2108	10. Employer's Fax Number or Email Address (if known)
		8. Facility/Doctor Address (Street, City, State, ZIP Code) 4305 Pinnacle Point Drive, Suite 301 Dallas TX 75211	11. Insurance Carrier CBCS
			12. Carrier's Fax Number or Email Address (if known) 563-239-2849

II. WORK STATUS INFORMATION (Fully complete one box including estimated dates, and a description in 13c. if applicable)			
13. The injured employee's medical condition resulting from the workers' compensation injury:			
<input type="checkbox"/> a) will allow the employee to return to work as of <u> </u> / <u> </u> / <u> </u> without restrictions; OR <input checked="" type="checkbox"/> b) will allow the employee to return to work as of <u>5</u> / <u>20</u> / <u>25</u> with the restrictions identified in PART III, which are expected to last through <u>6</u> / <u>17</u> / <u>25</u> ; OR <input type="checkbox"/> c) has prevented and still prevents the employee from returning to work as of <u> </u> / <u> </u> / <u> </u> and is expected to continue through <u> </u> / <u> </u> / <u> </u> . The following describes how this injury prevents the employee from returning to work:			

III. ACTIVITY RESTRICTIONS (Only complete if box 13b is checked)			
14. Posture Restrictions (if any): Max hours per day <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 Other: _____	17. Motion Restrictions (if any): Max hours per day <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 Other: _____	19. Misc. Restrictions (if any): Max hours per day of work: _____ <input checked="" type="checkbox"/> Sit/stretch breaks of <u>As Needed</u> per _____ <input type="checkbox"/> Must wear splint/cast at work <input type="checkbox"/> Must use crutches at all times <input type="checkbox"/> No driving/operating heavy equipment <input type="checkbox"/> Can only drive automatic transmission <input type="checkbox"/> No skin contact with: <input type="checkbox"/> No running <input type="checkbox"/> Dressing changes necessary at work	
Standing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Walking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Climbing stairs/ladders <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No climbing ladders <input type="checkbox"/>	
Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Grasping/squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Grasping/squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No climbing ladders <input type="checkbox"/>	
Kneeling/squatting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Bending/stooping <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Pushing/pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Overhead reaching <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Overhead reaching <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Twisting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Other: _____	Other: _____	Other: _____	
15. Restrictions Specific To (if applicable): <input type="checkbox"/> Left hand/wrist <input type="checkbox"/> Left leg <input type="checkbox"/> Right hand/wrist <input type="checkbox"/> Right leg <input type="checkbox"/> Left arm <input type="checkbox"/> Back <input checked="" type="checkbox"/> Right arm <input type="checkbox"/> Left foot/ankle <input checked="" type="checkbox"/> Neck <input type="checkbox"/> Right foot/ankle Other: _____	18. Lift/Carry Restrictions (if any): <input checked="" type="checkbox"/> May not lift/carry objects more than <u>15</u> lbs. for more than <u>2</u> hours per day. <input type="checkbox"/> May not perform any lifting/carrying. Other: _____	No work / _____ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding <input type="checkbox"/> Must keep _____ <input type="checkbox"/> elevated <input type="checkbox"/> clean & dry	
16. Other Restrictions (if any)	20. Medication Restrictions (if any): <input checked="" type="checkbox"/> Must take prescription medication(s) <input type="checkbox"/> Advised to take over-the-counter meds <input type="checkbox"/> Medication may make drowsy (possible safety/driving issues)		

IV: TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION			
21. Work Injury Diagnosis Information: Cervical Sprain Thoracic Sprain Right Shoulder Sprain	22. Expected Follow-up Services Include: <input checked="" type="checkbox"/> Evaluation by the treating doctor on <u>6</u> / <u>17</u> / <u>25</u> at _____ a.m./p.m. <input type="checkbox"/> Referral to/consult with _____ on _____ / _____ / _____ at _____ a.m./p.m. <input type="checkbox"/> Physical medicine _____ X per week for _____ weeks starting on _____ / _____ / _____ at _____ a.m./p.m. <input checked="" type="checkbox"/> Special studies (list): <u>PPE</u> on _____ / _____ / _____ at _____ a.m./p.m. <input type="checkbox"/> None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.		
Date /Time of Visit: 5/20/25	Employee's Signature Taylor Burks	Visit Type: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up	Role of Health Care Practitioner: <input type="checkbox"/> Treating doctor <input type="checkbox"/> Referral doctor <input type="checkbox"/> RME doctor <input type="checkbox"/> Consulting doctor <input type="checkbox"/> PA <input type="checkbox"/> APRN <input type="checkbox"/> Designated doctor <input type="checkbox"/> Other doctor
Discharge Time:	Health Care Practitioner's Signature / License # JM/M 12537 TX		



Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation (DWC) and may be entitled to certain medical and income benefits. For further information call DWC at 800-252-7031.

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Texas Workers' Compensation Work Status Report

I. GENERAL INFORMATION

Date Sent (for transmission purposes only): 6/10/25

1. Injured Employee's Name Taylor Burks	5a. Doctor's/Delegating Doctor's Name and Degree Shaun J. Marek, D.C.	5b. PA / APRN Name (if completing form)
2. Date of Injury 12/11/24	3. Social Security Number (last four) XXX-XX- 1799	6. Facility Name Peak Integrated Healthcare - South Dallas
4. Employee's Description of Injury/Accident He reports being in training for driving a forklift and he was suddenly attacked by a coworker who punched and kicked him - He reports falling to the ground on his right side of body and then getting kicked afterwards repeatedly		7. Facility/Doctor Phone and Fax Numbers 214-337-2100 / 214-337-2108
		8. Facility/Doctor Address (Street, City, State, ZIP Code) 4305 Pinnacle Point Drive, Suite 301 Dallas TX 75211
		9. Employer's Name RJW TRANSPORT LLC
		10. Employer's Fax Number or Email Address (if known)
		11. Insurance Carrier CBCS
		12. Carrier's Fax Number or Email Address (if known) 563-239-2849

II. WORK STATUS INFORMATION (Fully complete one box including estimated dates, and a description in 13c, if applicable)

13. The injured employee's medical condition resulting from the workers' compensation injury:

- a) will allow the employee to return to work as of ____ / ____ / ____ without restrictions; OR
 b) will allow the employee to return to work as of 6 / 10 / 25 with the restrictions identified in PART III, which are expected to last through 7 / 1 / 25; OR
 c) has prevented and still prevents the employee from returning to work as of ____ / ____ / ____ and is expected to continue through ____ / ____ / ____.

The following describes how this injury prevents the employee from returning to work:

III. ACTIVITY RESTRICTIONS (Only complete if box 13b is checked)

14. Posture Restrictions (if any): Max hours per day <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 Other: Standing	17. Motion Restrictions (if any): Max hours per day <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 Other: Walking	19. Misc. Restrictions (if any): Max hours per day of work: <input type="checkbox"/> Sit/stretch breaks of As Needed per _____
Sitting	Climbing stairs/ladders <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No climbing ladders	<input checked="" type="checkbox"/> Must wear splint/cast at work
Kneeling/squatting	Grasping/squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Must use crutches at all times
Bending/stooping	Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> No driving/operating heavy equipment
Pushing/pulling	Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Can only drive automatic transmission
Twisting	Overhead reaching <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> No skin contact with:
Other:	Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> No running
15. Restrictions Specific To (if applicable): <input type="checkbox"/> Left hand/wrist <input type="checkbox"/> Left leg <input type="checkbox"/> Right hand/wrist <input type="checkbox"/> Right leg <input type="checkbox"/> Left arm <input type="checkbox"/> Back <input checked="" type="checkbox"/> Right arm <input type="checkbox"/> Left foot/ankle <input checked="" type="checkbox"/> Neck <input type="checkbox"/> Right foot/ankle Other:	Other: 18. Lift/Carry Restrictions (if any): <input checked="" type="checkbox"/> May not lift/carry objects more than <u>15</u> lbs. for more than <u>2</u> hours per day. <input type="checkbox"/> May not perform any lifting/carrying. Other:	<input type="checkbox"/> Dressing changes necessary at work <input type="checkbox"/> No work / _____ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding <input type="checkbox"/> Must keep _____ <input type="checkbox"/> elevated <input type="checkbox"/> clean & dry
16. Other Restrictions (if any)		20. Medication Restrictions (if any): <input checked="" type="checkbox"/> Must take prescription medication(s) <input type="checkbox"/> Advised to take over-the-counter meds <input type="checkbox"/> Medication may make drowsy (possible safety/driving issues)

IV: TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION

21. Work Injury Diagnosis Information: Cervical Sprain Thoracic Sprain Right Shoulder Sprain	22. Expected Follow-up Services Include: <input checked="" type="checkbox"/> Evaluation by the treating doctor on <u>7</u> / <u>1</u> / <u>25</u> at _____ a.m./p.m. <input type="checkbox"/> Referral to/consult with _____ on _____ / _____ / _____ at _____ a.m./p.m. <input type="checkbox"/> Physical medicine _____ X per week for _____ weeks starting on _____ / _____ / _____ at _____ a.m./p.m. <input type="checkbox"/> Special studies (list): _____ on _____ / _____ / _____ at _____ a.m./p.m. <input type="checkbox"/> None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.		
Date /Time of Visit: 6/10/25	Employee's Signature <i>Taylor Burks</i>	Visit Type: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up	Role of Health Care Practitioner: <input type="checkbox"/> Treating doctor <input type="checkbox"/> Referral doctor <input type="checkbox"/> RME doctor <input type="checkbox"/> Consulting doctor <input type="checkbox"/> PA <input type="checkbox"/> APRN <input type="checkbox"/> Designated doctor <input type="checkbox"/> Other doctor
Discharge Time:	Health Care Practitioner's Signature/License # <i>John M. Burks</i>	12537 TX	



Peak Integrated Healthcare

20250805000541

07/21/2025

Patient: BURKS, TAYLOR (WC, 12/11/24)
 (Male)
 3800 S. TYLER ST. APT.# 242
 THE ANDERSONS APARTMENTS
 (NO GATE #)
 DALLAS, TX 75224
 (972)750-7218
 WOODYCHOSE@GMAIL.COM

DOB: 09/10/1991 (33)
Previous First
 Name:
Previous Last
 Name:
 Race: Patient Declined
 Language: English
 Ethnicity: Patient Declined
 Tribal
 Affiliation:
 Sexual
Orientation:
 Gender
 Identity:

Location: Peak Integrated Healthcare SD
 4305 Pinnacle Point Dr. #301
 Dallas, TX 75211-1412
 (214)337-2100 Ext:0

Provider: DR. SHAUN MAREK,
 CHIROPRACTIC

Encounter ID: 072125-210339541
 Primary Ins: CBCS

Referring:

Subjective

Chief Complaint:

Overall my neck, back, and shoulder are feeling better but I still get the tingling down my arm at night

Prior: If I lay on my side I get some numbness at my right arm occasionally

Taylor Burks is a 33 year old male complaining of Right Shoulder Pain - Improving.

The symptoms are located at: Left, Right, shoulder,

The quality is best described as: achy, sharp,

When asked about the severity level of the symptoms the patient reported: mild

The patient reports the duration of their symptoms as: since injured at work,

The timing of their symptoms is reported to be: Intermittent, with activity, with movement, with overhead reaching,

The patient also reports the following factors related to their symptoms: interferes with daily activities,

The patient admits to the following factors that modify their symptoms: exertion, lifting,

The following findings or symptoms are associated with patient's chief complaint: joint pain, joint stiffness, radiating pain,

The patient also complains of Neck and Upper Back Pain - Improving.

The symptoms are located at: neck, back (mid), back (upper),

The quality is best described as: achy,

When asked about the severity level of the symptoms the patient reported: Mild to moderate

The patient reports the duration of their symptoms as: since injured at work,

The timing of their symptoms is reported to be: intermittent, with activity, with movement,

The patient also reports the following factors related to their symptoms: interferes with daily activities, bending, repetitive tasks,

The patient admits to the following factors that modify their symptoms: exertion, standing, walking,

The following findings or symptoms are associated with patient's chief complaint: joint pain, joint stiffness, neck pain radiates to his shoulders and arms

Questionnaire : Worker's Compensation Consult

Patient was injured on 12/11/2024. History of injury: The patient works for RJW Logistics as a material handler - He reports being in training for driving a forklift and he was suddenly attacked by a coworker who punched and kicked him - He reports falling to the ground on his right side of body and then getting kicked afterwards repeatedly - He states the coworker ran away from the scene - Afterwards he states he had some dizziness and confusion - He went to Baylor Hospital in Uptown Dallas - He was sent to NOVA medical center for evaluation by his company. Yes, injury was reported. Yes, patient has had therapy. 4-6 visits for therapy. Patient has had an X-Ray. Patient has had Injections. No, patient has not had surgery. Neck was injured. Mid Back was injured. Shoulder was injured. Patient is injured on this area: Right Shoulder and Collar bone. Yes, patient knows which areas were accepted by insurance. Yes, patient knows which areas are being denied. No, employee was not terminated by company where they were injured. Employee is working; Full-Time, restrictions.

Review of Systems:

DAILY ROUTINE : Review of Symptoms

Constitutional

Negative for Fever/sweats. Negative for fatigue. Negative for loss of appetite/weight change.

Eyes

Negative for blurred/double vision. Negative for glaucoma.

Ears/nose/mouth/throat

Negative for hearing loss. Negative for problems with thyroid. Negative for snoring. Negative for sore throat. Negative for hearing noises in your ear.

7/29/25, 4:21 PM

BURKS, TAYLOR (WC, 12/11/24) (09/10/1991)

Musculoskeletal

Positive for joint pain/stiffness. Positive for muscle pain/cramps/weakness. Positive for back/neck pain.

Cardiovascular

Negative for chest pain/angina. Negative for palpitations. Negative for swelling of feet, ankle or hands.

Respiratory

Negative for cough, spitting up blood. Negative for shortness of breath/wheezing.

Gastrointestinal

Negative for problems with bowel movement. Negative for nausea/vomiting. Negative for rectal bleeding/blood in stool. Negative for abdominal pain/heartburn.

Genitourinary

Negative for flank pain. Negative for problems with urination. Negative for blood in urine. Negative for kidney stones.

Hematologic/Lymphatic

Negative for slow healing after cuts. Negative for tendency to bleed/bruise. Negative for blood clots.

Psychiatric

Negative for sleeping disorder/memory loss.

Skin

Negative for rashes, lesions, ulcers.

Remainder of Review of Systems

Remainder of Review of systems is Negative.

Objective

Vital Signs:

Physical Exam:

PT Exam : Cervical Exam

INSPECTION

(-)Tightness. (+) Tenderness.

PALPATION

The muscle tone is increased, on the right. Pain on pressure over the left trapezius, Pain on pressure over the right trapezius, Pain on pressure over the left paraspinals, Pain on pressure over the right paraspinals, Pain on pressure over the C4 spinous process, Pain on pressure over the C5 spinous process, Pain on pressure over the C6 spinous process, Pain on pressure over the C7 spinous process.

RANGE OF MOTION

Flexion is decreased at 50 degrees, The patient reports no additional pain during range of motion testing. Extension is decreased at 50 degrees, The patient reported no additional pain with range of motion testing. Left lateral flexion is decreased at 40 degrees, The patient has no additional pain during motion testing. Right lateral flexion is normal at 45 degrees, The patient reports no additional pain during range of motion testing. Left rotation is below decreased at 70 degrees, Patient experienced no additional pain during range of motion testing. Right rotation is decreased at 75 degrees, No additional pain with motion testing.

REFLEXES

The left biceps deep tendon reflex (C5-C6) is 2+ (normal). The right biceps deep tendon reflex (C5-C6) is 2+ (normal). The left brachioradialis deep tendon reflex (C6) is 2+ (normal). The right brachioradialis deep tendon reflex (C6) is 2+ (normal). The triceps deep tendon reflex (C7) is 2+ (normal). 2+ (normal).

SENSORY EXAMINATION

light touch is intact.

ORTHOPEDIC TESTING

(-) Bilateral cervical compression. This test is done with the patient supine. The examiner standing at the head of the patient, flexes the neck to the side opposite to the shoulder being tested while pushing the shoulder caudad. Then, while maintaining the depression of the shoulder, the head is rotated, again to the side opposite to the shoulder being tested. If radicular pain is either produced or aggravated the first action and then confirmed by the second, the test is considered positive. A positive test indicates adhesions of the dural sleeves, the spinal roots, or the adjacent structures of the joint capsule on the side of the shoulder being depressed.

MOTOR FUNCTION/MUSCLE TESTING

Cervical flexion was Normal. Cervical extension was Normal. Left lateral flexion was Normal. Right lateral flexion was Normal. Left rotation was Normal. Right rotation was Normal. Deltoid (C5) muscle testing was normal at 5/5. Biceps (C6) muscle testing was normal at 5/5. Triceps (C7) muscle testing was normal at 5/5. Wrist flexor (C8) muscle testing was normal at 5/5. Wrist Extensor (C6) muscle testing was normal at 5/5. Interossei (T1) muscle testing was normal at 5/5. Both upper extremities are affected.

PT Exam : Shoulder Exam

INSPECTION

(-)Tightness. (+) Tenderness.

PALPATION

The muscle tone is increased, on the right. Pain on pressure over the right deltoid.

SENSORY EXAMINATION

7/29/25, 4:21 PM

BURKS, TAYLOR (WC, 12/11/24) (09/10/1991)

light touch is intact.

ORTHOPEDIC TESTING

(-) Apprehension Test.

20250805000541

MOTOR FUNCTION/MUSCLE TESTING

Shoulder flexion muscle testing was normal at 5/5. Shoulder extension muscle testing was normal at 5/5. Shoulder abduction muscle testing was normal at 5/5. Adduction muscle testing was normal at 5/5. Shoulder internal rotation muscle testing was normal at 5/5. Shoulder external rotation muscle testing was normal at 5/5. Both upper extremities are affected.

PT Exam : Thoracic Exam

INSPECTION

(-)Tightness. (+) Tenderness.

PALPATION

The muscle tone is increased, on the right side. Pain on pressure over the right paraspinal muscles, Pain on pressure over the T1 spinous process, Pain on pressure over the T2 spinous process, Pain on pressure over the T3 spinous process, Pain on pressure over the T4 spinous process, Pain on pressure over the T5 spinous process.

Assessment

Diagnosis:

Description	Code	Problem	Comment
Sprain Of Ligaments Of Cervical Spine, Subsequent Encounter	S134XXD		
Sprain Of Ligaments Of Thoracic Spine, Subsequent Encounter	S233XXD		
Unspecified Sprain Of Right Shoulder Joint, Subs Encntr	S43401D		
Contusion Of Unspecified Part Of Head, Subsequent Encounter	S0093XD		

Disposition:

Plan

Procedure Coding:

Description	Code	Units	Modifiers	Comments
Special Reports Or Forms	99080	1 UN		
Evaluation And Management Of Established Patient With History/exam And Low-Level Decision Making.	99213	1 UN		

Orders:

Ordering Provider MAREK, S **Order Date** 07/21/2025 16:52 **Result Status** Open **Result Date**

Facility Peak ihc dme

Order	Test Name	Result		
		In Range	Out Range	Result Comment
Peak ihc dmo	E0730 Tens Four Lead			
DME	E0190 Positioning Cushion			
	E0215 Electric Heat Pad Moist			
	E1399 Durable Medical Equipment Ml			

Follow Up:

Type **Recall Date** **Provider Name** **Notes**

7/29/25, 4:21 PM

BURKS, TAYLOR (WC, 12/11/24) (09/10/1991)

Patient scheduled for f/u with medical on 7/31/25

Patient would benefit from 6 sessions of chiropractic manipulation

Patient would benefit from a TENS unit, Neck pillow, Heating pad, and Topical

Patient would benefit from having analgesics to help control his pain

Discussed plan of care with patient

Updated work status form

Follow up in 3 weeks

Documents:

Title	Document Type	Document Status	Reviewed Date	Document Date	Upload Date
BURKS, TAYLOR DWC 73 7.21.25.PDF	DWC 73	Unreviewed		07/21/2025 13:51	07/21/2025 13:51



IMO Plano
P.O. Box 260287
Plano, TX 75026
(888) 645-1200 Fax (888) 275-9946
URA #4919

Premarket Authorization Determination Letter

Shawn Mayes
P.O. Box 28
Dubuque, IA 52004

Response Date: 7/25/2025
Employee Name: Burks, Taylor
SSN: XXX-XX-1199
Date of Injury: 12/11/2024
Requesting Provider: Shaun Marek, DC
Claim Number: TRF24039737
Employer: RJW Logistics Group - Mesquite
Treating Provider:
TPA: CBCS
Facility: Peak Integrated Healthcare

Request ID: 292044

ICD-10 Description

S13.4XXD Sprain of ligaments of cervical spine, subsequent encounter
S23.3XXD Sprain of ligaments of thoracic spine, subsequent encounter

Requested Services:

CPT	Description	Request Date	Determ Date	Status	Authorization #	Dates of Service	Guideline
98940	Manipulation	07/22/25	07/25/25	Premarketed	188785	07/25/25 to 09/30/25	ODG

Determination Note:

IMO Physician Advisor Dr Jeong Jun Su, DC TX License# 13311 Chiropractor has preauthorized medical necessity for 6 Sessions of Chiropractic Manipulation Therapy to Cervical/Thoracic Spine to be done on an Outpatient basis.

Rationale: Based on the review of the provided documentation, the claimant was involved in a work-related injury on 12/11/2024. He works for RJW Logistics as a material handier. He reported being in training for driving a forklift, and he was suddenly attacked by a coworker who punched and kicked him. He reported falling to the ground on his right side of body and then getting kicked afterwards repeatedly. Afterwards, he went to Baylor Hospital in Uptown Dallas. The claimant was sent to NOVA medical center for initial evaluation by his company. Physical evaluation revealed improving neck, upper back, and right shoulder pain. Cervical ROM was limited. light touch sensory exam was intact. The muscle tone was increased, on the right. Pain on pressure over the trapezius and paraspinal muscles. The claimant has completed about 12 physical therapy sessions.

This request aligns with ODG guidelines for continued care with chiropractic manipulation. The supporting clinical documentation indicates that the claimant would benefit from chiropractic treatment. While he has completed physical therapy, he has not yet undergone chiropractic adjustments. Therefore, based on ODG criteria and the provided medical documentation, the requested 6 sessions of Chiropractic Manipulation Therapy to the cervical and thoracic spine are medically necessary and clinically appropriate.

Medical Records Reviewed:

Office visit note: S Marek, DC on 07/21/2025

Summary:

Based on the review of the provided documentation, the claimant was involved in a work-related injury on 12/11/2024. He works for RJW Logistics as a material handier. He reported being in training for driving a forklift, and he was suddenly attacked by a coworker who punched and kicked him. He reported falling to the ground on his right side of body and then getting kicked afterwards repeatedly. Afterwards, he went to Baylor Hospital in Uptown Dallas. The claimant was sent to NOVA medical center for initial evaluation by his company. Physical evaluation revealed improving neck, upper back, and right shoulder pain. Cervical ROM was limited. light touch sensory exam was intact. The muscle tone was increased, on the right. Pain on pressure over the trapezius and paraspinal muscles. The claimant has completed about 12 physical therapy sessions. Treating doctor is requesting 6 Sessions of



IMO Plano
P.O. Box 260287
Plano, TX 75026
(888) 645-1200 Fax (888) 275-9946
URA #4919

Chiropractic Manipulation Therapy to Cervical/Thoracic Spine

Contacts:

N/A

Determination: PRE-Authorized

Screening Criteria and Treatment Guidelines:

Official Disability Guidelines

Manipulation for Neck and Upper Back Conditions

Body system:

Neck and Upper Back

Treatment type:

Complementary/Alternative Medicine, Physical Medicine

ODG Criteria

ODG Chiropractic Guidelines -

Therapeutic care -

? Regional Neck Pain:

9 visits over 8 weeks

? Cervical Strain:

Intensity and duration of care depend on severity of injury as indicated below, but not on causation. These guidelines apply to cervical strains, sprains, whiplash (WAD), acceleration/deceleration injuries, motor vehicle accidents (MVA), including auto, and other injuries whether at work or not. The primary criterion for continued treatment is patient response, as indicated below.

- o Mild (grade I - Quebec Task Force Classification of Grades of Whiplash-Associated Disorders grades): up to 6 visits over 2-3 weeks
- o Moderate (grade II): Trial of 6 visits over 2-3 weeks

Moderate (grade II): With evidence of objective Functional Improvement Measures for Neck and Upper Back Conditions, total of up to 18 visits over 6-8 weeks

- o Severe (grade III): Trial of 10 visits over 4-6 weeks

Severe (grade III): With evidence of objective Functional Improvement Measures for Neck and Upper Back Conditions, total of up to 25 visits over 6 months

? Cervical Nerve Root Compression with Radiculopathy:

Patient selection based on previous chiropractic success --

Trial of 6 visits over 2-3 weeks

With evidence of objective Functional Improvement Measures for Neck and Upper Back Conditions, total of up to 18 visits over 6-8 weeks, and gradually fade the patient into active self-directed care

? Post Laminectomy Syndrome:

14-16 visits over 12 weeks

Elective/maintenance care - Not medically necessary

Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care

Preauthorization is not a guarantee of payment but is based on medical necessity. If the treatment is for a condition, diagnosis, or body part that has not been accepted as part of the compensable injury that could affect your right to payment, even if the treatment is preauthorized. You may contact the claims representative if you have questions about your right to payment.

You may reach IMO at (888) 645-1200 x 135 if additional treatment is required beyond dates shown.

Clem Hopkins, LVN

Utilization Review Nurse



IMO Plano
P.O. Box 260287
Plano, TX 75026
(888) 645-1200 Fax (888) 275-9946
URA #4919

CC	Recipient Name	Address	Fax
Claimant	Taylor Burks	3800 S Tyler St Apt. 242 Dallas, TX 752244489	
Requesting Physician	Shaun Marek, DC	4305 Pinnacle Point Drive Suite 301 Dallas, TX 75211-1412	
Adjuster	Shawn Mayes	P.O. Box 28 Dubuque, IA 52004	
Facility	Peak Integrated Healthcare	4305 Pinnacle Point Dr Suite 301 Dallas, TX 75211	(214) 337-2108



Employee: You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation (DWC) and may be entitled to certain medical and income benefits. For further information call DWC at 800-252-7031.

Empleado: Es requerido que usted reporte su lesión a su empleador dentro de 30 días si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte del Departamento de Seguros de Texas, División de Compensación para Trabajadores (DWC), y es posible que tenga derecho a recibir ciertos beneficios médicos y de ingresos. Para obtener más información llame a DWC al 800-252-7031.

Texas Workers' Compensation Work Status Report

I. GENERAL INFORMATION

Date Sent (for transmission purposes only): 7/21/25

1. Injured Employee's Name Taylor Burks		5a. Doctor's/Delegating Doctor's Name and Degree Shaun J. Marek, D.C.	5b. PA / APRN Name (if completing form)
2. Date of Injury 12/11/24	3. Social Security Number (last four) XXX-XX- 1799	6. Facility Name Peak Integrated Healthcare - South Dallas	9. Employer's Name
4. Employee's Description of Injury/Accident He reports being in training for driving a forklift and he was suddenly attacked by a coworker who punched and kicked him - He reports falling to the ground on his right side of body and then getting kicked afterwards repeatedly		7. Facility/Doctor Phone and Fax Numbers 214-337-2100 / 214-337-2108	10. Employer's Fax Number or Email Address (if known)
		8. Facility/Doctor Address (Street, City, State, ZIP Code) 4305 Pinnacle Point Drive, Suite 301 Dallas TX 75211	11. Insurance Carrier CBCS
			12. Carrier's Fax Number or Email Address (if known) 563-239-2849

II. WORK STATUS INFORMATION (Fully complete one box including estimated dates, and a description in 13c, if applicable)

13. The injured employee's medical condition resulting from the workers' compensation injury:

- a) will allow the employee to return to work as of ____ / ____ / ____ without restrictions; OR
 b) will allow the employee to return to work as of 7 / 21 / 25 with the restrictions identified in PART III, which are expected to last through 8 / 11 / 25; OR
 c) has prevented and still prevents the employee from returning to work as of ____ / ____ / ____ and is expected to continue through ____ / ____ / ____.

The following describes how this injury prevents the employee from returning to work:

III. ACTIVITY RESTRICTIONS (Only complete if box 13b is checked)

14. Posture Restrictions (if any): Max hours per day 0 2 4 6 8 Other: Standing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Kneeling/squatting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bending/stooping <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Pushing/pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Twisting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other:	17. Motion Restrictions (if any): Max hours per day 0 2 4 6 8 Other: Walking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Climbing stairs/ladders <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No climbing ladders Grasping/squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Overhead reaching <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other:	19. Misc. Restrictions (if any): Max hours per day of work: <input checked="" type="checkbox"/> Sit/stretch breaks of As Needed per _____ <input type="checkbox"/> Must wear splint/cast at work <input type="checkbox"/> Must use crutches at all times <input type="checkbox"/> No driving/operating heavy equipment <input type="checkbox"/> Can only drive automatic transmission <input type="checkbox"/> No skin contact with: <input type="checkbox"/> No running <input type="checkbox"/> Dressing changes necessary at work
15. Restrictions Specific To (if applicable): <input type="checkbox"/> Left hand/wrist <input type="checkbox"/> Left leg <input type="checkbox"/> Right hand/wrist <input type="checkbox"/> Right leg <input type="checkbox"/> Left arm <input type="checkbox"/> Back <input checked="" type="checkbox"/> Right arm <input type="checkbox"/> Left foot/ankle <input checked="" type="checkbox"/> Neck <input type="checkbox"/> Right foot/ankle Other:	18. Lift/Carry Restrictions (if any): <input checked="" type="checkbox"/> May not lift/carry objects more than <u>15</u> lbs. for more than <u>2</u> hours per day. <input type="checkbox"/> May not perform any lifting/carrying. Other:	<input type="checkbox"/> No work / _____ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding <input type="checkbox"/> Must keep _____ <input type="checkbox"/> elevated <input type="checkbox"/> clean & dry
16. Other Restrictions (if any)	20. Medication Restrictions (if any): <input checked="" type="checkbox"/> Must take prescription medication(s) <input type="checkbox"/> Advised to take over-the-counter meds <input type="checkbox"/> Medication may make drowsy (possible safety/driving issues)	

IV: TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION

21. Work Injury Diagnosis Information: Cervical Sprain Thoracic Sprain Right Shoulder Sprain	22. Expected Follow-up Services Include: <input checked="" type="checkbox"/> Evaluation by the treating doctor on <u>8</u> / <u>11</u> / <u>25</u> at _____ a.m./p.m. <input checked="" type="checkbox"/> Referral to/consult with <u>Medical</u> on <u>7</u> / <u>31</u> / <u>25</u> at <u>5</u> : <u>20</u> a.m./p.m. <input type="checkbox"/> Physical medicine _____ X per week for _____ weeks starting on _____ / _____ / _____ at _____ a.m./p.m. <input type="checkbox"/> Special studies (list): _____ on _____ / _____ / _____ at _____ a.m./p.m. <input type="checkbox"/> None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.		
Date /Time of Visit: 7/21/25	Employee's Signature <u>Taylor Burks</u>	Visit Type: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up	Role of Health Care Practitioner: <input type="checkbox"/> Treating doctor <input type="checkbox"/> Referral doctor <input type="checkbox"/> RME doctor <input type="checkbox"/> Consulting doctor <input type="checkbox"/> PA <input type="checkbox"/> APRN
Discharge Time:	Health Care Practitioner's Signature / License # <u>John M...</u> 12537 TX		<input type="checkbox"/> Designated doctor <input type="checkbox"/> Other doctor





Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation (DWC) and may be entitled to certain medical and income benefits. For further information call DWC at 800-252-7031

Empleado - Es requerido que usted reporte su lesión a su empleador dentro de 30 días si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte del Departamento de Seguros de Texas, División de Compensación para Trabajadores (DWC), y es posible que tenga derecho a recibir ciertos beneficios médicos y de ingresos. Para obtener más información llame a DWC al 800-252-7031.

DWC073

Texas Workers' Compensation Work Status Report

I. GENERAL INFORMATION

Date Sent (for transmission purposes only): 8/12/25

1. Injured Employee's Name Taylor Burks		5a. Doctor's/Delegating Doctor's Name and Degree Shaun J. Marek, D.C.	5b. PA / APRN Name (if completing form)
2. Date of Injury 12/11/24	3. Social Security Number (last four) XXX-XX- 1799	6. Facility Name Peak Integrated Healthcare - South Dallas	9. Employer's Name
4. Employee's Description of Injury/Accident He reports being in training for driving a forklift and he was suddenly attacked by a coworker who punched and kicked him - He reports falling to the ground on his right side of body and then getting kicked afterwards repeatedly		7. Facility/Doctor Phone and Fax Numbers 214-337-2100 / 214-337-2108	10. Employer's Fax Number or Email Address (if known)
		8. Facility/Doctor Address (Street, City, State, ZIP Code) 4305 Pinnacle Point Drive, Suite 301 Dallas TX 75211	11. Insurance Carrier CBCS
			12. Carrier's Fax Number or Email Address (if known) 563-239-2849

II. WORK STATUS INFORMATION (Fully complete one box including estimated dates, and a description in 13c, if applicable)

13. The injured employee's medical condition resulting from the workers' compensation injury:

- a) will allow the employee to return to work as of 8 / 12 / 25 without restrictions; OR
- b) will allow the employee to return to work as of _____ / _____ / _____ with the restrictions identified in PART III, which are expected to last through _____ / _____ / _____; OR
- c) has prevented and still prevents the employee from returning to work as of _____ / _____ / _____ and is expected to continue through _____ / _____ / _____.

The following describes how this injury prevents the employee from returning to work:

III. ACTIVITY RESTRICTIONS (Only complete if box 13b is checked)

14. Posture Restrictions (if any): Max hours per day 0 2 4 6 8 Other:	17. Motion Restrictions (if any): Max hours per day 0 2 4 6 8 Other:	19. Misc. Restrictions (if any): Max hours per day of work: Sit/stretch breaks of _____ per _____
Standing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Walking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Must wear splint/cast at work
Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Climbing stairs/ladders <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Must use crutches at all times
Kneeling/squatting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Grasping/squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No driving/operating heavy equipment
Bending/stooping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Can only drive automatic transmission
Pushing/pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No skin contact with:
Twisting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Overhead reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No running
Other:	Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Dressing changes necessary at work
15. Restrictions Specific To (if applicable): Left hand/wrist <input type="checkbox"/> Left leg <input type="checkbox"/> Right hand/wrist <input type="checkbox"/> Right leg <input type="checkbox"/> Left arm <input type="checkbox"/> Back <input type="checkbox"/> Right arm <input type="checkbox"/> Left foot/ankle <input type="checkbox"/> Neck <input type="checkbox"/> Right foot/ankle <input type="checkbox"/> Other:		18. Lift/Carry Restrictions (if any): <input type="checkbox"/> May not lift/carry objects more than _____ lbs. for more than _____ hours per day. <input type="checkbox"/> May not perform any lifting/carrying. Other:
		<input type="checkbox"/> No work / _____ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding <input type="checkbox"/> Must keep _____ elevated <input type="checkbox"/> clean & dry

16. Other Restrictions (if any)

20. Medication Restrictions (if any):
 Must take prescription medication(s)
 Advised to take over-the-counter meds
 Medication may make drowsy (possible safety/driving issues)

IV: TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION

21. Work Injury Diagnosis Information: Cervical Sprain Thoracic Sprain Right Shoulder Sprain	22. Expected Follow-up Services Include: <input checked="" type="checkbox"/> Evaluation by the treating doctor on <u>8</u> / <u>26</u> / <u>25</u> at _____ : _____ a.m./p.m. <input type="checkbox"/> Referral to/consult with _____ on _____ / _____ / _____ at _____ : _____ a.m./p.m. <input checked="" type="checkbox"/> Physical medicine CMT X per week for _____ weeks starting on _____ / _____ / _____ at _____ : _____ a.m./p.m. <input type="checkbox"/> Special studies (list): _____ on _____ / _____ / _____ at _____ : _____ a.m./p.m. <input type="checkbox"/> None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.		
Date /Time of Visit: 8/12/25	Employee's Signature <i>Taylor Burks</i>	Visit Type: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up	Role of Health Care Practitioner: <input type="checkbox"/> Treating doctor <input type="checkbox"/> Referral doctor <input type="checkbox"/> RME doctor <input type="checkbox"/> Consulting doctor <input type="checkbox"/> PA <input type="checkbox"/> APRN <input type="checkbox"/> Designated doctor <input type="checkbox"/> Other doctor
Discharge Time:	Health Care Practitioner's Signature / License # <i>John M...</i>	12537 TX	





Physicians' Contract Services

Dr. Casey G. Cochran

September 2, 2025

PEER REVIEW

Melissa Alcocer

Med Confirm

2001 Bryan Street, Ste 3080

Dallas, TX 75201

RE: Claimant: **Taylor Burks**
SSN: **XXX-XX-1199**
Claim# **TRF24039737**
DOI: **12-11-2024**
Employer: **RJW Logistics Group-Mesquite**

Dear Ms. Alcocer:

You asked me to do a peer review on the above named claimant.

Medical Information Reviewed:

12-11-24 Employer's First Report of Injury or Illness
12-11-24 Work Status
12-12-24 Brandon Elrod, DO, Initial Evaluation
12-13-24 Nova, Physical Therapy Evaluation
12-13-24 through 12-26-24 Physical Therapy Daily Notes, a total of 6 sessions
12-16-24 Brandon Elrod, DO
12-19-24 Shaun Marek, DC, Worker's Compensation Consult
12-27-24 Dennis Um, MD, Office Visit
01-10-25 Notice of Denial of Compensability/Liability and Refusal to Pay Benefits
01-16-25 MRI of the Lumbar Spine interpreted by, Robert Loeb, MD
02-09-25 MRI of the Left Shoulder interpreted by, James Piko, MD
02-09-25 MRI of the Left Wrist interpreted by, James Piko, MD
02-14-25 Shaun Marek, DC, Office Visit
02-27-25 Jesse Harvey, PA, Telemedicine Visit
03-06-25 Shaun Marek, DC, DWC-73
03-06-25 X-rays of Cervical Spine, interpreted by, Dee Martinez, MD
03-06-25 X-rays of Right Shoulder, interpreted by, Dee Martinez, MD
03-06-25 X-rays of Thoracic Spine, interpreted by, Dee Martinez, MD
03-13-25 Physical Performance Evaluation

03-20-25 Shaun Marek, DC, Office Visit
03-24-25 Preauthorization Determination Letter

03-31-25 through 05-06-25 Shaun Marek, DC, Therapy Treatment Notes, a total of 6 sessions
04-07-25 Shaun Marek, DC, DWC-73
04-09-25 X-rays of Left Shoulder, interpreted by, Dee Martinez, MD
04-28-25 Decision and Order
05-06-25 Shaun Marek, DC, Office Visit
05-20-25 Shaun Marek, DC, Office Visit
06-10-25 Shaun Marek, DC, Office Visit
07-21-25 Shaun Marek, DC, Office Visit
07-25-25 Preauthorization Determination Letter
08-12-25 Shaun Marek, DC, DWC-73

Summary of Events:

12-11-24 Employer's First Report of Injury or Illness: The claimant was training in Aisle 16 when another associate, Jon Hernandez, who was picking in the same aisle approached him from the rear. When Jon passed Taylor and his trainer Alex Trujillo, words were exchanged between both associates. During this verbal exchange, Jon got off his walkie-rider and punched Taylor multiple times in the face. Taylor fell back onto his walkie-rider and then fell to the ground, where Job kicked Taylor and continued to assault him.

12-11-24 Work Status: The claimant may return to work on 12-14-24 without restrictions.

12-12-24 Brandon Elrod, DO, Initial Evaluation, noted the claimant states that he was attacked by a co-worker, and he fell on his right shoulder and right hand injuring his right shoulder, right hand, neck, and head rated his pain level at 8/10, complains of bruises on the back of his right hand. On examination, cervical spine side bending decreased right. Rotation decreased right. Flexion decreased. Extension decreased. Muscle spasm along the paraspinal muscle right sided. Trapezius muscle spasm is noted right sided. Tenderness to palpation right sided. Right shoulder abduction 90. Right hand shows edema dorsum of the hand mild. Bruising dorsum of the hand. Range of motion flexion decreased. Extension decreased. Ulnar deviation decreased. Tenderness to palpation extensor tendons. Muscle testing decreased extension. X-rays of head/skull negative for fracture or dislocation. X-rays of cervical spine is negative. X-rays of right shoulder show negative x-ray, incidental finding of right shoulder status post changes noted on glenoid spar underneath subacromial space. X-rays of right hand/fingers negative for fracture or dislocation. Diagnosis: Contusion of right shoulder, initial encounter. Contusion of unspecified part of head, initial encounter. Contusion of unspecified part of neck, initial encounter. Contusion of right hand, initial encounter. Pain in right hand. Headache, unspecified. Cervicalgia. Pain in right shoulder. Plan: Prescribed Flexeril. Advised to follow-up with PCP for non-work related positive review of systems and/or positive past medical history. Continue ibuprofen. Refer to physical therapy. ACE Lt compress band. Toradol IM. Rapid drug screen and breath alcohol test post-accident. Restricted duty. Follow-up on 12-16-24. DWC-73 shows the claimant was returned to work with restrictions as of 12-12-24 through 12-16-24

12-13-24 Nova, Physical Therapy Evaluation, diagnosis: Contusion of right shoulder, initial encounter. Contusion of unspecified part of head, initial encounter. Contusion of unspecified part of neck, initial encounter. Contusion of right hand, initial encounter. Pain in right hand. Plan: Physical therapy 3x/week x4.

Physical Therapy Daily Notes, 12-13-24, 12-17-24, 12-19-24, 12-20-24, 12-24-24, 12-26-24, a total of 6 sessions.

12-16-24 Brandon Elrod, DO, Office Visit, noted the claimant is here today for multiple body part injury, right shoulder, right hand, head and neck. Right shoulder pain is 3/10 with no activities, 8/10 with activities. Now, he is complaining of low back pain at 8/10, pain is compensable to 8/10. On examination, cervical spine shows muscle spasm along the paraspinal muscle increased. Right shoulder shows tenderness diffuse, anterior/posterior, and bicipital groove decreased. Range of motion abduction decreased to 120 degrees. Flexion and internal/external rotation decreased. Right hand show edema and bruising decreased. Tenderness to palpation at extensor tendons. Flexor tendons, cubital/carpal tunnel decreased. Extensor polis longus and brevis decreased. Diagnosis: Contusion of right shoulder, subsequent encounter. Contusion of unspecified part of head, subsequent encounter. Contusion of unspecified part of neck, subsequent encounter. Contusion of right hand, subsequent encounter. Pain in right hand. Headache, unspecified. Cervicalgia. Pain in right shoulder. Plan: Continue Flexeril and ibuprofen. Apply ice and warm compression. Continue physical therapy. Follow-up with primary care doctor for non-work related positive review of systems and/or positive past medical history. Follow-up 12-27-24. DWC-73 shows the claimant was returned to work with restrictions as of 12-16-24 through 12-27-24.

12-19-24 Shaun Marek, DC, Worker's Compensation Consult: The claimant was injured on 12-11-24. History of injury: The claimant works for RJW Logistics as a material handler - He reports being in training for driving a forklift and he was suddenly attacked by a coworker who punched and kicked him - He reports falling to the ground on his right side of body and then getting kicked afterwards repeatedly - He states the coworker ran away from the scene - Afterwards he states he had some dizziness and confusion - He went to Baylor Hospital in Uptown Dallas - He was sent to NOVA medical center for evaluation by his company. Yes, injury was reported. Yes, the claimant has had therapy. 4-6 visits for therapy. The claimant has had an X-Ray. The claimant has had 2 Injections. No, the claimant has not had surgery. Neck was injured. Mid Back was injured. Shoulder was injured. The claimant is injured on this area: Right Shoulder and Collar bone. Yes, the claimant knows which areas were accepted by insurance. Yes, the claimant knows which areas are being denied. No, employee was not terminated by company where they were injured. Employee is working; Full-Time, restrictions.

12-27-24 Dennis Um, MD, Office Visit, noted the claimant is today here for right shoulder, low back pain, right knee, and right hand/finger follow-up, on light duty with pain level at 6/10. On examination, cervical spine shows muscle spasm along the paraspinal muscle increased. Right shoulder shows tenderness diffuse, anterior/posterior, bicipital groove, range of motion abduction decreased. Flexion increased. Internal/external rotation decreased. Right hand shows edema and bruising decreased. Tenderness to palpation to extensor and flexor tendons decreased. Cubital tunnel and carpal tunnel decreased. Extensor polis longus and brevis decreased. Muscle testing grip strength increased. Diagnosis: Contusion of right shoulder, subsequent encounter. Contusion of unspecified part of head, subsequent encounter. Contusion of unspecified part of neck, subsequent encounter. Contusion of right hand, subsequent encounter. Pain in right hand. Headache, unspecified. Cervicalgia. Low back pain, unspecified. Plan: Prescribed Flexeril and continue ibuprofen. MRI of low back and right shoulder. Apply ice and warm compression. Continue physical therapy. Advance restrictions. Refer to orthopedic for right shoulder and lumbar spine. Follow-up with his primary care doctor for high heart rate. Restricted duty. Follow-up on 01-10-25. DWC-73 shows the claimant was returned to work with restrictions as of 12-27-24 through 01-10-25.

01-10-25 Notice of Denial of Compensability/Liability and Refusal to Pay Benefits: The Carrier denies that claimant sustained a compensable injury in the course and scope of his employment on 12-11-24. The claimant's injuries were caused by the acts of a third person intended to injure the claimant because of a personal reason and not directed at the claimant in his capacity as an employee or because of his

employment. The claimant was involved in an altercation unrelated to his employment. The employment did not worsen or contribute to the altercation with the co-worker.

01-16-25 MRI of the Lumbar Spine interpreted by, Robert Loeb, MD, shows
FINDINGS:

Vertebral body height, signal intensity and alignment are maintained. The conus ends at the L1 level. The paraspinal soft tissues are normal.

L1-L2: Disc height and hydration are maintained. There is no focal disc protrusion, canal or foraminal narrowing. The facet joints and posterior elements are unremarkable.

L2-L3: Disc height and hydration are maintained. There is no focal disc protrusion, canal or foraminal narrowing. The facet joints and posterior elements are unremarkable.

L3-L4: Disc height and hydration are maintained. There is no focal disc protrusion, canal or foraminal narrowing. The facet joints and posterior elements are unremarkable.

L4-L5: Disc height and hydration are maintained. There is 2 mm disc protrusion with mild bilateral foraminal narrowing. No canal stenosis. Canal or foraminal narrowing. Mild facet arthropathy.

L5-S1: Disc narrowing with desiccation and 3 mm disc protrusion asymmetric to the left with moderate left foraminal narrowing. Facet arthropathy.

IMPRESSION:

1. Spondylosis with 2 mm disc protrusion and mild bilateral foraminal narrowing at L4-L5.
2. At L5-S1, there is 3 mm left-sided disc protrusion with moderate left foraminal narrowing.

02-09-25 MRI of the Left Shoulder interpreted by, James Piko, MD, shows

FINDINGS:

Rotator cuff:

Supraspinatus tendon: Intact supraspinatus tendon without a tear identified. There is no tendon retraction.

Infraspinatus tendon: Normal appearance of the infraspinatus tendon without a tear identified.

Subscapularis tendon: The subscapularis tendon remains intact and inserts normally at the lesser tuberosity.

Teres minor tendon: No teres minor tendon tear is identified.

Labrum:

Biceps labral anchor complex: No SLAP tear is identified.

Labrum: Anterior inferior quadrant cartilaginous Bankart lesion and ALPSA lesion. There is no para labral cyst.

Biceps tendon:

Tendon: The biceps long head tendon has a normal appearance without a tear or tendon retraction.

Intertubercular groove: No biceps tendon subluxation is seen. The overlying biceps sling is grossly preserved.

Osseous structures:

The humeral head is not high riding on the glenoid. There is a large Hill-Sachs deformity of the posterior superior lateral humeral head measuring 2 cm with mild surrounding osteoedema. Anterior inferior glenoid bony Bankart defect fracture deformity. This involves approximately 30% of the inferior glenoid face. A large loculated inferior axillary joint effusion. There is a 5 mm osteochondral lesion of the superior humeral head with surrounding mild osteoedema. No significant subacromial/acromiohumeral arch stenosis.

Soft tissues:

There is no muscle atrophy. Inferior axillary capsular disruption is noted with central membranous tearing of the inferior glenohumeral ligament. A suspected reverse HAGL lesion with tear at the anterior inferior glenoid of the inferior glenohumeral ligament anterior band.

IMPRESSION:

Sequela of an anterior inferior glenohumeral dislocation injury, with macro instability pattern including Hill-Sachs and bony Bankart fractures. Disruption of the inferior glenohumeral membranous capsule, loculated large effusion, reverse HAGL lesion, cartilaginous Bankart and ALPSA lesion. No rotator cuff tear.

02-09-25 MRI of the Left Wrist interpreted by, James Piko, MD, shows

FINDINGS:

Intrinsic Ligaments: The scapholunate ligament is intact. The lunotriquetral ligament is unremarkable.

Extrinsic Ligaments: The visualized volar and dorsal extrinsic ligaments appear grossly intact.

Triangular fibrocartilage complex: No tear is seen.

Tendons: The dorsal extensor tendon compartments are all intact without a tear identified. No significant tenosynovitis. The flexor tendons are unremarkable.

Osseous structures: No joint effusions are seen. Mild osteoedema of the distal ulna. No fracture is identified. The hook of the hamate is preserved. The scaphoid remains intact. There is no scapholunate diastasis. No SLAC wrist deformity. No DISI or VISI is identified. The visualized metacarpals are within normal limits.

Soft tissues: No focal soft tissue hematoma is identified. The myofascial planes are preserved. The median nerve is unremarkable.

IMPRESSION:

Mild osteoedema of the distal ulna. A contusion or stress change is most likely. No acute ligament tear, tendon tear or fracture is identified.

02-14-25 Shaun Marek, DC, Office Visit, noted the claimant complains of neck and upper back pain, right shoulder pain. Headaches and dizziness resolved. On examination, cervical spine, positive tightness and tenderness. Muscle tone is increased on the right. Pain on pressure over the right trapezius, right paraspinals, and C4-C7 spinous process. Flexion at 50 degrees and extension at 30 degrees decreased with pain. Left lateral flexion at 25 degrees and right lateral flexion at 35 degrees decreased with pain. Left rotation is below at 55 degrees and right rotation is at 65 degrees decreased with pain. Cervical flexion/extension, left/right lateral flexion, left/right rotation was all abnormal. Positive right cervical compression test. Right shoulder exam shows positive tightness and tenderness. The muscle tone increased on the right. Pain on pressure over the right supraspinatus, right deltoid, right trapezius, and right scapular border. Thoracic exam: The muscle tone is increased on the right side. Pain on pressure over the right trapezius, right paraspinal muscles, and T1-T5 spinous process. Positive right apprehension test and Hawkin's test. Thoracic spine positive tightness and tenderness, increased tone on the side. Pain on pressure over right trapezius, right paraspinal muscle, over T1 through T5 spinous process. Diagnosis: Sprain of ligaments of cervical spine, initial encounter. Sprain of ligaments of thoracic spine, initial encounter. Contusion of unspecified part of head, initial encounter. Unspecified sprain of right shoulder joint, initial encounter. Plan: Request medical records. Referral for PPE for updated functional assessment. Referral for medical consultation. New x-ray of the cervical spine, thoracic spine, and right shoulder. Follow-up in 2 weeks.

02-27-25 Jesse Harvey, PA, Telemedicine Visit, noted the claimant complains of headaches, right shoulder, neck, and back pain since his work injury that occurred on 12-11-24 rated at 3/10 today.

Diagnosis: Contusion of unspecified part of head, initial encounter. Unspecified sprain of right shoulder joint, initial encounter. Sprain of ligaments of cervical spine, initial encounter. Sprain of ligaments of thoracic spine, initial encounter. Unspecified sprain of right shoulder joint, subsequent encounter.

Contusion of unspecified part of head, subsequent encounter. Sprain of ligaments of thoracic spine, subsequent encounter. Sprain of ligaments of cervical spine, subsequent encounter. Plan: Continue physical therapy, chiropractic treatment, and other consultants a recommended. Start Celebrex, Lidocaine, cyclobenzaprine, and Tylenol with codeine. Follow-up in one month.

03-06-25 Shaun Marek, DC, DWC-73 shows the claimant was returned to work with restrictions as of 03-06-25 through 03-20-25. Plan: Physical Performance Evaluation. Follow-up on 03-20-25.

03-06-25 X-rays of Cervical Spine, interpreted by, Dee Martinez, MD, shows FINDINGS:

There is no cervical spine fracture or dislocation. The intervertebral disc spaces are preserved and the posterior elements are intact. The craniocervical junction is normal. There is reversal of the normal cervical lordosis on the lateral image. The paracervical soft tissues are unremarkable.

IMPRESSION:

1. There is reversal of the normal cervical lordosis, likely from surrounding paraspinous muscle spasm.
2. Otherwise, normal cervical spine series.

03-06-25 X-rays of Right Shoulder, interpreted by, Dee Martinez, MD, shows

FINDINGS:

There is no fracture, dislocation or subluxation. There is mild joint space narrowing with subchondral sclerosis and degenerative spur formation in the glenohumeral joint. The surrounding soft tissues are unremarkable.

IMPRESSION:

1. Mild degenerative joint disease in the right glenohumeral joint

03-06-25 X-rays of Thoracic Spine, interpreted by, Dee Martinez, MD, shows

FINDINGS:

There is no fracture, dislocation or spondylolisthesis. The intervertebral disk spaces are preserved and the posterior elements are intact. There is mild thoracic spine scoliosis present with a Cobb angle of 8° that is convex to the right in the lower thoracic spine. The parathoracic soft tissues are unremarkable.

IMPRESSION:

1. Mild thoracic spine scoliosis.

03-13-25 Physical Performance Evaluation, noted the claimant is currently functioning at light PDL. The job required PDL is heavy. Recommend trial of active therapy program.

03-20-25 Shaun Marek, DC, Office Visit, noted the claimant reports "I don't really have any changes in pain today but I have trouble sleeping on my side." On examination, cervical spine, positive tightness and tenderness. Muscle tone is increased on the right. Pain on pressure over the right trapezius, right paraspinals, and C4-C7 spinous process. Flexion at 50 degrees and extension at 30 degrees decreased with pain. Left lateral flexion at 25 degrees and right lateral flexion at 35 degrees decreased with pain. Left rotation is below at 55 degrees and right rotation is at 65 degrees decreased with pain. Cervical flexion/extension, left/right lateral flexion, left/right rotation was all abnormal. Positive right cervical compression test. Right shoulder exam shows positive tightness and tenderness. The muscle tone increased on the right. Pain on pressure over the right supraspinatus, right deltoid, right trapezius, and right scapular border. Thoracic exam: The muscle tone is increased on the right side. Pain on pressure over the right trapezius, right paraspinal muscles, and T1-T5 spinous process. Positive right apprehension test and Hawkin's test.

Thoracic spine positive tightness and tenderness, increased tone on the side. Pain on pressure over right trapezius, right paraspinal muscle, over T1 through T5 spinous process. Diagnosis: Sprain of ligaments of cervical spine, subsequent encounter. Sprain of ligaments of thoracic spine, subsequent encounter.

Unspecified sprain of right shoulder joint, subsequent encounter. Contusion of unspecified part of head, subsequent encounter. Unspecified sprain of left shoulder joint, subsequent encounter. Plan: Pending authorization for therapy. X-ray of the left shoulder. Scheduled for hearing on 04-22-25. Updated work

status. Follow-up on 04-03-25. DWC-73 shows the claimant was returned to work with restrictions as of 03-20-25 through 04-03-25.

03-24-25 Preauthorization Determination Letter: Therapeutic exercise and neuromuscular reeducation.

Shaun Marek, DC, Therapy Treatment Notes, 03-31-25, 04-02-25, 04-07-25, 04-09-25, 04-17-25, 05-06-25, a total of 6 sessions.

04-07-25 Shaun Marek, DC, DWC-73 shows the claimant was returned to work with restrictions as of 04-05-25 through 04-28-25. Plan: Physical medicine therapy. Follow-up on 04-28-25.

04-09-25 X-rays of Left Shoulder, interpreted by, Dee Martinez, MD, shows FINDINGS:

There is no fracture, dislocation or subluxation. There is no radiographic evidence of a significant arthropathy. The soft tissues are unremarkable.

IMPRESSION:

Normal left shoulder series.

04-28-25 Decision and Order: For the reasons discussed, the administrative law judge determines that: The claimant sustained a compensable injury on December 11, 2024. The claimed injury did not arise out of an act of a third person intended to injure the claimant because of personal reasons and not directed at the claimant as an employee or because of the employment, and the insurance carrier is thereby relieved of liability for compensation. The claimant did not have disability from December 12, 2024, through the date of the hearing resulting from the compensable injury.

05-06-25 Shaun Marek, DC, Office Visit, noted the claimant reports "therapy has been helping me a little bit but I am getting pain that goes from my neck, to my shoulder, and arms that bothers me. It happens every now and then and it concerns me." On examination of cervical spine, paraspinal tenderness, muscle tone is increased on the right. Pain on pressure over the left/right trapezius, left/right paraspinals, C4-C7 spinous process. Flexion at 50 degrees and extension at 30 degrees decreased with pain. Left lateral flexion at 25 degrees and right lateral flexion at 35 degrees decreased with pain. Left rotation is below at 55 degrees and right rotation at 65 degrees, decreased with pain. Cervical flexion/extension, left/right lateral flexion, left/right rotation was all abnormal. Both upper extremities are affected. Right shoulder exam shows positive tightness and tenderness. Muscle tone increased on both sides. Pain on pressure over the right supraspinatus, left/right deltoid, left/right trapezius, and right scapular border. Thoracic spine has positive tightness and tenderness. Muscle tone increased on the right side. Pain on pressure over the right trapezius, right paraspinal muscles, and T1-T5 spinous process. Diagnosis: Sprain of ligaments of cervical spine, subsequent encounter. Sprain of ligaments of thoracic spine, subsequent encounter. Unspecified sprain of right shoulder joint, subsequent encounter. Contusion of unspecified part of head, subsequent encounter. Unspecified sprain of left shoulder joint, subsequent encounter. Plan: Referral for new PPE for updated functional and work capacity. Referral for EMG/NCV of bilateral upper extremity. Follow-up on 05-20-25. DWC-73 shows the claimant was returned to work with restrictions as of 05-06-25 through 05-20-25.

05-20-25 Shaun Marek, DC, Office Visit, noted the claimant reports no changes in pain today. On examination of cervical spine, positive tenderness, muscle tone is increased on the right. Pain on pressure over the left/right trapezius, left/right paraspinals, C4-C7 spinous process. Flexion at 50 degrees and extension at 30 degrees decreased with pain. Left lateral flexion at 25 degrees and right lateral flexion at 35 degrees decreased with pain. Left rotation is below at 55 degrees and right rotation at 65 degrees, decreased with pain. Cervical flexion/extension, left/right lateral flexion, left/right rotation was all

abnormal. Both upper extremities are affected. Shoulder exam shows positive tightness and tenderness. Muscle tone increased on both sides. Pain on pressure over the right supraspinatus, left/right deltoid, left/right trapezius, and right scapular border. Both upper extremities are affected. Thoracic spine has positive tenderness. Muscle tone increased on the right side. Pain on pressure over the right trapezius, right paraspinal muscles, and T1-T5 spinous process. Diagnosis: Sprain of ligaments of cervical spine, subsequent encounter. Sprain of ligaments of thoracic spine, subsequent encounter. Unspecified sprain of right shoulder joint, subsequent encounter. Contusion of unspecified part of head, subsequent encounter. Unspecified sprain of left shoulder joint, subsequent encounter. Plan: Physical Performance Evaluation. Follow-up on 06-17-25. DWC-73 shows the claimant was returned to work with restrictions as of 05-20-25 through 06-17-25.

06-10-25 Shaun Marek, DC, Office Visit, noted the claimant states "If I lay on my side I get some numbness at my right arm occasionally." He reports he is working full time. On examination of cervical spine, positive tenderness, muscle tone is increased on the right. Pain on pressure over the left/right trapezius, left/right paraspinals. Pain on pressure over the C4-C7 spinous process. Flexion at 50 degrees and extension at 30 degrees decreased with pain. Left lateral flexion at 25 degrees and right lateral flexion at 35 degrees decreased with pain. Left rotation is below at 55 degrees and right rotation at 65 degrees, decreased with pain. Cervical flexion/extension, left/right lateral flexion, left/right rotation was all abnormal. Both upper extremities are affected. Shoulder exam shows positive tightness and tenderness. Muscle tone increased on both sides. Pain on pressure over the right supraspinatus, left/right deltoid, left/right trapezius, and right scapular border. Thoracic spine has positive tenderness. Muscle tone increased on the right side. Pain on pressure over the right trapezius, right paraspinal muscles, and T1-T5 spinous process. Diagnosis: Sprain of ligaments of cervical spine, subsequent encounter. Sprain of ligaments of thoracic spine, subsequent encounter. Unspecified sprain of right shoulder joint, subsequent encounter. Contusion of unspecified part of head, subsequent encounter. Unspecified sprain of left shoulder joint, subsequent encounter. Plan: Follow-up on 07-01-25. DWC-73 shows the claimant was returned to work with restrictions as of 06-10-25 through 07-01-25.

07-21-25 Shaun Marek, DC, Office Visit, noted the claimant reports "Overall my neck, back, and shoulder are feeling better but I still get the tingling down my arm at night." On examination of cervical spine, positive tenderness, muscle tone is increased on the right. Pain on pressure over the left/right trapezius, left/right paraspinals, and over the C4-C7 spinous process. Flexion/extension at 50 degrees decreased. Left lateral flexion decreased at 40 degrees. Left rotation is below at 70 degrees and right rotation at 75 degrees both decreased. Shoulder exam shows positive tenderness. Muscle tone increased on right sides. Pain on pressure over the right deltoid. Both upper extremities are affected. Thoracic spine has positive tenderness. Muscle tone increased on the right side. Pain on pressure over the right paraspinal muscles and T1-T5 spinous process. Diagnosis: Sprain of ligaments of cervical spine, subsequent encounter. Sprain of ligaments of thoracic spine, subsequent encounter. Unspecified sprain of right shoulder joint, subsequent encounter. Contusion of unspecified part of head, subsequent encounter. Plan: Scheduled for follow-up with medical on 07-31-25. Recommend 6 sessions of chiropractic manipulation. Recommend TENS unit, neck pillow, heating pad, topical analgesic. Follow-up on 08-11-25. DWC-73 shows the claimant was returned to work with restrictions as of 07-21-25 through 08-11-25.

07-25-25 Preauthorization Determination Letter: Manipulation.

08-12-25 Shaun Marek, DC, DWC-73 shows the claimant was returned to work without restrictions as of 08-12-25. Plan: CMT. Follow-up on 08-26-25.

Specific Questions:

- 1. Please identify the specific diagnoses that the alleged work-related incident was a substantial factor in bringing about, without which such conditions would not have occurred? Please explain your opinion.**

The work-related incident was a substantial factor in bringing about contusions of the right shoulder, head, and right hand, as well as grade I neck and thoracic spine sprains/strains. There is no medical evidence to support any additional diagnoses as causally related to the original occupational event.

According to the records, the claimant sustained a work-related injury on 12-11-2024 when he was involved in an altercation with a coworker. He sought medical treatment on 12-12-2024 and underwent x-rays of the right hand/fingers, cervical spine, and head, all of which were negative for evidence of acute injury. He was prescribed conservative treatment, including physical therapy (PT). He completed a total of 6 sessions of PT between 12-13-2024 and 12-26-2024 and another 6 sessions between 3-31-2025 and 5-6-2025.

When he continued to report pain, he underwent additional diagnostics, including a lumbar MRI, left shoulder MRI, and left wrist, as well as x-rays of the cervical spine, right shoulder, thoracic spine, and left shoulder. These revealed incidental and degenerative changes only and did not demonstrate the presence of any posttraumatic processes that would be causally related to the reported mechanism of injury.

I will note that there was no documentation to support performing these MRI's based on the clinical data.

According to a 5-6-2025 office visit note, the claimant began reporting at this time that he was experiencing pain going from his neck to his shoulder and arms that were bothering him. He was referred for an EMG/NCV of the bilateral upper extremity, which was not performed.

According to the most recent office visit note, dated 7-21-2025, the claimant is reporting that his neck, back, and shoulder have improved, but he still gets "tingling down my arm at night." His provider has recommended 6 sessions of chiropractic manipulation, as well as a TENS unit, neck pillow, heating pad, and topical analgesic.

There has been no objective documentation of radiculopathy in this case.

Based on the medical records provided, and particularly in light of the reported mechanism of injury, the claimant's initial presenting complaints, and the physical exam and diagnostic imaging findings, the compensable injury is limited to right shoulder, head, and right hand contusions and grade I neck and thoracic spine sprains/strains.

- 2. Are the diagnostic findings causally related to the original work injury or incidental in nature? Please explain your rationale.**

There are no positive diagnostic imaging findings that are causally related to the work accident.

On 12-12-2024, the claimant underwent x-rays of the head/skull, cervical spine, and right shoulder, all of which were unremarkable.

On 1-16-2025, the claimant underwent a lumbar MRI, which revealed the following:

FINDINGS:

Vertebral body height, signal intensity and alignment are maintained. The conus ends at the L1 level. The paraspinal soft tissues are normal.

L1-L2: Disc height and hydration are maintained. There is no focal disc protrusion, canal or foraminal narrowing. The facet joints and posterior elements are unremarkable.

L2-L3: Disc height and hydration are maintained. There is no focal disc protrusion, canal or foraminal narrowing. The facet joints and posterior elements are unremarkable.

L3-L4: Disc height and hydration are maintained. There is no focal disc protrusion, canal or foraminal narrowing. The facet joints and posterior elements are unremarkable.

L4-L5: Disc height and hydration are maintained. There is 2 mm disc protrusion with mild bilateral foraminal narrowing. No canal stenosis. Canal or foraminal narrowing. Mild facet arthropathy.

L5-S1: Disc narrowing with desiccation and 3 mm disc protrusion asymmetric to the left with moderate left foraminal narrowing. Facet arthropathy.

IMPRESSION:

1. Spondylosis with 2 mm disc protrusion and mild bilateral foraminal narrowing at L4-L5.
2. At L5-S1, there is 3 mm left-sided disc protrusion with moderate left foraminal narrowing.

Not only did the claimant fail to report lower back pain as a part of his compensable injury, these findings represent non-acute disease of life changes that would be causally unrelated to a one-time accident.

Spondylosis is a form of arthritis, a progressive condition that is caused by ordinary wear and tear to the spine, as is facet arthropathy.

Literature from Carragee notes that minor trauma does not cause serious back illness. Literature reflects that imaging evidence of degenerative spine disease is common in asymptomatic individuals and increases with age. These findings suggest that many imaging-based degenerative features may be part of normal aging and unassociated with low back pain, especially when incidentally seen. The biomechanical literature reflects that with regard to the relationship between disc rupture and impact loading on the spine, it can be safely said that disc ruptures do not occur as the result of a single loading event, unless there are associated bony injuries to the spine.

On 2-9-2025, the claimant underwent an MRI of the left shoulder that revealed the following:

IMPRESSION:

Sequa of an anterior inferior glenohumeral dislocation injury, with macro instability pattern including Hill-Sachs and bony Bankart fractures. Disruption of the inferior glenohumeral membranous capsule, loculated large effusion, reverse HAGL lesion, cartilaginous Bankart and ALPSA lesion. No rotator cuff tear.

Inasmuch as the claimant did not report left shoulder symptoms for over a month after the date of injury, I cannot relate these findings to the original work incident.

On 2-9-2025, the claimant also underwent a “left” wrist MRI that revealed the following:

IMPRESSION:

Mild osteoedema of the distal ulna. A contusion or stress change is most likely. No acute ligament tear, tendon tear or fracture is identified.

Again, the claimant did not report any symptoms to the left wrist.

One would have to question if the MRI of the left wrist and left shoulder were a typographical error and the studies were to the right, based on the documentation provided.

If the notation of left wrist is incorrect and is rather right wrist, then the contusion changes would be related to the work injury. However, this needs to be clarified by the radiologist.

On 3-6-2025, x-rays of the cervical spine, right shoulder, and thoracic spine were performed. The cervical spine x-rays revealed reversal of the normal cervical lordosis, thought to be from surrounding paraspinous muscle spasm. This is a nondiagnostic finding that can signify multiple things, including an alteration in position at the time of the imaging. Therefore, I cannot relate this finding to the occupational accident.

The claimant's right shoulder x-rays revealed mild degenerative joint disease in the right glenohumeral joint. Degenerative changes are, by definition, non-acute and non-traumatic and, therefore, not the result of a one-time accident. Therefore, there are no positive right shoulder x-ray findings that would be causally related to the December incident.

The claimant's 3-6-2025 thoracic spine x-rays revealed mild thoracic spine scoliosis only. This represents an incidental result that would not be causally related to a one-time event.

Finally, the claimant underwent x-rays of the left shoulder on 4-9-2025. These were normal and revealed no evidence of an acute injury as causally related to the work incident.

- 3. Please identify all of the specific diagnoses or conditions from which the claimant currently suffers. Of those diagnoses or conditions, was the alleged work-related incident a substantial factor in bringing about any of the diagnoses or conditions, without which they would not have occurred? If so, please identify those conditions. In responding to this question, please explain your opinion, including explaining why the diagnosis or condition is or is not related to the work-related incident as well as addressing other probable causes of the diagnosis or condition.**

The claimant's current complaints include tingling down his arm at night. This is, in all medical probability, causally unrelated to the compensable injury of right shoulder, head, and right hand contusions and grade I neck and thoracic spine sprains/strains.

This claimant has no objective documentation of radiculopathy to support these evolving complaints. It is noted that sensation is intact, strength is 5/5. There is no documentation of decreased or absent reflexes.

With regard to the claimant's neck and thoracic sprains/strains, soft tissue injuries, including sprains/strains, are self-limiting conditions that typically heal, with or without treatment, within approximately 4-6 weeks. Please see below:

“Sprain/strain injuries are noted to resolve in the vast majority of cases (85% of the time) within six weeks” SPINE, 1995, “ Scientific Monograph of Quebec Taskforce”, W.O. Spitzar, et al.

Contusions are also self-limiting and generally resolve within days to weeks. Therefore, any symptoms over three months status postdate of injury would not be supported as causally related to the 12-11-2024 work injury.

4. To aid in formulating a possible treatment plan and possible treatment agreement, under the appropriate treatment guidelines (ODG) what future medical care would be reasonable and necessary to treat the compensable injury?

No additional treatment is supported as reasonable and necessary to treat the claimant's right shoulder, head, and right hand contusions and grade I neck and thoracic spine sprains/strains. For these conditions, the ODG would support up to 3 months of conservative care, including office visits with a treating provider, physical therapy (PT) or chiropractic treatment, and prescription medication while completing rehabilitation. Treatment of any kind over 3 months status postdate of injury, including office visits with a treating provider, chiropractic manipulation, a TENS unit, heating pad, and neck pillow, would not be supported.

At this time, other than a home exercise program, I am not aware of any further active treatment that would be reasonable, necessary or supported per ODG guidelines.

It does not appear that ODG would support any further office visits, medications, physical therapy, diagnostic testing, injections, the use of DME, interventional testing or procedures, pain programs, or work programs.

5. Have the effects of the original compensable injury resolved? If not, when can resolution be anticipated?

The claimant is well over three months status postdate of injury. Therefore, the effects of the original compensable injury have, in all medical probability, resolved at this time.

6. In some cases, an aggravation of a pre-existing injury may be compensable. However, in order to constitute a compensable aggravation of a pre-existing condition, there must be more than the re-manifestation of symptoms; there must be some enhancement, acceleration, or worsening of an underlying condition. In short, there must be some new damage or harm to the physical structure of the body. An aggravation is different than the mere recurrence or re-manifestation of symptoms, which is not the equivalent of a new compensable injury. Similarly, subsequent pain and medical problems are not automatically an aggravation amounting to a new injury.

a. Please identify any diagnoses or conditions that you found were in existence before the alleged work-related incident.

The claimant's positive lumbar, left shoulder, and left wrist MRI findings, as well as his positive right shoulder and thoracic spine x-ray findings, represent pre-existing conditions to include:

Lumbar spine:

L5-S1: Disc narrowing with desiccation and 3 mm disc protrusion asymmetric to the left with moderate left foraminal narrowing. Facet arthropathy.

Thoracic spine:

Mild thoracic spine scoliosis.

Left shoulder:

Sequela of an anterior inferior glenohumeral dislocation injury, with macro instability pattern including Hill-Sachs and bony Bankart fractures. Disruption of the inferior glenohumeral membranous capsule, loculated large effusion, reverse HAGL lesion, cartilaginous Bankart and ALPSA lesion.

b. If you found that any diagnoses or conditions existed before the alleged work-related incident, utilizing the definition above, were any preexisting conditions compensably aggravated (new damage or harm) by the alleged work-related incident, or did these diagnoses or conditions simply become symptomatic after work related incident? Please explain your opinion.

There is no evidence the claimant sustained any aggravation with respect to the pre-existing conditions documented, since there is no evidence that the claimant sustained new damage or harm to the physical structure of the body with respect to these conditions.

c. If you found that the alleged work-related incident compensably aggravated a preexisting condition, please:

1. define the scope of the enhancement, acceleration or worsening caused by the alleged work-related incident?

N/A

2. define at what point, if any, the aggravation resolve?

N/A

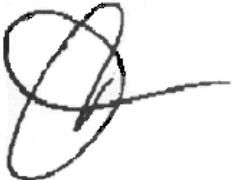
The opinions rendered in this case are the opinions of this evaluator. This evaluation has been conducted based on the medical documentation provided with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or reconsideration may be requested. Such information may or may not change the opinions rendered in this evaluation. This opinion is based on clinical assessment from the documentation provided. This opinion does not constitute per se a recommendation for specific claims or administrative claims or administrative functions to be made or enforced.

The rationale for opinions/recommendations stated in this report are based on those elements noted above, as well as the broadly accepted literature to include numerous textbooks, professional journals, nationally and internationally recognized treatment guidelines and peer consensus. The following examples should not be considered solely authoritative or definitive and does not represent an exhaustive list: The Back Pain Revolution; Neck and Back Pain; Low Back Pain; Musculoskeletal Disorders in the Workplace; Occupational Musculoskeletal Disorders; Cumulative Trauma Disorders; The Aging Spine; Occupational Ergonomics; Textbook of Disorders and Injuries of the Musculoskeletal System; Textbook of Clinical, Occupational and Environment Medicine; Spine; Neurology; AHCPR; Clinical Advisory Group Guidelines for Chiropractic Quality Assurance and Practice Parameters; Occupational Medicine Practice Guidelines, Contemporary Concepts in Spine Care, the Official Disability Guidelines and the Medical Disability Advisor.

Casey G. Cochran, DO and Physicians' Contract Services, PA, have no authority to approve or deny authorization or reimbursement for healthcare on behalf of the insurance carrier. Accordingly, this opinion does not constitute a determination for the purposes of Utilization Review. Before any healthcare addressed above may be approved or denied based on grounds of medical necessity or appropriateness of care, a formal Utilization Review and determination by a Utilization Review Agent with the authority to act on your behalf, must be conducted.

By my signature below, I hereby certify that I hold the appropriate credentials as defined by 28 TAC § 180.1 to perform this peer review.

Sincerely,



Casey G. Cochran, DO - Texas License No. H7714
Texas ADL II-Designated Doctor
Board Certified in Preventive & Occupational Medicine
Bachelor of Science Degree in Pharmacy
Fellow of the American Academy of Disability Evaluating Physicians
Fellow of the American Osteopathic Academy of Preventive Medicine
Instructor, Designated Doctor's Training Course, 1995-2012
TDI Certified to Perform MMI/Impairment and DD Exams

I have no knowledge of a conflict of interest between any of the parties in this Peer Review case and myself. Any payments received for the time expended to complete the review had no bearing on the independent opinion.

**Texas Department of Insurance****Division of Workers' Compensation**

7551 Metro Center Drive, Suite 100 • MS-94
 Austin, TX 78744-1645
 (800) 252-7031 phone • (512) 490-1047 fax

Complete if known:

DWC Claim # 25166466-DA

Carrier Claim # TRF24039737

Report of Medical Evaluation**I. GENERAL INFORMATION**

4. Injured Employee's Name (First, Middle, Last) Taylor Burks			9. Certifying Doctor's Name and License Type Dr. Dennis Williamson, D.C.		
1. Workers' Compensation Insurance Carrier CBCS Claims	5. Date of Injury 12/11/2024	6. Social Security Number XXX-XX-1799	10. Certifying Doctor's License Number and Jurisdiction 10235 TX		
2. Employer's Name RJW Transport, LLC	7. Employee's Phone Number (972) 750-7218			11. Certifying Doctor's Phone and Fax Numbers (Ph) (469) 677-0232 (Fax) (855) 852-4216	
3. Employer's Address (Street or PO Box, City State Zip) 2830 E Scyene Rd Mesquite, TX 75181	8. Employee's Address (Street or PO Box, City State Zip) 3800 S Tyler St Dallas, TX 75224			12. Certifying Doctor's Address (Street or PO Box, City State Zip) 427 N Town East Blvd Ste 105 Mesquite, TX 75150	

II. DOCTOR'S ROLE

13. Indicate which role you are serving in the claim in performing this evaluation. Only a doctor serving in one of the following roles is authorized to evaluate MMI/impairment and file this report [28 Texas Administrative Code (TAC) §130.1 governs such authorization]:

- Treating Doctor Doctor selected by Treating Doctor acting in place of the Treating Doctor Designated Doctor selected by DWC
 Insurance Carrier-selected RME Doctor approved by DWC to evaluate MMI and/or permanent impairment after a Designated Doctor examination

NOTE: If you are not authorized by 28 TAC §130.1 to file this report, you will not be paid for this report or the MMI/impairment examination.

III. MEDICAL STATUS INFORMATION

14. Date of Exam 10 / 02 / 2025	15. Diagnosis Codes S46.911A, S66.911A, S16.1XXA
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16. Indicate whether the employee has reached Clinical or Statutory MMI based upon the following definitions:

Clinical Maximum Medical Improvement (Clinical MMI) is the earliest date after which, based upon reasonable medical probability, further material recovery from or lasting improvement to an injury can no longer reasonably be anticipated.

Statutory MMI is the later of: (1) the end of the 104th week after the date that temporary income benefits (TIBs) began to accrue; or
 (2) the date to which MMI was extended by DWC pursuant to Texas Labor Code §408.104.

- a) Yes, I certify that the employee reached STATUTORY / CLINICAL (mark one) MMI on 12 / 26 / 2024 (may not be a prospective date) and have included documentation relating to this certification in the attached narrative. - OR -
 b) No, I certify that the employee has NOT reached MMI but is expected to reach MMI on or about / / .
 The reason the employee has not reached MMI is documented in the attached narrative.

NOTE: The fact that an employee reaches either Clinical MMI or Statutory MMI does not signify that the employee is no longer entitled to medical benefits.

IV. PERMANENT IMPAIRMENT**17. If the employee has reached MMI, indicate whether the employee has permanent impairment as a result of the compensable injury.**

"Impairment" means any anatomic or functional abnormality or loss existing after MMI that results from a compensable injury and is reasonably presumed to be permanent. The finding that impairment exists must be made based upon objective clinical or laboratory findings meaning a medical finding of impairment resulting from a compensable injury, based upon competent objective medical evidence that is independently confirmable by a doctor, including a designated doctor, without reliance on the subjective symptoms perceived by the employee.

- a) I certify that the employee does not have any permanent impairment as a result of the compensable injury. - OR -
 b) I certify that the employee has permanent impairment as a result of the compensable injury. The amount of permanent impairment is 0 %, which was determined in accordance with the requirements of the Texas Labor Code and Texas Administrative Code. The attached narrative provides explanation and documentation used for the calculation of the impairment rating assigned using the appropriate tables, figures, or worksheets from the following edition of the *Guides to the Evaluation of Permanent Impairment* published by the American Medical Association (AMA):
 third edition, second printing, February 1989 - OR -
 fourth edition, 1st, 2nd, 3rd, or 4th printing, including corrections and changes issued by the AMA prior to May 16, 2000.

NOTE: A finding of no impairment is not equivalent to a 0% impairment rating. A doctor can only assign an impairment rating, including a 0% rating, if the doctor performed the examination and testing required by the AMA Guides.

V. DOCTOR'S CERTIFICATION

18. I HEREBY CERTIFY THAT THIS REPORT OF MEDICAL EVALUATION is complete and accurate and complies with the Texas Labor Code and applicable rules. If an impairment rating has been assigned, I certify that I have completed the required training and testing and have a current certification by DWC to assign impairment ratings in the Texas workers' compensation system or have received specific permission by DWC to certify MMI and assign an impairment rating. I understand that making a misrepresentation about a workers' compensation claim or myself is a crime that can result in fines and/or imprisonment and nullification of this report.

Signature of Certifying Doctor:

Date of Certification: 10/13/2025

VI. TREATING DOCTOR'S AGREEMENT OR DISAGREEMENT WITH ANOTHER DOCTOR'S CERTIFICATION

19. Treating Doctor's Name and License Type	22. <input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the certifying doctor's certification of MMI.
20. Treating Doctor's License Number and Jurisdiction	23. <input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the certifying doctor's finding of no impairment. - OR - <input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the impairment rating assigned by the certifying doctor.
21. Treating Doctor's Phone and Fax Numbers (Ph) (Fax)	

24. I understand that making a misrepresentation about a workers' compensation claim is a crime that can result in fines and/or imprisonment.

Signature of Treating Doctor: _____

Date: _____



Dr. Dennis Williamson, D.C.
Designated Doctor, 4th Edition
Maximum Medical Improvement/Impairment Rating
Phone 214-484-2359 and Fax 972-362-8504

Claimant's Name: Taylor Burks
Date of Injury: 12/11/2024
Date of Examination: 10/02/2025
Insurance Carrier: CBCS Claims
Claim Number: TRF24039737
DWC Number: 25166466-DA
Examination Location: 4702 Northwest Highway Garland, TX 75043
Examination Start Time: 4:00 PM
Examination End Time: 4:30 PM
Record Review Time: 60 minutes

This is a Designated Doctor Examination to determine maximum medical improvement and impairment rating. There will be no treatment provided during this evaluation and no injured employee-doctor relationship will be established. Statutory MMI date is not established on the DWC 32.

Prior to the examination, I explained to the claimant that the purpose of the appointment was for evaluation only and not for treatment. I explained to the claimant that the examination was limited to the work-related injury and would not be a general medical examination. The claimant was instructed not to engage in physical activity beyond his tolerance or limits to prevent any harm or injury.

Diagnoses Determined Compensable by the Designated Doctor:

1. Strain of unspecified muscle, fascia and tendon at shoulder and upper arm – Right arm (S46.911A) – Grade 1
2. Strain of unspecified muscle, fascia and tendon at wrist/hand level – Right Hand/Wrist (S66.911A) – Grade 1
3. Strain of muscle, fascia and tendon at neck (S16.1XXA) – Grade 1

Maximum Improvement Date:

MMI is on 12/26/2024

Impairment Rating:

The final whole person impairment rating based upon the compensable injury of a strain of unspecified muscle, fascia and tendon at shoulder and upper arm – Right arm (S46.911A) – Grade 1, strain of unspecified muscle, fascia and tendon at wrist/hand level – Right Hand/Wrist (S66.911A) – Grade 1, strain of muscle, fascia and tendon at neck (S16.1XXA) – Grade 1 would receive a **0% whole person impairment rating**.

Mechanism of Injury:

Mr. Burks is a 34-year-old male that states he was attacked by a co-worker.

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The Designated Doctor attempted to get a better description of what happened (Did the claimant get thrown to the ground, was he kicked, tackled, was he just punched or what occurred in the altercation), but the claimant was combative and argumentative "*Said I got my Ass Kicked what more do you want to know and why*"

The claimant also reported that he was in a motor vehicle accident but then tried to retract his statement after asking more details about it. The claimant began to be combative and argumentative about that stating why does it matter and it was a different region. I asked if he wanted to discontinue the exam and stated "no". I asked again about the above information and was told that he didn't remember the date or what was injured.

The claimant was seen by NOVA with a chief complaint of right shoulder, wrist/hand and cervical spine. Imaging was in the medical records of lumbar spine; left shoulder and wrist by unknown provider this appears to be the claimant's personal injury provider for the MVA. The claimant starts with a new provider 02/14/2025; Shaun Marek, DC at Peak Integrated Healthcare for neck and upper back pain.

Chronological History of Treatment and Medical Documents Reviewed:

12/11/2024 - Employers First Report of Injury or Illness

12/11/2024 - Baylor Medical Center at Uptown, Dx: contusion, hand sprain, traumatic injury due to assault, d/c to home care, RTW note – pt. may return to work on 12/14/2024 without any restrictions

12/12/2024 - NP with Ahanonu Peace, NP at NOVA, CC: neck, RT shoulder and RT hand pain, 8/10, Exam: cervical spine side bending decreased RT, rotation decreased RT, flexion decreased, extension decreased, muscle spasm along the paraspinal muscle RT sided, trapezius muscle spasm noted RT sided, tenderness to palpation RT sided, RT shoulder ROM 90 degrees abduction, muscle testing normal, RT hand, edema dorsum of the hand mild, bruising dorsum of hand, ROM decreased, tenderness to palpation extensor tendons, muscle testing decreased extension, XR cervical, RT hand, RT shoulder negative for fracture or dislocation, RT shoulder post-surgery changes noted on glenoid Spar underneath subacromial space, Dx: contusion of RT shoulder, contusion of unspecified part of head, contusion of unspecified part of neck, contusion RT hand, pain in RT hand, headache, cervicalgia, pain in RT shoulder, Plan: Rx meds, ice/heat, PT, Toradol IM injection administered, RTW w/ restrictions 12/12/2024 thru 12/16/2024

12/13/2024 - NOVA, Initial Evaluation physical therapy

12/16/2024 - FU with Ahanonu Peace, NP at NOVA, CC: neck, RT shoulder and RT hand pain, 8/10, Exam: cervical spine side bending normal, rotation normal, flexion normal, extension normal, muscle spasm along the paraspinal muscle increased, no tenderness, RT shoulder tenderness diffuse decreased, anterior decreased, posterior decreased, bicipital groove decreased, ROM abduction decreased 120 degrees, flexion increased, internal rotation decreased, external rotation decreased, muscle testing improving and normal, no impingement, RT hand, edema decreased, bruising decreased, ROM full, tenderness to palpation extensor tendons decreased, flexion tendons decreased, cubital tunnel decreased, carpal tunnel decreased, extensor polis longus and brevis decreased, muscle testing grip strength, increased. Plan: continue meds, ice/heat, continue PT, RTW w/ restrictions

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Chronological History of Treatment and Medical Documents Reviewed (Cont'd):

12/17/2024 thru 12/26/2024 - NOVA, PT, 5 visits

12/27/2024 - FU with Ahanonu Peace, NP at NOVA, CC: neck, RT shoulder and RT hand pain, 6/10, Exam: cervical spine side bending normal, rotation normal, flexion normal, extension normal, muscle spasm along the paraspinal muscle increased, tenderness resolved, RT shoulder tenderness diffuse decreased, anterior decreased, posterior decreased, bicipital groove decreased, ROM abduction decreased, flexion increased, internal rotation decreased, external rotation decreased, muscle testing improving and normal, RT hand edema decreased, bruising decreased, ROM full, tenderness to palpation extensor tendons decreased, flexor tendons decreased, cubital tunnel decreased, carpal tunnel decreased, extensor polis longus and brevis decreased, muscle testing grip strength increased, Dx: contusion of RT shoulder, contusion of unspecified part of head, contusion of unspecified part of neck, contusion RT hand, pain in RT hand, headache, cervicalgia, pain in RT shoulder, Plan: continue meds, ice/heat, continue PT, refer to ortho, MRI LBP and R Tshoulder, f/u 2 weeks, RTW w/ restrictions 12/16/2024 thru 12/27/2024

01/16/2025 - MRI Centers of Texas, MRI Lumbar spine, Impression: 1. Spondylosis with 2mm disc protrusion and mild bilateral foraminal narrowing at L4-5 2. At L5-S1 there is a 3mm left-sided disc protrusion with moderate left foraminal narrowing

02/09/2025 - MRI Centers of Texas, MRI LT wrist, Impression: Mild osteoedema of the distal ulna. A contusion or stress change is most likely. No acute ligament tear, tendon tear or fracture is identified.

02/09/2025 - MRI Centers of Texas, MRI LT shoulder, Impression: Sequela of an anterior inferior glenohumeral dislocation injury, with macro instability pattern including Hill-Sachs and bony Bankart fractures. Disruption of the inferior glenohumeral membranous capsule, loculated large effusion, reverse HAGL lesion, cartilaginous Bankart and ALPSA lesion.

02/14/2025 - NP with Shaun Marek, DC at Peak Integrated Healthcare, CC: neck and upper back pain, Exam: cervical +tightness, +tenderness, muscle tone is increased on RT, pain on pressure over RT trapezius, pain on pressure over the RT paraspinals, pain on pressure over the C4-C7 spinous process, flexion decreased at 50 degrees w/ pain, extension decreased at 30 degrees w/ pain, LT lateral flexion decreased at 25 degrees w/ pain, RT lateral flexion decreased at 35 degrees w/ pain, LT rotation is decreased at 55 degrees w/ pain, RT rotation is decreased at 65 degrees w/ pain, RT shoulder +tightness, +tenderness, muscle tone is increased on RT, pain on pressure over the RT supraspinatus, pain on pressure over the RT deltoid, pain on pressure over the RT trapezius, pain on pressure over the RT scapular border, +RT apprehension test, +RT Hawkin's test, thoracic spine +tightness, +tenderness, muscle tone is increase on RT , pain on pressure over the RT trapezius, pain on pressure over the RT paraspinal muscles, pain on pressure over the T1-T5 spinous process, Dx: sprain of ligaments of cervical spine, sprain of ligaments of thoracic spine, contusion of unspecified part of head, unspecified sprain of RT shoulder joint, Plan: refer for PPE for updated functional assessment, refer for medical consultation, refer for new X-ray cervical, thoracic and RT shoulder, f/u 2 weeks

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Chronological History of Treatment and Medical Documents Reviewed (Cont'd):

02/27/2025 – FU with Jesse Harvey, PA at Peak Integrated Healthcare, CC: RT shoulder, neck and back pain, 3/10, Exam: positive for joint pain/stiffness, positive for muscle pain/cramp/weakness, positive for back/neck/right shoulder pain, Assessment: contusion of unspecified part of head, unspecified sprain of RT shoulder joint, sprain of ligaments of cervical spine, sprain of ligaments of thoracic spine, Plan: Rx meds, f/u 1 month

03/06/2025 – North Texas Imaging, XR Cervical spine, Impression: 1. There is reversal of the normal cervical lordosis, likely from surrounding paraspinal muscle spasm 2. Otherwise, normal cervical spine series

03/06/2025 – North Texas Imaging, XR Thoracic spine, Impression: Mild thoracic spine scoliosis

03/06/2025 – North Texas Imaging, XR RT shoulder, Impression: Mild degenerative joint disease in the RT glenohumeral joint

03/13/2025 – Peak Integrated Healthcare, Physical Performance Test, pt. is only capable of assuming a position in a LIGHT physical demand level

03/20/2025 – FU with Shaun Merek, DC at Peak Integrated Healthcare, CC: RT shoulder, neck and upper back pain, Exam: cervical +tightness, +tenderness, muscle tone is increased on RT, pain on pressure over RT trapezius, pain on pressure over the RT paraspinals, pain on pressure over the C4-C7 spinous process, flexion decreased at 50 degrees w/ pain, extension decreased at 30 degrees w/ pain, LT lateral flexion decreased at 25 degrees w/ pain, RT lateral flexion decreased at 35 degrees w/ pain, LT rotation is decreased at 55 degrees w/ pain, RT rotation is decreased at 65 degrees w/ pain, RT shoulder +tightness, +tenderness, muscle tone is increased on RT, pain on pressure over the RT supraspinatus, pain on pressure over the RT deltoid, pain on pressure over the RT trapezius, pain on pressure over the RT scapular border, +RT apprehension test, +RT Hawkin's test, thoracic spine +tightness, +tenderness, muscle tone is increase on RT , pain on pressure over the RT trapezius, pain on pressure over the RT paraspinal muscles, pain on pressure over the T1-T5 spinous process, Plan: therapy pending, f/u 3 weeks, RTW w/ restrictions 03/20/2025 thru 04/03/2025

03/31/2025 thru 04/17/2025 – Peak Integrated Healthcare, PT, 5 visits

04/07/2025 - FU with Shaun Merek, DC at Peak Integrated Healthcare, CC: RT shoulder, neck and upper back pain, Exam: cervical -tightness, +tenderness, muscle tone is increased on RT, pain on pressure over RT trapezius, pain on pressure over the RT paraspinals, pain on pressure over the C4-C7 spinous process, flexion decreased at 50 degrees w/ pain, extension decreased at 30 degrees w/ pain, LT lateral flexion decreased at 25 degrees w/ pain, RT lateral flexion decreased at 35 degrees w/ pain, LT rotation is decreased at 55 degrees w/ pain, RT rotation is decreased at 65 degrees w/ pain, RT shoulder +tightness, +tenderness, muscle tone is increased on RT, pain on pressure over the RT supraspinatus, pain on pressure over the RT deltoid, pain on pressure over the RT trapezius, pain on pressure over the RT scapular border, +RT apprehension test, +RT Hawkin's test, thoracic spine -tightness, +tenderness, muscle tone is increase on RT , pain on pressure over the RT trapezius, pain on pressure over the RT paraspinal muscles, pain on pressure over the T1-T5 spinous process Plan: continue PT, f/u 3 weeks

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Chronological History of Treatment and Medical Documents Reviewed (Cont'd):

04/22/2025 – Hearing by Judge Thomas Hight, Decision: The claimant sustained a compensable injury on December 11, 2024. The claimed injury did not arise out of an act of a third person intended to injure the claimant because of personal reasons and not directed at the claimant as an employee or because of the employment, and the insurance carrier is thereby relieved of liability for compensation. The claimant did not have disability from December 12, 2024, through the date of the hearing resulting from the compensable injury.

05/06/2025 - FU with Shaun Merek, DC at Peak Integrated Healthcare, CC: RT shoulder, neck and upper back pain, Exam: cervical -tightness, +tenderness, muscle tone is increased on RT, pain on pressure over RT trapezius, pain on pressure over the RT paraspinals, pain on pressure over the C4-C7 spinous process, flexion decreased at 50 degrees w/ pain, extension decreased at 30 degrees w/ pain, LT lateral flexion decreased at 25 degrees w/ pain, RT lateral flexion decreased at 35 degrees w/ pain, LT rotation is decreased at 55 degrees w/ pain, RT rotation is decreased at 65 degrees w/ pain, RT shoulder +tightness, +tenderness, muscle tone is increased on RT, pain on pressure over the RT supraspinatus, pain on pressure over the RT deltoid, pain on pressure over the RT trapezius, pain on pressure over the RT scapular border, +RT apprehension test, +RT Hawkin's test, thoracic spine -tightness, +tenderness, muscle tone is increase on RT , pain on pressure over the RT trapezius, pain on pressure over the RT paraspinal muscles, pain on pressure over the T1-T5 spinous process, Dx: sprain of ligaments of cervical spine, sprain of ligaments of thoracic spine, contusion of unspecified part of head, unspecified sprain of RT shoulder joint, Plan: refer for EMG/NCV, f/u 2 weeks, RTW w/ restrictions 05/06/2025 thru 05/20/2025

05/06/2025 – Peak Integrated Healthcare, PT, 1 visit

05/20/2025 - FU with Shaun Merek, DC at Peak Integrated Healthcare, CC: RT shoulder, neck and upper back pain, Exam: cervical -tightness, +tenderness, muscle tone is increased on RT, pain on pressure over RT trapezius, pain on pressure over the RT paraspinals, pain on pressure over the C4-C7 spinous process, flexion decreased at 50 degrees w/ pain, extension decreased at 30 degrees w/ pain, LT lateral flexion decreased at 25 degrees w/ pain, RT lateral flexion decreased at 35 degrees w/ pain, LT rotation is decreased at 55 degrees w/ pain, RT rotation is decreased at 65 degrees w/ pain, RT shoulder +tightness, +tenderness, muscle tone is increased on RT, pain on pressure over the RT supraspinatus, pain on pressure over the RT deltoid, pain on pressure over the RT trapezius, pain on pressure over the RT scapular border, +RT apprehension test, +RT Hawkin's test, thoracic spine -tightness, +tenderness, muscle tone is increase on RT , pain on pressure over the RT trapezius, pain on pressure over the RT paraspinal muscles, pain on pressure over the T1-T5 spinous process, Dx: sprain of ligaments of cervical spine, sprain of ligaments of thoracic spine, contusion of unspecified part of head, unspecified sprain of RT shoulder joint, Plan: f/u 4 weeks, RTW w/ restrictions 05/20/2025 thru 06/17/2025

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Chronological History of Treatment and Medical Documents Reviewed (Cont'd):

06/10/2025 - FU with Shaun Merek, DC at Peak Integrated Healthcare, CC: RT shoulder, neck and upper back pain, Exam: cervical -tightness, +tenderness, muscle tone is increased on RT, pain on pressure over RT trapezius, pain on pressure over the RT paraspinals, pain on pressure over the C4-C7 spinous process, flexion decreased at 50 degrees w/ pain, extension decreased at 30 degrees w/ pain, LT lateral flexion decreased at 25 degrees w/ pain, RT lateral flexion decreased at 35 degrees w/ pain, LT rotation is decreased at 55 degrees w/ pain, RT rotation is decreased at 65 degrees w/ pain, RT shoulder +tightness, +tenderness, muscle tone is increased on RT, pain on pressure over the RT supraspinatus, pain on pressure over the RT deltoid, pain on pressure over the RT trapezius, pain on pressure over the RT scapular border, +RT apprehension test, +RT Hawkin's test, thoracic spine -tightness, +tenderness, muscle tone is increase on RT , pain on pressure over the RT trapezius, pain on pressure over the RT paraspinal muscles, pain on pressure over the T1-T5 spinous process, Dx: sprain of ligaments of cervical spine, sprain of ligaments of thoracic spine, contusion of unspecified part of head, unspecified sprain of RT shoulder joint, Plan: f/u 3 weeks, RTW w/ restrictions 06/10/2025 thru 07/01/2025

07/21/2025 - FU with Shaun Merek, DC at Peak Integrated Healthcare, CC: RT shoulder, neck and upper back pain, Exam: cervical -tightness, +tenderness, muscle tone is increased on RT, pain on pressure over RT trapezius, pain on pressure over the RT paraspinals, pain on pressure over the C4-C7 spinous process, flexion decreased at 50 degrees w/ pain, extension decreased at 30 degrees w/ pain, LT lateral flexion decreased at 25 degrees w/ pain, RT lateral flexion decreased at 35 degrees w/ pain, LT rotation is decreased at 55 degrees w/ pain, RT rotation is decreased at 65 degrees w/ pain, RT shoulder +tightness, +tenderness, muscle tone is increased on RT, pain on pressure over the RT supraspinatus, pain on pressure over the RT deltoid, pain on pressure over the RT trapezius, pain on pressure over the RT scapular border, +RT apprehension test, +RT Hawkin's test, thoracic spine -tightness, +tenderness, muscle tone is increase on RT , pain on pressure over the RT trapezius, pain on pressure over the RT paraspinal muscles, pain on pressure over the T1-T5 spinous process, Dx: sprain of ligaments of cervical spine, sprain of ligaments of thoracic spine, contusion of unspecified part of head, unspecified sprain of RT shoulder joint, Plan: pt. would benefit from 6 sessions chiropractic manipulation, pt. would benefit from TENS unit, neck pillow, heating pad and topical analgesics to help pain, f/u 3 weeks, RTW w/ restrictions 07/21/2025 thru 08/11/2025

08/12/2025 - Peak Integrated Healthcare, RTW w/o restrictions 08/12/2025

09/02/2025 - Peer Review, Casey Cochran, DO

Current Complaints: During the exam getting the details of the chief complaint the claimant was combative and argumentative with little detail given when asked for more detail about the pain.

The claimant reports no right or left shoulder pain.

The claimant reports no right or left wrist pain at wrist but overuse increases pain to mild to moderate.

The claimant reports cervical spine pain that is mild that is described as stiffness, motion and at night he can't get comfortable. The claimant reports no radiating pain.

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The claimant reports lumbar pain that is mild that is increased with bending, twisting or any activity. The claimant reports no radiating pain.

Medical History

Past Medical History: None

Past Surgical History: Right shoulder rotator cuff surgery 2011/2012

Medication Reviewed: Flexeril 10mg, Celebrex 200mg, Lidocaine 4% cream, Cyclobenzaprine 10mg, Tylenol #4 w/ codeine

Allergies: NKDA

Results of the Examination

Observation: The patient walks with a normal gait with no pain patterns observed within the exam room getting on or off the table. No signs of edema, inflammation or muscle spasm is observed in the cervical, thoracic and lumbar spine, right shoulder/elbow/wrist/hand. The claimant's general appearance revealed a person who is well developed, of adequate nutrition, seems to be well groomed and maintained and without any apparent deformities. The claimant was combative and argumentative during the exam to the point the provider in the next room said something after the claimant left the exam room. The claimant did apologize during the exam after the claimant was asked if he wanted to discontinue the exam.

Musculoskeletal: On palpation of the lumbar region, there is mild pain in the midline and paraspinal muscles. The lumbar musculature has no muscle guarding. There is no edema in the lumbar spine. Passive ROM is restricted secondary to pain but with no muscle guarding. Active ROM is also restricted secondary to pain but with no muscle guarding.

On palpation of the cervical region, there is mild pain in the paraspinal muscles. The cervical musculature has no muscle guarding. There is no edema in the cervical spine. Passive ROM is restricted secondary to pain but with no muscle guarding. Active ROM is also restricted secondary to pain but with no muscle guarding.

The right shoulder has no discomfort observed over the AC joint and soft tissues surrounding the right shoulder. Passive and Active ROM has no muscle guarding with the right shoulder. The right shoulder orthopedic tests are negative belly-press test, Neer and Hawkins impingement signs. No audible clicking, popping with no restrictions and has smooth joint glide in the right shoulder. Global muscle strength is normal in the left and right shoulder.

No tenderness over the soft tissues of the right elbow. No signs of medial or lateral epicondylitis are observed. Palpation of the soft tissues indicates no elbow pain observed on the medial and lateral side of the elbow. No pain with resisted wrist extension and radial/ulnar deviation, joints stable. Orthopedic testing is negative.

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Palpation of the right wrist has no pain over the dorsum of the wrist into the left thumb. Passive and active ROM has no pain in the right wrist and thumb. Orthopedic testing for the right wrist is negative such as Phalen's - Negative, Tinel's wrist - Negative, Finkelstein's - Negative, TFCC - Negative. No signs of instability, crepitus in the right wrist, fingers or thumb. The claimant has no weakness with active ROM of the right wrist/thumb and elbow with flexion/extension, supination and pronation. The right thumb was further evaluated and the hand shows no tenderness over the MP joint into the anatomical snuff box of the right thumb. Passive ROM of the IP and MP is normal with no catching. Active ROM of the thumb has no reduction in movement at the IP and MP.

Neurological: The motor system evaluation for the upper extremities were graded 5/5. Moderate give-away with upper and lower extremity testing 4/5 bilaterally in which would be undiagnostic. Deep tendon reflexes of the upper and lower extremities were tested and graded 2+ and symmetrical. Sensory examination of the upper and lower extremity dermatomes using a disposable pinwheel were within normal limits.

The claimant was supine while their affected right and left leg was raised (right greater than left) to the point of provocation. This is a Lasague's Straight Leg Test. The injured employee reported that at 23° (0°-60°) degrees there was no reproduction of radicular pain down the back of the involved leg (s) (Sciatic Nerve Distribution). This is a negative straight leg raise test and indicates no compression of the Sciatic nerve in the Sacroiliac/Gluteal Region, possibly a piriformis entrapment. The radicular pain was not increased with foot dorsiflexion. This is referred to as a Braggard's Maneuver. Lifting both legs caused generalized low back pain.

Heel Walk: Examinee was able to perform heel walk without difficulty.

Toe Walk: Examinee was able to perform toe walk without difficulty.

Examination Data

UPPER EXTREMITY MUSCLE TESTING			
SHOULDER	Nerve Root	Right	Left
Shoulder Elevation	(C4)	5/5	5/5
Shoulder Flexion	(C5)	5/5	5/5
Shoulder Extension	(C6)	5/5	5/5
Shoulder Abduction	(C5)	5/5	5/5
Shoulder Adduction	(C6)	5/5	5/5
Shoulder External Rotation	(C5)	5/5	5/5
Shoulder Internal Rotation	(C6)	5/5	5/5
ELBOW	Nerve Root	Right	Left
Elbow Flexion	(C6)	5/5	5/5
Elbow Extension	(C7)	5/5	5/5
Elbow Supination	(C6)	5/5	5/5
Elbow Pronation	(C7)	5/5	5/5
WRIST	Nerve Root	Right	Left

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Wrist Flexion	(C7)	5/5	5/5
Wrist Extension	(C6)	5/5	5/5
Wrist Radial Deviation	(C7)	5/5	5/5
Wrist Ulnar Deviation	(C8)	5/5	5/5
DIGITS	Nerve Root	Right	Left
Finger Extensors	(C7)	5/5	5/5
Finger Abductors	(T1)	5/5	5/5
Finger Flexors	(C8)	5/5	5/5
Finger Adductors	(C8-T1)	5/5	5/5
Thumb Extension	(C8)	5/5	5/5
Thumb Adductors	(C8-T1)	5/5	5/5
Thumb Abductors	(T1)	5/5	5/5
Thumb Opposition	(C8)	5/5	5/5

LOWER EXTREMITY MUSCLE TESTING			
HIP	Nerve Root	RIGHT	LEFT
Hip Flexion	L1, L2, L3, L4	4/5	4/5
Hip Extension	L5, S1, S2	4/5	4/5
Hip Internal Rotation	L4, L5, S1	4/5	4/5
Hip External Rotation	L4, L5, S1, S2	4/5	4/5
Hip Abduction	L4, L5, S1	4/5	4/5
Hip Adduction	L2, L3, L4	4/5	4/5
KNEE	Nerve Root	RIGHT	LEFT
Knee Flexion	L5, S1, S2	4/5	4/5
Knee Extension (Quads)	L2, L3, L4	4/5	4/5
ANKLE	Nerve Root	RIGHT	LEFT
Ankle Dorsiflexion	L4, L5	4/5	4/5
Ankle Plantar Flexion	S1, S2	4/5	4/5
Ankle Inversion	L4, L5, S1	4/5	4/5
Ankle Eversion	L4, L5, S1	4/5	4/5
Big Toe Dorsiflexion (EHL)	L5, S1	4/5	4/5

Moderate giveaway is noted in the lower extremity

- +5: Normal – Complete range of motion against gravity with full resistance
- +4: Good – Complete range of motion against gravity with some resistance
- +3: Fair – Complete range of motion against gravity
- +2: Poor – Complete range of motion with gravity eliminated
- +1: Trace – Evidence of slight contractility. No joint motion
- 0 (Zero): No evidence of contractility

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Deep Tendon Reflexes (UPPER EXTREMITY DTRs)					
Biceps (C5)		Brachioradialis (C6)		Triceps (C7)	
Right	2	Right	2	Right	2
Left	2	Left	2	Left	2
Deep Tendon Reflexes (LOWER EXTREMITY DTRs)					
Patellar (L4)		Hamstring (L5)		Achilles (S1)	
Right	2	Right	2	Right	2
Left	2	Left	2	Left	2

Shoulder (Current)	Standard	Left Shoulder	IR %	Right Shoulder	IR %
Flexion	180°	N/A	N/A	195° (190°)	0%
Extension	50°	N/A	N/A	62° (60°)	0%
Abduction	170°	N/A	N/A	204° (200°)	0%
Adduction	40°	N/A	N/A	64° (60°)	0%
External Rotation	80°	N/A	N/A	93° (90°)	0%
Internal Rotation	60°	N/A	N/A	84° (80°)	0%
Internal Rotation	60°	N/A	N/A	75° (70°)	0%
Elbow (Current)	Standard	Left Elbow	IR %	Right Elbow	IR %
Flexion	140°	N/A	N/A	155° (160°)	N/A
Extension	0°	N/A	N/A	0°	N/A
Supination	70°	N/A	N/A	81° (80°)	N/A
Pronation	80°	N/A	N/A	93° (90°)	N/A
Wrist (Current)	Standard	Left Wrist	IR %	Right Wrist	IR %
Flexion	60°	N/A	N/A	71° (70°)	0%
Extension	60°	N/A	N/A	68° (70°)	0%
Radial Deviation	20°	N/A	N/A	28° (30°)	0%
Ulnar Deviation	30°	N/A	N/A	46° (50°)	0%
Upper Extremity Rating Shoulder					0 %
Upper Extremity Rating Elbow					N/A
Upper Extremity Rating Wrist					0 %
Combined Page 342-327 (Shoulder + Elbow + Wrist)					0 %
Table 3 Page 3/20 Upper Extremity to Whole Person					0 %

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Cervical	Standard	Current Cervical	Pain Level on Movement	Non-Uniform loss Motion	Dysmetria
Flexion	50°	72°	Moderate Pain	no	no
Extension	60°	67°	Moderate Pain	no	no
Right Rotation	80°	93°	Moderate Pain	no	no
Left Rotation	80°	91°	Moderate Pain	no	no
Right Lat. Flexion	45°	63°	Moderate Pain	no	no
Left Lat. Flexion	45°	65°	Moderate Pain	no	no

Lumbar	Standard	Current Lumbar	Pain on Movement	Non-Uniform loss Motion	Dysmetria
Flexion	60°	62°	Severe pain	no	no
Extension	25°	28°	Severe pain	no	no
Right Lateral Flexion	35°	32°	Severe pain	no	no
Left Lateral Flexion	35°	35°	Severe pain	no	no

SENSORY TESTING: UPPER EXTREMITY		
	LEFT	RIGHT
C4	WNL	WNL
C5	WNL	WNL
C6	WNL	WNL
C7	WNL	WNL
C8	WNL	WNL
T1	WNL	WNL
SENSORY TESTING: LOWER EXTREMITY		
	LEFT	RIGHT
L1	WNL	WNL
L2	WNL	WNL
L3	WNL	WNL
L4	WNL	WNL
L5	WNL	WNL
S1	WNL	WNL
S2	WNL	WNL

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GRIP STRENGTH:			
Left	58 lbs.	61 lbs.	63 lbs.
Right	62 lbs.	64 lbs.	65 lbs.

CIRCUMFERENTIAL GIRTH EVALUATION: UPPER EXTREMITY			
	LEFT	RIGHT	DIFFERENCE
Upper Arm	33.3 cm	33.8 cm	.5 cm - measured 10 cm above the olecranon
Forearm	31.8 cm	32.5 cm	.7 cm - measured 6 cm below the olecranon

CIRCUMFERENTIAL GIRTH EVALUATION: LOWER EXTREMITY			
	LEFT	RIGHT	DIFFERENCE
Thigh	44.5 cm	45.3 cm	.8 cm - measured 10 cm above the patella
Calves	35.6 cm	36.3 cm	.7 cm - measured at thickest part of calf

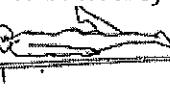
LUMBAR / HIP ORTHOPEDIC TESTS:			Right	Left
	Sacroiliac Joint - Hip Articulation injury	Patient supine, knee in flexion with ankle on the opposite knee. Doctor pushes on the medial aspect of the bent knee bringing the hip into external rotation while stabilizing the opposite hip to the exam table. Positive if there is pain in the acetabulum of the hip joint of the bent knee.	Negative	Negative
	Sacroiliac joint injury	Patient prone, bring knee to 90°. Stabilize the SI joint, internally rotate the hip by pulling ankle laterally. Positive with pain in SI joint or decreased motion in SI joint.	Negative	Negative
	Weakness of hip abductors	Patient stands, doctor stands behind patient placing their thumbs on the PSIS to determine if the pelvis stays level during single -leg-raise.	Negative	Negative
	Sacroiliac Lesion, lumbosacral, disc herniation	Observe the patient going from a seated to standing position. This test is positive if the patient must push down on the chair or push down on their knee in order to stand.	Negative	Negative
	Sacroiliac Lesion	Patient prone, flex the patient's knee to 90° and extend the hip	Negative	Negative
	Sciatica, disc lesion	Patient is seated and asked to extend one leg at a time and then both legs. Test is positive if pain occurs or increases in the lumbo-sacral area.	Negative	Negative

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	Nachlas Test Lumbar, SI lesion, or femoral root pathology	Patient prone, passively flex knee bringing heel to buttocks. Positive if there is pain in the lumbar, buttocks, or posterior thigh.	Negative	Negative
	Ely's Test (Heel to buttocks) Hip lesion, lumbo-sacral spine lesion	Doctor flexes each leg separately, touching the heel to the buttocks. Test is positive if patient is unable to complete flexion or if the hip raises off the table on the side being tested.	Negative	Negative

Questions to be addressed by Designated Doctor:

Maximum Medical Improvement

Section 401.011(30) of the Texas Labor Code defines "Maximum Medical Improvement", MMI, as the earlier of (a) the earliest date after which, based on reasonable medical probability, further material recovery from or lasting improvement to an injury can no longer be reasonably anticipated; or (b) the expiration of 104 weeks after the 8th day of disability; (c) the date provided by section 408.104.

Mr. Morrison is a 47-year-old male that states he was working on a large truck when the platform he was standing on collapsed falling 3-4 feet. The claimant landed on his right hip/buttocks, left side and his low back.

Medical Records Review

The injury was reported on 12/11/2024 with the Employers First Report of Injury or Illness with treatment the same day at Baylor Medical Center at Uptown, regarding contusion, hand sprain, traumatic injury due to assault, discontinue to home care, RTW note – pt. may return to work on 12/14/2024 without any restrictions.

The claimant continued care on 12/12/2024 with Ahanonu Peace, NP at NOVA, regarding the neck, right shoulder and right hand pain that is rated 8/10. The exam of the cervical spine side bending decreased right, rotation decreased right, flexion decreased, extension decreased, muscle spasm along the paraspinal muscle right sided, trapezius muscle spasm noted right sided, tenderness to palpation right sided, right shoulder ROM 90 degrees abduction, muscle testing normal, right hand, edema dorsum of the hand mild, bruising dorsum of hand, ROM decreased, tenderness to palpation extensor tendons, muscle testing decreased extension. The x-ray of the cervical, right hand, right shoulder are negative for fracture or dislocation. The right shoulder shows post-surgery changes noted on glenoid Spar underneath subacromial space. The diagnosis is a contusion of right shoulder, contusion of unspecified part of head, contusion of unspecified part of neck, contusion right hand, pain in right hand, headache, cervicalgia, pain in right shoulder. The plan is to give Rx meds, ice/heat, physical therapy, Toradol IM injection administered, RTW w/ restrictions 12/12/2024 thru 12/16/2024.

The physical therapy evaluation occurred on 12/13/2024 at NOVA in which it was determined that the claimant would benefit from skilled physical therapy.

The physical therapy occurred from 12/17/2024 thru 12/26/2024 at NOVA with 5 visits completed.

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Follow ups continued on 12/16/2024, 12/27/2024 and as 12/27/2024 with Ahanonu Peace, NP at NOVA. The chief complaint remains neck, right shoulder and right hand pain, 6/10. The exam of the cervical spine side bending normal, rotation normal, flexion normal, extension normal, muscle spasm along the paraspinal muscle increased, tenderness resolved, right shoulder tenderness diffuse decreased, anterior decreased, posterior decreased, bicipital groove decreased, ROM abduction decreased, flexion increased, internal rotation decreased, external rotation decreased, muscle testing improving and normal, right hand edema decreased, bruising decreased, ROM full, tenderness to palpation extensor tendons decreased, flexor tendons decreased, cubital tunnel decreased, carpal tunnel decreased, extensor polis longus and brevis decreased, muscle testing grip strength increased. The plan is to continue meds, ice/heat, continue PT, refer to ortho, MRI LBP and right shoulder follow up in 2 weeks, RTW w/ restrictions 12/16/2024 thru 12/27/2024.

Imaging occurred on 01/16/2025 at MRI Centers of Texas, of the lumbar spine that indicates spondylosis with 2mm disc protrusion and mild bilateral foraminal narrowing at L4-5, L5-S1 there is a 3mm left-sided disc protrusion with moderate left foraminal narrowing.

Imaging occurred on 02/09/2025 at MRI Centers of Texas MRI Centers of Texas, of the left wrist that indicates mild osteoedema of the distal ulna. A contusion or stress change is most likely. No acute ligament tear, tendon tear or fracture is identified.

Imaging occurred on 02/09/2025 at MRI Centers of Texas MRI Centers of Texas of the left shoulder that indicates a sequela of an anterior inferior glenohumeral dislocation injury, with macro instability pattern including Hill-Sachs and bony Bankart fractures. Disruption of the inferior glenohumeral membranous capsule, loculated large effusion, reverse HAGL lesion, cartilaginous Bankart and ALPSA lesion.

The claimant started care with a new provider on 02/14/2025 with Shaun Marek, DC at Peak Integrated Healthcare, regarding neck and upper back pain. The exam shows cervical +tightness, +tenderness, muscle tone is increased on RT, pain on pressure over RT trapezius, pain on pressure over the RT paraspinals, pain on pressure over the C4-C7 spinous process, flexion decreased at 50 degrees w/ pain, extension decreased at 30 degrees w/ pain, left lateral flexion decreased at 25 degrees w/ pain, right lateral flexion decreased at 35 degrees w/ pain, left rotation is decreased at 55 degrees w/ pain, right rotation is decreased at 65 degrees w/ pain, right shoulder +tightness, +tenderness, muscle tone is increased on right, pain on pressure over the right supraspinatus, pain on pressure over the right deltoid, pain on pressure over the right trapezius, pain on pressure over the right scapular border, +RT apprehension test, +RT Hawkin's test, thoracic spine +tightness, +tenderness, muscle tone is increase on RT , pain on pressure over the right trapezius, pain on pressure over the right paraspinal muscles, pain on pressure over the T1-T5 spinous process. The diagnosis is sprain of ligaments of cervical spine, sprain of ligaments of thoracic spine, contusion of unspecified part of head, unspecified sprain of right shoulder joint. The plan refer for PPE for updated functional assessment, refer for medical consultation, refer for new X-ray cervical, thoracic and RT shoulder, f/u 2 weeks.

The claimant followed up with the PEAK on 02/27/2025 with the PA Jesse Harvey, PA at for the right shoulder, neck and back pain, 3/10. The exam is positive for joint pain/stiffness, positive for muscle pain/cramp/weakness, positive for back/neck/right shoulder pain, Assessment: contusion of unspecified part of head, unspecified sprain of right shoulder joint, sprain of ligaments of cervical spine, sprain of ligaments of thoracic spine, Plan: Rx meds, f/u 1 month

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X-rays occurred on 03/06/2025 at North Texas Imaging, reversal of the normal cervical lordosis, likely from surrounding paraspinous muscle spasm, otherwise, normal cervical spine series, 03/06/2025 – North Texas Imaging, x-ray of the thoracic spine that indicates a mild thoracic spine scoliosis and x-ray of the right shoulder that indicates mild degenerative joint disease in the right glenohumeral joint.

Peak did a physical performance test on 03/13/2025 indicating the claimant is able to perform a light PDL.

A follow up with Shaun Merek, DC at Peak Integrated Healthcare with no changes in the subjective or objective findings on 03/20/2025.

Physical therapy was initiated on 03/31/2025 thru 04/17/2025 with 5 visits completed.

Follow ups continued on 04/07/2025 with Shaun Merek, DC at Peak Integrated Healthcare with no changes reported.

A hearing occurred on 04/22/2025 by Judge Thomas Hight, Decision: The claimant sustained a compensable injury on December 11, 2024. The claimed injury did not arise out of an act of a third person intended to injure the claimant because of personal reasons and not directed at the claimant as an employee or because of the employment, and the insurance carrier is thereby relieved of liability for compensation. The claimant did not have disability from December 12, 2024, through the date of the hearing resulting from the compensable injury.

Follow ups continued on 05/06/2025, 05/20/2025, 06/10/2025 and 07/10/2025 with no changes outlined in the medical records.

Compensable Injury Analysis

Mr. Burks is a 34-year-old male that states he was attacked by a co-worker.

The Designated Doctor attempted to get better description of what happened (Did the claimant get thrown to the ground, was he kicked, tackled, was he just punched or what occurred in the altercation), but the claimant was combative and argumentative “Said I got my Ass Kicked what more do you want to know and why”

The claimant also reported that he was in a motor vehicle accident but then tried to retract his statement after asking more details about it. The claimant began to be combative and argumentative about that stating why does it matter and it was a different region. I asked if he wanted to discontinue the exam and stated no. I asked again about the above information and was told that he didn’t remember the date or what was injured.

The claimant was seen by NOVA with a chief complaint of right shoulder, wrist/hand and cervical spine. Imaging was in the medical records of lumbar spine; left shoulder and wrist by unknown provider this appears to be the claimant’s personal injury provider for the MVA. The claimant starts with a new provider 02/14/2025; Shaun Marek, DC at Peak Integrated Healthcare for neck and upper back pain.

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When determining compensable injuries, I believe it is important to illustrate the definitions of a sprain vs strain. According to the AMA the sprain component of the injury is related to the ligaments of said injured body part or region and for the strain component of the injury is associated with muscle, fascia and tendon of the injured body or region. The sprain or the strain can also be divided into the grades such as Grade 1 slightly stretching of the injured fibers (Muscle, fascia and tendon) or ligament, Grade 2 partial tearing of the injured fibers (Muscle, fascia and tendon) or ligament. Grade 3 complete tearing of the injured fibers (Muscle, fascia and tendon) or ligament.

Based upon the relevant facts of the mechanism of injury, medical records and designated doctor findings utilizing evidence-based medicine to aide in the determination a causal and temporal relationship establishes the compensable injury to a strain of unspecified muscle, fascia and tendon at shoulder and upper arm – Right arm (S46.911A) – Grade 1, strain of unspecified muscle, fascia and tendon at wrist/hand level – Right Hand/Wrist (S66.911A) – Grade 1, strain of muscle, fascia and tendon at neck (S16.1XXA) – Grade 1.

MMI Determination

This particular case has a couple of important factors with the first being that claimant appears to have another claim in regard to his MVA on unknown date but the claimant would not give us this date or the details of the injured regions. Based upon reasonable medical probability any treatment beyond MMI would be treating the motor vehicle accident injuries.

The claimant was evaluated by NOVA for the compensable injury with the claimant receiving physical therapy from 12/17/2024 thru 12/26/2024 with 5 visits completed which addressed the cervical spine and right upper extremity claimed injuries. This treatment is inline with best practices and ODG for treatment guidance.

On a final note, the claimant had a hearing in which it was determined that the claimant did sustain a compensable injury on 12/11/2024. The claimed injury did not arise out of an act of a third person intended to injure the claimant because of personal reasons and not directed at the claimant as an employee or because of the employment, and the insurance carrier is thereby relieved of liability for compensation. The claimant **did not have disability from December 12, 2024, through the date of the hearing resulting from the compensable injury.**

Based upon the compensable injury utilizing best practices, material facts, evidence-based medicine, medical records using ODG for treatment guidance the treatment would be limited to medical evaluations, NSAIDS and physical therapy (10 visits over 8 weeks). Taking into consideration the medical records physical therapy was completed on 12/26/2024. **MMI is on 12/26/2024.**

Continued physical therapy would not be warranted based upon below:

Patient is expected to be able to adequately participate in and respond to proposed treatment.

There is an expectation that anticipated improvement is attainable in a reasonable and generally predictable period of time.

Continued therapy may be indicated when ALL of the following are present:

1. Functional progress has been made during initial therapy or plan of care has been modified or re-evaluated every 2-3 weeks.
2. Maximum improvement has not yet been attained.
3. Patient is actively participating in treatment sessions.

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4. Patient is adherent to plan of care.

Strained shoulder: rotator cuff tear:

Medical treatment, sprain: 10 visits over 8 weeks

Medical treatment, tear: 20 visits over 10 weeks

Post-surgical treatment, arthroscopic: 24 visits over 14 weeks

Post-surgical treatment, open: 30 visits over 18 weeks

ODG Physical Therapy (PT) Criteria

Physical Therapy is conditionally recommended for 1 or more of the following (1) (2) (3) (4) (5):

Physical Therapy evaluation may be indicated for assessment of physical impairment.

Initial therapy may be indicated when ALL of the following are present:

Evaluation demonstrates functional impairment from condition that is appropriate for rehabilitation, as indicated by 1 or more of the following:

1. Amputation of arm
2. Arthropathy (eg, arthritis)
3. Bursitis (eg, olecranon bursitis)
4. Cartilage or connective tissue disorder or injury (eg, enthesopathy)
5. Contusion of elbow
6. Dislocation of elbow
7. Fracture of arm or elbow
8. Nerve compression (eg, cubital tunnel syndrome, median nerve compression, radial nerve compression)
9. Sprain or strain of elbow or forearm
10. Tendon injury (eg, epicondylitis of elbow [lateral (tennis elbow) or medial (golfer elbow)], rupture)
11. Ulnar nerve entrapment/cubital tunnel syndrome

The following must not be present:

1. No active wound infection
2. No documentation of fracture displacement
3. No documentation of hardware loosening
4. No documentation of new or worsening neurologic symptoms
5. No documentation of rupture of repaired or injured tissue

Patient is expected to be able to adequately participate in and respond to proposed treatment.

There is an expectation that anticipated improvement is attainable in a reasonable and generally predictable period of time.

Continued therapy may be indicated when ALL of the following are present:

1. Functional progress has been made during initial therapy or plan of care has been modified or re-evaluated every 2-3 weeks.
2. Maximum improvement has not yet been attained.
3. Patient is actively participating in treatment sessions.
4. Patient is adherent to plan of care.

Impairment Rating

The guides define permanent impairment as one that has become static or stabilized during the period of time sufficient to allow optimal tissue repair, and one that is unlikely to change in spite of further medical or surgical therapy. Based on the **American Medical Association Guides to Evaluation of Permanent Impairment, Fourth Edition, 1999.**

The impairment rating will be based upon the compensable injury of a strain of unspecified muscle, fascia and tendon at shoulder and upper arm – Right arm (S46.911A) – Grade 1, strain of unspecified muscle, fascia and tendon at wrist/hand level – Right Hand/Wrist (S66.911A) – Grade 1, strain of muscle, fascia and tendon at neck (S16.1XXA) – Grade 1.

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As for the strain of muscle, fascia and tendon at neck level (S16.1XXA) and evaluating the past medical records and the DD exam the claimant had no significant clinical findings, no muscle guarding or involuntary muscle spasms, other than a subjective complaint of pain. According to the medical records no history of guarding, no documentable neurological impairment, and no significant loss of structural integrity on lateral flexion and extension x-rays. Furthermore, there is no indication of impairment related to the injury. This does not meet DRE 1. The only DRE category that fits this case is cervicothoracic DRE 1: 0%

As for the strain of unspecified muscle, fascia and tendon at wrist/hand level – Right Hand/Wrist (S66.911A) – Grade 1 was examined for evidence of permanent impairment. The best joint to visualize the impairment is the right wrist/hand. Utilizing pages 3/36-3/38 using figures 26-29. The ROM reveals no functional loss of ROM and would receive a 0% upper extremity impairment utilizing the **American Medical Association Guides to Evaluation of Permanent Impairment, Fourth Edition, 1999** and the ROM values from the exam. The range of motion revealed a 0% upper extremity rating. No specific sensory or motor deficit secondary to a peripheral nerve injury or entrapment to the upper extremity related to the mechanism of injury.

In regard to the strain of unspecified muscle, fascia and tendon at shoulder and upper arm – Right arm (S46.911A) – Grade 1 the best joint to visualize the impairment is the right shoulder. Utilizing section 3.1j figures 36-44 on pages 3/41-3/45 of the **American Medical Association Guides to Evaluation of Permanent Impairment, Fourth Edition, 1999** and the ROM values from the designated doctor's exam. The range of motion revealed a 0% upper extremity impairment.

Shoulder (Current)	Standard	Left Shoulder	IR %	Right Shoulder	IR %
Flexion	180°	N/A	N/A	195° (190°)	0%
Extension	50°	N/A	N/A	62° (60°)	0%
Abduction	170°	N/A	N/A	204° (200°)	0%
Adduction	40°	N/A	N/A	64° (60°)	0%
External Rotation	80°	N/A	N/A	93° (90°)	0%
Internal Rotation	60°	N/A	N/A	84° (80°)	0%
Internal Rotation	60°	N/A	N/A	75° (70°)	0%
Elbow (Current)	Standard	Left Elbow	IR %	Right Elbow	IR %
Flexion	140°	N/A	N/A	155° (160°)	N/A
Extension	0°	N/A	N/A	0°	N/A
Supination	70°	N/A	N/A	81° (80°)	N/A
Pronation	80°	N/A	N/A	93° (90°)	N/A
Wrist (Current)	Standard	Left Wrist	IR %	Right Wrist	IR %
Flexion	60°	N/A	N/A	71° (70°)	0%
Extension	60°	N/A	N/A	68° (70°)	0%
Radial Deviation	20°	N/A	N/A	28° (30°)	0%
Ulnar Deviation	30°	N/A	N/A	46° (50°)	0%
Upper Extremity Rating Shoulder					0 %

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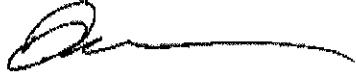
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Upper Extremity Rating Elbow		N/A
Upper Extremity Rating Wrist		0 %
Combined Page 342-327 (Shoulder + Elbow + Wrist)		0 %
Table 3 Page 3/20 Upper Extremity to Whole Person		0 %

The final whole person impairment rating based upon the compensable injury of a strain of unspecified muscle, fascia and tendon at shoulder and upper arm - Right arm (S46.911A) - Grade 1, strain of unspecified muscle, fascia and tendon at wrist/hand level - Right Hand/Wrist (S66.911A) - Grade 1, strain of muscle, fascia and tendon at neck (S16.1XXA) - Grade 1 would receive a **0% whole person impairment rating**.

I have reviewed and approved the final version of this report.

Sincerely,



Dr. Dennis Williamson, D.C.

Certified Designated Doctor Texas Division of Workers Compensation

License#: 10235

Disclaimer:

The opinions rendered in this evaluation are my opinions solely. These opinions are based upon reasonable medical probability, my examination of the injured employee, and after review of the medical records provided. It is assumed that such information is correct and accurate. If additional information were made available, the opinion is subject to change based upon the information provided.

There is no known disqualifying association as described in §127.140 of this title (relating to Disqualifying Associations) between myself and the injured employee, the injured employee's treating doctor, the insurance carrier, the insurance carrier's certified Workers' Compensation health care network, or a network established under Chapter 504, Labor code.

I certify that as of 10/13/2025, this report was sent to all recipients required by and in the manner required by §127.10 of this title.

cc:

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