



<b>Case Caption</b>	<b>Jane Doe - Personal Injury</b>
<b>Job No.</b>	2012-0329001
<b>Claim Number</b>	
<b>WCAB Number</b>	

<b>Demographic Information</b>	
Claimant	Jane Doe
Date of Birth	January 1, 1964
Date of Injury	August 19, 2009
Social Security Number	000-00-0000
Gender	Female

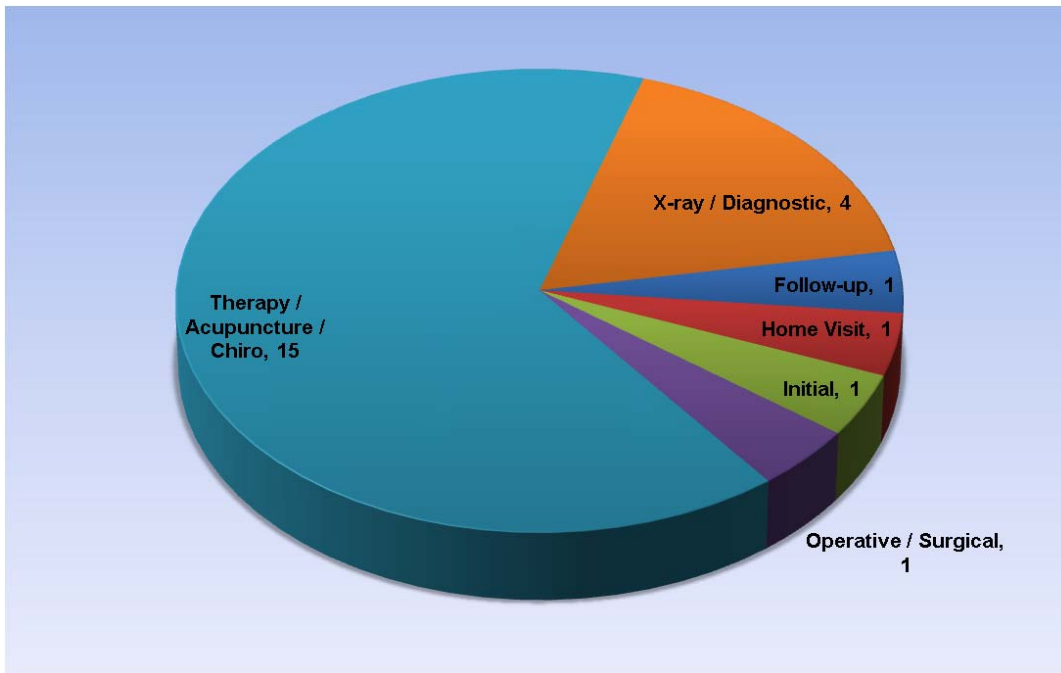
<b>Records on File as of March 29, 2012</b>			
<u>Record Source</u>	<u>Location</u>	<u>Firm Work Order No.</u>	<u>Pages</u>
Corazon Nurse Consultancy	South Pasadena, CA	5294272-02	14
Clara Clarita Rehab Center	Los Angeles, CA	5294272-03	5
Julio Don Pedro, MD	Beverly Hills, CA	5294272-13	14
<b>Total Pages:</b>			<b>33</b>

<b>Other Providers Referenced in the Records</b>		
<u>Provider</u>	<u>Location</u>	<u>Request Records</u>
Twin Open Imaging Center	Beverly Hills, CA	<input type="checkbox"/>
Maggie Sew, MS		<input type="checkbox"/>
Edward Cruz, MD	Beverly Hills, CA	<input type="checkbox"/>
Martin Nierras, MD		<input type="checkbox"/>
Kevin Custom, MD		<input type="checkbox"/>
Jacob Steinfeld, PhD		<input type="checkbox"/>
Gabriel Fausto, MD		<input type="checkbox"/>
Ken Otana, DC		<input type="checkbox"/>
One Open MRI Studio	Los Angeles, CA	<input type="checkbox"/>
<b>To request record summaries, contact us at (213) 596-2915, or visit our website <a href="http://www.edataservices.com">www.edataservices.com</a>.</b>		

## ILLUSTRATED SUMMARY OF RECORDS

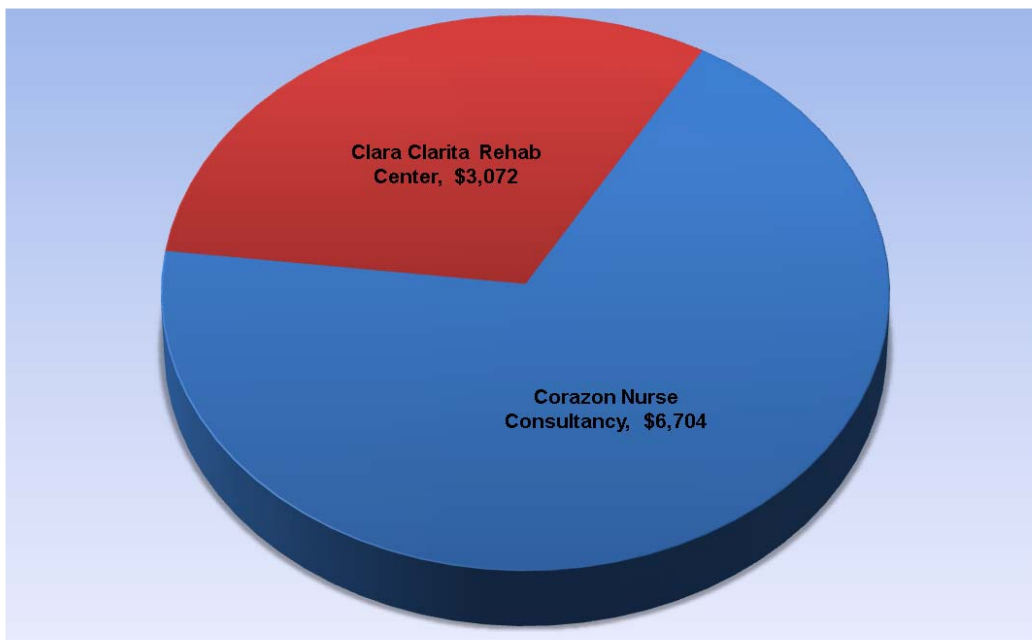
### Breakdown of Encounters

Total = 23

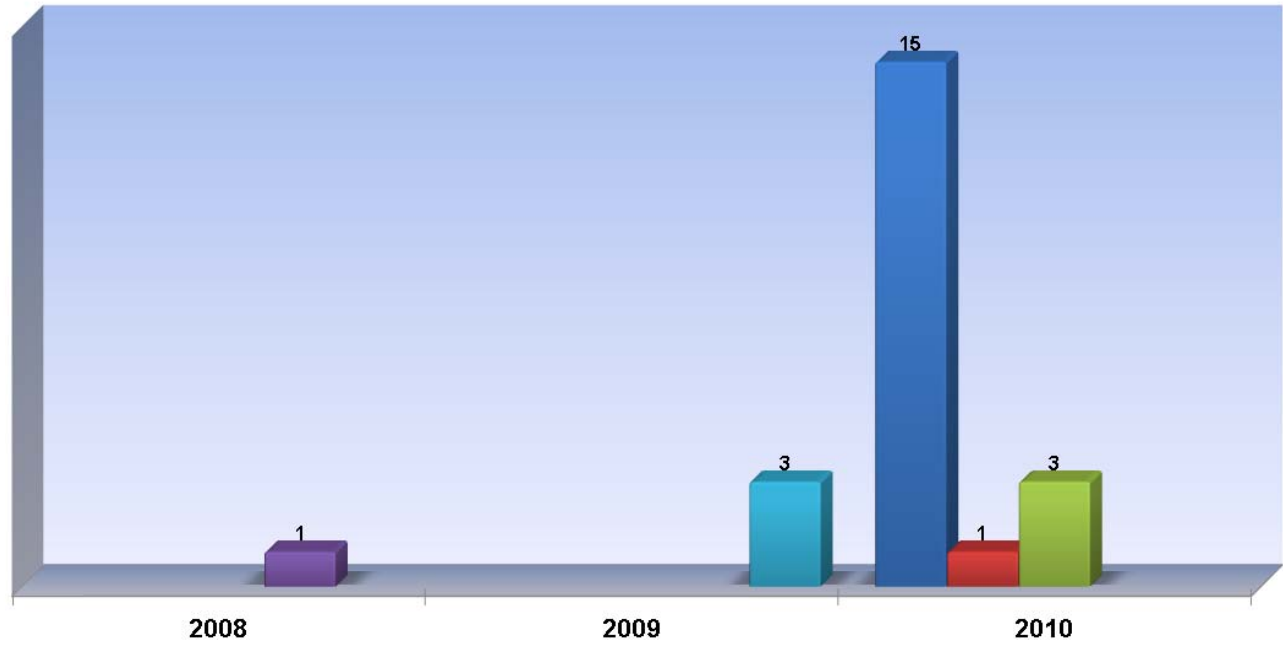


### Breakdown of Billing per Provider

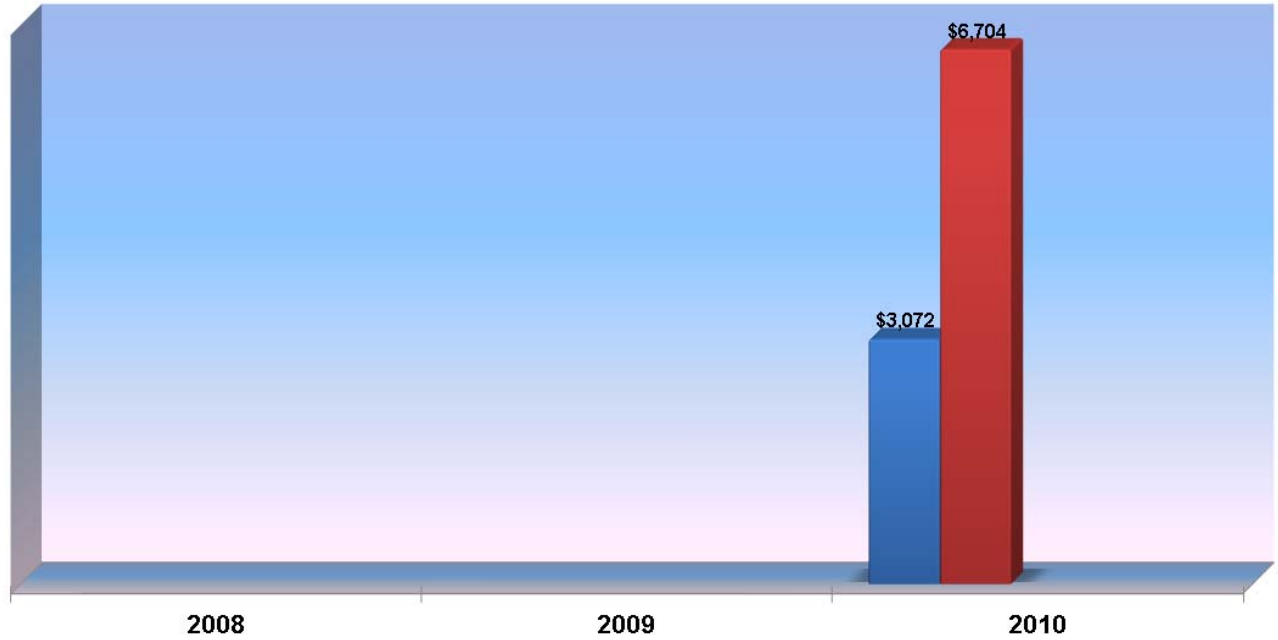
Total = \$ 9,776



## Breakdown of Encounters per Provider per Period



## Breakdown of Billing per Provider per Period



■ Clara Clarita Rehab Center  
■ One Open MRI Studio

■ Corazon Nurse Consultancy  
■ Twin Open Imaging Center

■ Julio Don Pedro, MD

## RECORD INDEX

Date	Document Source	Report Title	Type of Encounter	Page No.
5/21/2008	One Open MRI Studio Julie Don Juan, MD	MRI of the Right Shoulder with Intra-Articular Gadolinium	X-ray / Diagnostic	Pg 1
12/14/2009	Twin Open Imaging Center Julie Don Diego, MD	MRI of the Cervical Spine without Contrast	X-ray / Diagnostic	Pg 4-5
12/14/2009	Twin Open Imaging Center Julie Don Diego, MD	MRI of the Lumbar Spine without Contrast	X-ray / Diagnostic	Pg 8-9
12/14/2009	Twin Open Imaging Center Julie Don Diego, MD	MRI of the Right Knee without Contrast	X-ray / Diagnostic	Pg 30
3/4/2010	Julio Don Pedro, MD	Initial Pain Management Consultation	Initial	Pg 13-21
3/24/2010	Julio Don Pedro, MD	Operative Note	Operative / Surgical	Pg 22-23
4/23/2010	Julio Don Pedro, MD	Supplementary Report	Follow-up	Pg 10-12
8/19/2010 to 10/21/2010	Clara Clarita Rehab Center June Don Carlo, RPT	Clinical Care Notes	Therapy / Acupuncture / Chiro	Pg 31-33
10/13/2010	Corazon Nurse Consultancy Juana Don Martin, RN	Notes on the Home Visit	Home Visit	Pg 24-29
12/7/2010	Corazon Nurse Consultancy	Invoice	Non-encounter	Pg 6-7
12/30/2010	Clara Clarita Rehab Center	Balance Sheet	Non-encounter	Pg 2-3

## RECORD SUMMARY

<b>5/21/2008</b>	<b>Julie Don Juan, MD</b> <b>One Open MRI Studio</b> <i>Los Angeles, CA</i>	<b>Pg 1</b>
<b>MRI of the Right Shoulder with Intra-Articular Gadolinium</b>	<b>Impression:</b> Normal shoulder MRI.	

<b>12/14/2009</b>	<b>Julie Don Diego, MD</b> <b>Twin Open Imaging Center</b> <i>Beverly Hills, CA</i>	<b>Pg 4-5</b>
<b>MRI of the Cervical Spine without Contrast</b>	<b>Impression:</b> <ol style="list-style-type: none"> <li>1) C3-C4: There is mild disc desiccation. There is a right paracentral 2-mm disc protrusion slightly indenting the anterior cord with mild spinal stenosis. There is no neural foraminal narrowing.</li> <li>2) C4-C5: There is mild to moderate disc desiccation and disc space narrowing. There is right paracentral combination of spur and a 2mm disc protrusion indenting the anterior cord with mild to moderate spinal stenosis. There is no neural foraminal narrowing.</li> <li>3) C5-C6: There is mild to moderate disc desiccation and disc space narrowing. There is mild broad based posterior spur with mild narrowing of the right side of the canal. There is mild to moderate right neural foraminal narrowing. There is no left neural foraminal narrowing.</li> <li>4) C6-C7: There is mild to moderate disc desiccation. There is a 2-mm central broad based disc protrusion. There is no spinal stenosis or neural foraminal narrowing.</li> </ol>	

<b>12/14/2009</b>	<b>Julie Don Diego, MD</b> <b>Twin Open Imaging Center</b> <i>Beverly Hills, CA</i>	<b>Pg 8-9</b>
<b>MRI of the Lumbar Spine without Contrast</b>	<b>Impression:</b> <ol style="list-style-type: none"> <li>1) Hemisacralization of the L5 right transverse process with moderate endplate degenerative changes at L4-L5 level to the left of the midline and mild scoliosis of the lumbar spine.</li> <li>2) L4-L5: There is moderate disc desiccation. There are mild to moderate bilateral facet degenerative changes. There is left paracentral and left neural foraminal 4-5 mm broad based disc protrusion. There is also focus of annular fissure. There is no spinal stenosis. There is mild right neural foraminal narrowing. There is moderate to severe left neural foraminal narrowing. There are moderate degenerative endplate changes to the left of the midline.</li> <li>3) L2-L3: There is mild disc desiccation. There are mild facet degenerative changes and ligamentum flavum hypertrophy. There is central left paracentral and left neural foraminal 3mm broad based disc protrusion and small focus of annular fissure. There is no spinal stenosis. There is mild left lateral recess and left</li> </ol>	

	<p>neural foraminal narrowing.</p> <p>4) L3-L4: There is mild disc desiccation. There are mild facet degenerative changes. There are moderate degenerative endplate changes. There is a 3-mm broad based posterior disc bulge and focus of annular fissure. There is no spinal stenosis. There is mild bilateral lateral recess and neural foraminal narrowing.</p>
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<b>12/14/2009</b>	<p><b>Julie Don Diego, MD</b>  <b>Twin Open Imaging Center</b>  <i>Beverly Hills, CA</i></p>	<b>Pg 30</b>
<b>MRI of the Right Knee without Contrast</b>	<p><b>Impression:</b></p> <ol style="list-style-type: none"> <li>1) Tear of the posterior horn of the medial meniscus.</li> <li>2) Meniscal cyst posteromedially.</li> </ol>	

<b>3/4/2010</b>	<p><b>Julio Don Pedro, MD</b>  <i>Beverly Hills, CA</i></p>	<b>Pg 13-21</b>
<b>Initial Pain Management Consultation</b>	<p><b>Chief Complaints:</b></p> <ol style="list-style-type: none"> <li>1) Pain with right upper extremity radiating symptoms and weakness.</li> <li>2) Low back pain with left lower extremity radiating pain.</li> <li>3) Right knee pain and swelling.</li> </ol> <p><b>History of Injury:</b> In 8/09, the patient was driving when another vehicle hit the driver side of her vehicle. On impact, she was jolted forcefully. Her right knee struck the dashboard and she sustained a jarring injury to her neck.</p> <p><b>Medical History:</b> She had a slip-and-fall injury in 2007 in a dentist's office. She injured her neck and low back, and dislocated her right shoulder. She related "she had a cardiac arrest during her right shoulder surgery."</p> <p><b>Diagnostic Impressions:</b></p> <ol style="list-style-type: none"> <li>1) Right cervical radiculopathy.</li> <li>2) Left lumbar radiculopathy with L4-5 disc disruption.</li> <li>3) Right knee internal derangement.</li> <li>4) Multilevel lumbar spondylosis.</li> <li>5) Multilevel cervical spondylosis.</li> <li>6) History of congenital scoliosis.</li> <li>7) Smoker.</li> </ol> <p><b>Plan:</b></p> <ol style="list-style-type: none"> <li>1) Authorization request for cervical epidural steroid injection to the right C5-6 nerve.</li> <li>2) Authorization request for left L5 transforaminal epidural steroid injection.</li> <li>3) Remain under the care of Dr. Tauber for right knee internal derangement.</li> <li>4) Medications include Flector patch, Skelaxin, and Amrix.</li> <li>5) It is medically probable that she will require spine surgical consultation.</li> </ol>	

<b>3/24/2010</b>	<p><b>Julio Don Pedro, MD</b>  <i>Beverly Hills, CA</i></p>	<b>Pg 22-23</b>
<b>Operative Note</b>	<p><b>Preoperative and Postoperative Diagnosis:</b> Right cervical radiculopathy.</p> <p><b>Procedures performed:</b></p> <ol style="list-style-type: none"> <li>1) Cervical interlaminar epidural.</li> <li>2) Cervical epidural with catheter placement.</li> <li>3) Cervical epidural steroid.</li> </ol>	

	4) Cervical epidurogram with interpretation.
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<b>4/23/2010</b>	<b>Julio Don Pedro, MD</b> <i>Beverly Hills, CA</i>	<b>Pg 10-12</b>
<b>Supplementary Report</b>	<p>The patient continued to have severe lumbar &amp; cervical spine pain complaints. She had completed cervical interlaminar epidural injections with some improvement in neck pain and ROM with decreased stiffness. The lumbar transforaminal epidural injection provided no benefit. She continued with severe back pain and bilateral radiating symptoms.</p> <p><b>Diagnostic impression:</b></p> <ol style="list-style-type: none"> <li>1) Right cervical radiculopathy. Improved following cervical epidural.</li> <li>2) Bilateral lumbar radiculopathy with multilevel disc disruption.</li> <li>3) Right knee internal derangement.</li> <li>4) Multilevel lumbar spondylosis.</li> <li>5) Multilevel cervical spondylosis.</li> <li>6) History of congenital scoliosis. She had more benefit with interlaminar cervical epidural than from the bilateral L5-S1 selective transforaminal epidural. She continued with radicular pain in both legs.</li> </ol> <p><b>Plan:</b></p> <ol style="list-style-type: none"> <li>1) Authorization request for trial of lumbar interlaminar epidural at L4-5.</li> <li>2) Medication management: Darvocet and Soma.</li> <li>3) Continue conservative treatment.</li> </ol>	

<b>8/19/2010 to 10/21/2010</b>	<b>June Don Carlo, RPT</b> <b>Clara Clarita Rehab Center</b> <i>Los Angeles, CA</i>	<b>Pg 31-33</b>
<b>Clinical Care Notes</b>	<p>The patient was seen a total of 15 times. She reported that her right shoulder was sore and painful.</p> <p>On 9/28/10, she complained of pain in the right cervical spine radiating to the right upper extremity.</p> <p>On 10/5/10, she reported sinus infection causing her right eye to tear up.</p> <p>On 10/21/10, she requested HP with electrical stimulation to the right upper extremity/shoulder.</p>	

<b>10/13/2010</b>	<b>Juana Don Martin, RN</b> <b>Corazon Nurse Consultancy</b> <i>South Pasadena, CA</i>	<b>Pg 24-29</b>
<b>Notes on the Home Visit</b>	<p>The patient complained of low back &amp; right shoulder problems stemming from a slip-and-fall injury.</p> <p>She described an MVA in 8/09, wherein she injured her cervical spine and aggravated her lumbar injury. She reported a prior broken nose and underwent a rhinoplasty. She has a history of depression. She was treated for smoking cessation using bupropion.</p> <p>Her physicians included Dr. Jacob Tauber, Scott Onada, DC, Dr. Kevin Aminian, Dr. Kamran Matin and Dr. Lawrence Miller.</p>	

	She also complained of increased difficulty finishing tasks at work, difficulty hearing, sleep problems, SOB, weight loss, right knee pain & weakness, fatigue, anxiety, stress, and tendency to worry.
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<b>12/7/2010</b>	<b>Corazon Nurse Consultancy</b> <i>South Pasadena, CA</i>	<b>Pg 6-7</b>
<b>Invoice</b>	Refer to the Billing Review.	

<b>12/30/2010</b>	<b>Clara Clarita Rehab Center</b> <i>Los Angeles, CA</i>	<b>Pg 2-3</b>
<b>Balance Sheet</b>	Refer to the Billing Review.	

## BILLING REVIEW

<b>Provider:</b>	Clara Clarita Rehab Center	<b>Total Charges:</b>	\$	3,072.00
<b>Location:</b>	Los Angeles, CA	<b>Total Payments:</b>	\$	-
<b>Date of Service:</b>	8/19/2010 to 10/21/2010	<b>Total Adjustments:</b>	\$	-
		<b>Outstanding Balance:</b>	\$	3,072.00

DOS	ICD9	CPT	Description	Charges	Daily Total	Payments			Write-off / Adjustment / Discount	Billing Record Page No	Medical Record Page No.
						Insurance	Patient	Other sources			
8/19/2010	719.41	97001	Initial Eval (PI & PVT only)	150.00	150.00					Pg 2	Pg 31
8/24/2010		97250	Myofascial Release Soft Tissue	65.00	347.00					Pg 2	Pg 31
		97110	Init 30 min Therapy, Exercise	55.00						Pg 2	
		97612	Indiv Instruction (Home Exercise)	60.00						Pg 2	
		97010	Hot / Cold Packs (PVT & PIT only)	50.00						Pg 2	
		97014	Electrical Stimulation	35.00						Pg 2	
		99071	Exercise Pamphlets	10.00						Pg 2	
		051	Electrodes 4"	72.00						Pg 2	
8/26/2010	719.41	97250	Myofascial Release Soft Tissue	65.00	295.00					Pg 2	Pg 31
		97110	Init 30 min Therapy, Exercise	55.00						Pg 2	
		97014	Electrical Stimulation	35.00						Pg 2	
		97016	Vasopneumatic Devices	40.00						Pg 2	
		97618	Taping	30.00						Pg 2	
		97010	Hot / Cold Packs (PVT & PIT only)	50.00						Pg 2	
		045	Kinesiotape	20.00						Pg 2	
8/31/2010	719.41	97250	Myofascial Release Soft Tissue	65.00	295.00					Pg 2	Pg 31
		97110	Init 30 min Therapy, Exercise	55.00						Pg 2	
		97014	Electrical Stimulation	35.00						Pg 2	
		97016	Vasopneumatic Devices	40.00						Pg 2	
		97618	Taping	30.00						Pg 2	
		97010	Hot / Cold Packs (PVT & PIT only)	50.00						Pg 2	
		045	Kinesiotape	20.00						Pg 2	
9/3/2010	719.41	97110	Init 30 min Therapy, Exercise	110.00	175.00					Pg 2	Pg 31
		97250	Myofascial Release Soft Tissue	65.00						Pg 2	
9/7/2010	719.41	97110	Init 30 min Therapy, Exercise	110.00	195.00					Pg 2	Pg 31
		97010	Hot / Cold Packs (PVT & PIT only)	50.00						Pg 2	
		97014	Electrical Stimulation	35.00						Pg 2	
9/9/2010	719.41	97250	Myofascial Release Soft Tissue	65.00	120.00					Pg 2	Pg 32
		97110	Init 30 min Therapy, Exercise	55.00						Pg 2	
9/21/2010	719.41	97250	Myofascial Release Soft Tissue	65.00	150.00					Pg 2	Pg 32
		97010	Hot / Cold Packs (PVT & PIT only)	50.00						Pg 2	
		97014	Electrical Stimulation	35.00						Pg 2	
9/23/2010	719.41	97002	Re-Evaluation (PI & PVT only)	70.00	275.00					Pg 2	Pg 32
		97612	Indiv Instruction (Home Exercise)	60.00						Pg 2	
		97010	Hot / Cold Packs (PVT & PIT only)	50.00						Pg 2	
		97012	Mechanical Traction	35.00						Pg 3	
		97014	Electrical Stimulation	35.00						Pg 3	
		99071	Exercise Pamphlets	10.00						Pg 3	
		049	Theraband	15.00						Pg 3	
9/28/2010	719.41	97250	Myofascial Release Soft Tissue	65.00	205.00					Pg 3	Pg 32
		97110	Init 30 min Therapy, Exercise	55.00						Pg 3	
		97010	Hot / Cold Packs (PVT & PIT only)	50.00						Pg 3	
		97014	Electrical Stimulation	35.00						Pg 3	
9/30/2010	719.41	97110	Init 30 min Therapy, Exercise	110.00	195.00					Pg 3	Pg 32
		97010	Hot / Cold Packs (PVT & PIT only)	50.00						Pg 3	
		97014	Electrical Stimulation	35.00						Pg 3	
10/5/2010	719.41	97250	Myofascial Release Soft Tissue	65.00	205.00					Pg 3	Pg 32
		97110	Init 30 min Therapy, Exercise	55.00						Pg 3	
		97010	Hot / Cold Packs (PVT & PIT only)	50.00						Pg 3	
		97014	Electrical Stimulation	35.00						Pg 3	

DOS	ICD9	CPT	Description	Charges	Daily Total	Payments			Write-off / Adjustment / Discount	Billing Record Page No	Medical Record Page No.
						Insurance	Patient	Other sources			
10/12/2010	719.41	97110	Init 30 min Therapy, Exercise	55.00	175.00					Pg 3	Pg 33
		97010	Hot / Cold Packs (PVT & PIT only)	50.00						Pg 3	
		97012	Mechanical Traction	35.00						Pg 3	
		97014	Electrical Stimulation	35.00						Pg 3	
10/19/2010	719.41	97250	Myofascial Release Soft Tissue	65.00	205.00					Pg 3	Pg 33
		97110	Init 30 min Therapy, Exercise	55.00						Pg 3	
		97010	Hot / Cold Packs (PVT & PIT only)	50.00						Pg 3	
		97014	Electrical Stimulation	35.00						Pg 3	
10/21/2010	719.41	97010	Hot / Cold Packs (PVT & PIT only)	50.00	85.00					Pg 3	Pg 33
		97014	Electrical Stimulation	35.00						Pg 3	
TOTAL				3,072.00		-	-	-	-		

**BILLING REVIEW**

<b>Provider:</b>	Corazon Nurse Consultancy	<b>Total Charges:</b>	\$	6,704.00
	Juana Don Martin, RN	<b>Total Payments:</b>	\$	2,500.00
<b>Location:</b>	South Pasadena, CA	<b>Total Adjustments:</b>	\$	-
<b>Date of Service:</b>	9/20/2010 to 12/7/2010	<b>Outstanding Balance:</b>	\$	4,204.00

DOS	ICD9	CPT	Description	Charges	Daily Total	Payments			Write-off / Adjustment / Discount	Billing Record Page No	Medical Record Page No.
						Insurance	Patient	Other sources			
9/20/2010			Case Referred	-	-					Pg 6	
			Retainer Letter	-						Pg 6	
10/1/2010			Called Client	32.50	32.50					Pg 6	
10/13/2010			Medical Records Review	162.50	854.00					Pg 6	
			Home Visit	650.00						Pg 6	Pg 24
			Travel Time	32.50						Pg 6	
			Mileage	9.00						Pg 6	
10/16/2010			Home Visit Notes	617.50	1,105.00					Pg 6	Pg 24
			Records Review	487.50						Pg 6	
10/18/2010			Conversation with Client	65.00	65.00					Pg 6	
10/20/2010			LCP	325.00	325.00					Pg 6	
10/25/2010			Called Dr. Steinquist - left msg.	-	-					Pg 6	
10/26/2010			Called Geri Knorr - left msg	-	-					Pg 6	
10/29/2010			Called Dr. Steinquist - left msg.	-	-					Pg 6	
			Called Dr. Tauber's office	-						Pg 6	
11/2/2010			Conversation with Geri Knorr	97.50	130.00					Pg 6	
			Spoke with Dr. Steinquist	32.50						Pg 6	
11/11/2010			Additional Records Review	162.50	162.50					Pg 6	
11/13/2010			Discussion with atty.	-	747.50					Pg 6	
			Life Care Plan (LCP)	747.50						Pg 6	
11/16/2010			Called Dr. Aminian's office	-	-					Pg 6	
11/21/2010			Called Dr. Steinquist	-	325.00					Pg 6	
			LCP	325.00						Pg 6	
11/22/2010			Fax to Dr. Aminian	-	162.50					Pg 6	
			Records Review	162.50						Pg 6	
11/23/2010			Called Dr. Tauber's office	-	-					Pg 6	
11/29/2010			LCP	487.50	585.00					Pg 6	
			Fax to Dr. Tauber	-						Pg 6	
			Spoke with Dr. Aminian	97.50						Pg 6	
11/30/2010			Teleconference with Dr. Tauber	97.50	97.50					Pg 6	
12/1/2010			LCP	1,625.00	1,625.00					Pg 7	
12/7/2010			LCP & Cost Projection	487.50	487.50					Pg 7	
			Retainer Received					2,500.00		Pg 7	
<b>TOTAL</b>				<b>6,704.00</b>		-	-	<b>2,500.00</b>	-		

# ONE OPEN MRI STUDIO

Los Angeles, California

Patient:

Sex: Female

DOB:

DOE: 05/21/2008

MR#

Page 1 of 1

**MRI of the Right Shoulder with Intra-Articular Gadolinium**

## RADIOLOGIST'S REPORT OF FINDINGS

### IMPRESSION:

**NORMAL SHOULDER MRI WITH INTRA-ARTICULAR GADOLINIUM.**

### CLINICAL HISTORY:

Pain, numbness and limited range of motion since football injury, July 2007.

### PROCEDURE:

The examination is performed on the Hitachi 0.3 Tesla Open MRI system. Following the intra-articular administration of gadolinium, the following sequences were performed:

1. Coronal PD
2. Coronal PD fat sat
3. Sagittal PD fat sat
4. Axial T1 fat sat
5. Coronal T1 fat sat
6. Sagittal T1 fat sat
7. ABER T1 fat sat

### FINDINGS:

The osseous structures demonstrate normal marrow signal. Alignment is anatomic and the cartilage surfaces are intact.

The anterior, posterior and superior labrum are intact and the long head biceps tendon is normal in course, contour and signal.

The rotator cuff tendons and associated musculature are normal.

This report has been electronically reviewed and signed by Julie Don Juan, MD

# RECORD INDEX

# RECORD SUMMARY

# BILLING REVIEW

DATE: 12/30/10  
TIME: 10:34 AM

SELECTED FAMILY/PATIENT REPORT  
Printed For: Clara Clarita Rehab Center  
01/01/10 TO 12/30/10

PAGE: 1  
USER:  
SYS:

FAMILY NUMBER	FAMILY NAME & ADDRESS HOME PHONE NUMBER	EMPLOYER NAME & ADDRESS WORK PHONE & CONTRACT	AGING AND BALANCE		OTHER INFORMATION	
			CURRENT		LAST STATEMENT	
			31 - 60	865.00	LAST CHARGE	12/07/10
			61 - 90	1,710.00	LAST PAYMENT	10/21/10
			91 - 120	497.00	PRINT STMT MSG?	YES
			121 - 150	.00	HOLD STATEMENTS?	NO
			OVER 150	.00	CYCLE/DEL. CODE	1/4
			BALANCE DUE	3,072.00	FINANCIAL CLASS	012

PATIENT NUMBER	PATIENT NAME/LOCATION/ REFERENCE# /REFDR./DIAG	DOB/INJURY ADM/DSCHG	INS. COMPANIES	INSURED'S NAME	INSURANCE ID#	GROUP NUMBER
		04/09/1964	**DEFAULT INSURANCE!			

I/O/E:

719.41 PAIN SHOULDER

SOC SEC #:

SEX: F

ACCIDENT?: N/A  
ACC STATE:

EMPL RELATED?: N/A

TRN TYP	DATE OF SERVICE	POSTING DATE	SRV LOC	PROCEDURE CODE/MODE	PARTIAL DESCRIPTION	AMOUNT	DIAG CODE	INSURANCE BILLED PRIMARY	ATN. CLAIM SECONDARY	DOC#	NO.	QTY
CHG	08/19/10	08/31/10	51	97001	INITIAL EVAL (PI&PVT ONLY)	150.00	719.41	UNBILLED	UNBILLED	00103	0001	1
CHG	08/24/10	08/31/10	51	97250	MYOFASCIAL RELEASE SOFT TISS	65.00	719.41	UNBILLED	UNBILLED	00103	0002	1
CHG	08/24/10	08/31/10	51	97110	INIT. 30 MIN THERAPY, EXERC	55.00	719.41	UNBILLED	UNBILLED	00103	0002	1
CHG	08/24/10	08/31/10	51	97612	INDIV INSTRUCT (HOME EXERC-W	60.00	719.41	UNBILLED	UNBILLED	00103	0002	1
CHG	08/24/10	08/31/10	51	97010	HOT/COLD PACKS (PVT&PIT ONLY	50.00	719.41	UNBILLED	UNBILLED	00103	0002	1
CHG	08/24/10	08/31/10	51	97014	ELEC STIMULATION	35.00	719.41	UNBILLED	UNBILLED	00103	0002	1
CHG	08/24/10	08/31/10	51	99071	EXERCISE PAMPHLETS	10.00	719.41	UNBILLED	UNBILLED	00103	0002	1
CHG	08/24/10	08/31/10	51	051	ELECTRODES 4"	72.00	719.41	UNBILLED	UNBILLED	00103	0002	1
CHG	08/26/10	09/09/10	51	97250	MYOFASCIAL RELEASE SOFT TISS	65.00	719.41	UNBILLED	UNBILLED	00103	0003	1
CHG	08/26/10	09/09/10	51	97110	INIT. 30 MIN THERAPY, EXERC	55.00	719.41	UNBILLED	UNBILLED	00103	0003	1
CHG	08/26/10	09/09/10	51	97014	ELEC STIMULATION	35.00	719.41	UNBILLED	UNBILLED	00103	0003	1
CHG	08/26/10	09/09/10	51	97016	VASOPNEUMATIC DEVICES	40.00	719.41	UNBILLED	UNBILLED	00103	0003	1
CHG	08/26/10	09/09/10	51	97618	TAPING	30.00	719.41	UNBILLED	UNBILLED	00103	0003	1
CHG	08/26/10	09/09/10	51	97010	HOT/COLD PACKS (PVT&PIT ONLY	50.00	719.41	UNBILLED	UNBILLED	00103	0003	1
CHG	08/26/10	09/09/10	51	045	KINESIO TAPE	20.00	719.41	UNBILLED	UNBILLED	00103	0003	1
CHG	08/31/10	09/09/10	51	97250	MYOFASCIAL RELEASE SOFT TISS	65.00	719.41	UNBILLED	UNBILLED	00103	0004	1
CHG	08/31/10	09/09/10	51	97110	INIT. 30 MIN THERAPY, EXERC	55.00	719.41	UNBILLED	UNBILLED	00103	0004	1
CHG	08/31/10	09/09/10	51	97014	ELEC STIMULATION	35.00	719.41	UNBILLED	UNBILLED	00103	0004	1
CHG	08/31/10	09/09/10	51	97016	VASOPNEUMATIC DEVICES	40.00	719.41	UNBILLED	UNBILLED	00103	0004	1
CHG	08/31/10	09/09/10	51	97618	TAPING	30.00	719.41	UNBILLED	UNBILLED	00103	0004	1
CHG	08/31/10	09/09/10	51	97010	HOT/COLD PACKS (PVT&PIT ONLY	50.00	719.41	UNBILLED	UNBILLED	00103	0004	1
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CHG	09/03/10	09/16/10	51	97250	MYOFASCIAL RELEASE SOFT TISS	65.00	719.41	UNBILLED	UNBILLED	00103	0005	1
CHG	09/07/10	09/23/10	51	97110	INIT. 30 MIN THERAPY, EXERC	110.00	719.41	UNBILLED	UNBILLED	00103	0006	2
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CHG	09/07/10	09/23/10	51	97014	ELEC STIMULATION	35.00	719.41	UNBILLED	UNBILLED	00103	0006	1
CHG	09/09/10	09/29/10	51	97250	MYOFASCIAL RELEASE SOFT TISS	65.00	719.41	UNBILLED	UNBILLED	00103	0007	1
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CHG	09/21/10	09/30/10	51	97250	MYOFASCIAL RELEASE SOFT TISS	65.00	719.41	UNBILLED	UNBILLED	00103	0008	1
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CHG	09/23/10	09/30/10	51	97612	INDIV INSTRUCT (HOME EXERC-W	60.00	719.41	UNBILLED	UNBILLED	00103	0009	1
CHG	09/23/10	09/30/10	51	97010	HOT/COLD PACKS (PVT&PIT ONLY	50.00	719.41	UNBILLED	UNBILLED	00103	0009	1

RECORDS - 000002

# RECORD INDEX

# RECORD SUMMARY

# BILLING REVIEW

DATE: 12/30/10  
TIME: 10:34 AM

SELECTED FAMILY/PATIENT REPORT  
Printed For: Clara Clarita Rehab Center  
01/01/40 TO 12/30/10

PAGE: 2  
USER:  
SYS:

TRN	DATE OF	POSTING	SRV	PROCEDURE	PARTIAL DESCRIPTION	AMOUNT	DIAG	INSURANCE	BILLED	ATN.	CLAIM	
TYPE	SERVICE	DATE	LOC	CODE/MODES			CODE	PRIMARY	SECONDARY	DOC#	NO.	QTY
CHG	09/23/10	09/30/10	51	97012	MECHANICAL TRACTION	35.00	719.41	UNBILLED	UNBILLED	00103	0009	1
CHG	09/23/10	09/30/10	51	97014	ELEC STIMULATION	35.00	719.41	UNBILLED	UNBILLED	00103	0009	1
CHG	09/23/10	09/30/10	51	99071	EXERCISE PAMPHLETS	10.00	719.41	UNBILLED	UNBILLED	00103	0009	1
CHG	09/23/10	09/30/10	51	049	THERABAND	15.00	719.41	UNBILLED	UNBILLED	00103	0009	1
CHG	09/28/10	09/30/10	51	97250	MYOFASCIAL RELEASE SOFT TISS	65.00	719.41	UNBILLED	UNBILLED	00103	0010	1
CHG	09/28/10	09/30/10	51	97110	INIT. 30 MIN THERAPY, EXERC	55.00	719.41	UNBILLED	UNBILLED	00103	0010	1
CHG	09/28/10	09/30/10	51	97010	HOT/COLD PACKS (PVT&PIT ONLY	50.00	719.41	UNBILLED	UNBILLED	00103	0010	1
CHG	09/28/10	09/30/10	51	97014	ELEC STIMULATION	35.00	719.41	UNBILLED	UNBILLED	00103	0010	1
CHG	09/30/10	10/08/10	51	97110	INIT. 30 MIN THERAPY, EXERC	110.00	719.41	UNBILLED	UNBILLED	00103	0011	2
CHG	09/30/10	10/08/10	51	97010	HOT/COLD PACKS (PVT&PIT ONLY	50.00	719.41	UNBILLED	UNBILLED	00103	0011	1
CHG	09/30/10	10/08/10	51	97014	ELEC STIMULATION	35.00	719.41	UNBILLED	UNBILLED	00103	0011	1
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CHG	10/05/10	10/13/10	51	97010	HOT/COLD PACKS (PVT&PIT ONLY	50.00	719.41	UNBILLED	UNBILLED	00103	0012	1
CHG	10/05/10	10/13/10	51	97014	ELEC STIMULATION	35.00	719.41	UNBILLED	UNBILLED	00103	0012	1
CHG	10/12/10	10/26/10	51	97110	INIT. 30 MIN THERAPY, EXERC	55.00	719.41	UNBILLED	UNBILLED	00103	0013	1
CHG	10/12/10	10/26/10	51	97010	HOT/COLD PACKS (PVT&PIT ONLY	50.00	719.41	UNBILLED	UNBILLED	00103	0013	1
CHG	10/12/10	10/26/10	51	97012	MECHANICAL TRACTION	35.00	719.41	UNBILLED	UNBILLED	00103	0013	1
CHG	10/12/10	10/26/10	51	97014	ELEC STIMULATION	35.00	719.41	UNBILLED	UNBILLED	00103	0013	1
CHG	10/19/10	10/27/10	51	97250	MYOFASCIAL RELEASE SOFT TISS	65.00	719.41	UNBILLED	UNBILLED	00103	0014	1
CHG	10/19/10	10/27/10	51	97110	INIT. 30 MIN THERAPY, EXERC	55.00	719.41	UNBILLED	UNBILLED	00103	0014	1
CHG	10/19/10	10/27/10	51	97010	HOT/COLD PACKS (PVT&PIT ONLY	50.00	719.41	UNBILLED	UNBILLED	00103	0014	1
CHG	10/19/10	10/27/10	51	97014	ELEC STIMULATION	35.00	719.41	UNBILLED	UNBILLED	00103	0014	1
CHG	10/21/10	10/27/10	51	97010	HOT/COLD PACKS (PVT&PIT ONLY	50.00	719.41	UNBILLED	UNBILLED	00103	0015	1
CHG	10/21/10	10/27/10	51	97014	ELEC STIMULATION	35.00	719.41	UNBILLED	UNBILLED	00103	0015	1

PATIENTS BALANCE DUE: 3,072.00  
INSURANCE RESPONSIBILITY: .00  
PATIENT RESPONSIBILITY: 3,072.00

# Twin Open Imaging Center

Beverly Hills, CA

MRN:

DOB:

Sex: F

Date of Service: 12/14/2009

Exam: (WIL) OMRI/PILEN MRI CERVICAL SPINE  
WITHOUT CONTRAST

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## EXAMINATION: MRI CERVICAL SPINE WITHOUT CONTRAST

INDICATION: Prior motor vehicle accident with low back pain and neck pain.

TECHNIQUE: Sagittal T1 and T2 and STIR, oblique sagittal T2 and axial T2 and gradient images of the cervical spine were obtained.

FINDINGS: There are no vertebral body masses or fractures. The spinal cord has normal signal characteristics throughout its course. There are no paraspinous masses.

C2-3: There is no disc protrusion or extrusion, spinal stenosis or neural foraminal narrowing.

C3-4: There is mild disc desiccation. There is right paracentral 2-mm disc protrusion slightly indenting the anterior cord with mild spinal stenosis. There is no neural foraminal narrowing.

C4-5: There is mild-to-moderate disc desiccation and disc space narrowing. There is right paracentral combination of spur and 2-mm disc protrusion indenting the anterior cord with mild-to-moderate spinal stenosis. There is no neural foraminal narrowing.

C5-6: There is mild-to-moderate disc desiccation and disc space narrowing. There is mild broad-based posterior spur with mild narrowing of the right side of the canal. There is mild-to-moderate right neural foraminal narrowing. There is no left neural foraminal narrowing.

C6-7: There is mild-to-moderate disc desiccation. There is 2-mm central broad-based disc protrusion. There is no spinal stenosis or neural foraminal narrowing.

C7-T1: There is no disc protrusion or extrusion, spinal stenosis or neural foraminal narrowing.

## IMPRESSION:

1. C3-4: There is mild disc desiccation. There is right paracentral 2-mm disc protrusion slightly indenting the anterior cord with mild spinal stenosis. There is no neural foraminal narrowing.
  2. C4-5: There is mild-to-moderate disc desiccation and disc space narrowing. There is right
-

# Twin Open Imaging Center

Beverly Hills, CA

MRN:

DOB:

Sex: F

Date of Service: 12/14/2009

Exam: (WIL) OMRI/TILEN MRI CERVICAL SPINE  
WITHOUT CONTRAST

paracentral combination of spur and 2-mm disc protrusion indenting the anterior cord with mild-to-moderate spinal stenosis. There is no neural foraminal narrowing.

3. C5-6: There is mild-to-moderate disc desiccation and disc space narrowing. There is mild broad-based posterior spur with mild narrowing of the right side of the canal. There is mild-to-moderate right neural foraminal narrowing. There is no left neural foraminal narrowing.

4. C6-7: There is mild-to-moderate disc desiccation. There is 2-mm central broad-based disc protrusion. There is no spinal stenosis or neural foraminal narrowing.

End of diagnostic report for accession: 17042368

Dictated: 12/15/2009 11:03AM

Dictated By:

Transcribed By:

Signed By: Julie Don Diego, MD

**Invoice****Corazon Nurse Consultancy**

South Pasadena, CA

Date	Invoice #
12/7/2010	546

Bill To

Patient	Due Date	Date of Injury	Claim Number
	12/7/2010	7/25/2007	

Date	Quantity	Item	Description	Rate	Amount
9/20/2010	0	Legal	Case Referred	325.00	0.00
	0	Legal	Retainer Letter	325.00	0.00
10/1/2010	0.1	Legal	Called Client	325.00	32.50
10/13/2010	0.5	Legal	Medical Records Review	325.00	162.50
	2	Legal	Home Visit	325.00	650.00
	1	Travel Time	Travel Time	32.50	32.50
	18	Mileage	Mileage	0.50	9.00
10/16/2010	1.9	Legal	Home Visit Notes	325.00	617.50
	1.5	Legal	Records Review	325.00	487.50
10/18/2010	0.2	Legal	Conversation with Client	325.00	65.00
10/20/2010	1	Legal	LCP	325.00	325.00
10/25/2010	0	Legal	Called - left msg.	325.00	0.00
10/26/2010	0	Legal	Called - left msg.	325.00	0.00
10/29/2010	0	Legal	Called - left msg.	325.00	0.00
	0	Legal	Called office	325.00	0.00
11/2/2010	0.3	Legal	Conversation with	325.00	97.50
	0.1	Legal	Spoke with	325.00	32.50
11/11/2010	0.5	Legal	Additional Records Review	325.00	162.50
11/13/2010	0	Legal	Discussion with atty.	325.00	0.00
	2.3	Legal	Life Care Plan (LCP)	325.00	747.50
11/16/2010	0	Legal	Called office	325.00	0.00
11/21/2010	0	Legal	Called	325.00	0.00
	1	Legal	LCP	325.00	325.00
11/22/2010	0	Legal	Fax to	325.00	0.00
	0.5	Legal	Records Review	325.00	162.50
11/23/2010	0	Legal	Called office	325.00	0.00
11/29/2010	1.5	Legal	LCP	325.00	487.50
	0	Legal	Fax to	325.00	0.00
	0.3	Legal	Spoke with Dr. Aminian	325.00	97.50
11/30/2010	0.3	Legal	Teleconference with	325.00	97.50

Please remit to above name/address. Tax ID

**Payments/Credits**

Phone #	Fax #	E-mail	Total
			<b>Balance Due</b>

South Pasadena, CA

Date	Invoice #
12/7/2010	546

Bill To	

Patient	Due Date	Date of Injury	Claim Number
	12/7/2010	7/25/2007	

Date	Quantity	Item	Description	Rate	Amount
12/1/2010	5	Legal	LCP	325.00	1,625.00
12/7/2010	1.5	Legal	LCP & Cost Projection	325.00	487.50
	1	Retainer	Retainer Received	-2,500.00	-2,500.00

Please remit to above name/address. Tax ID #

<b>Payments/Credits</b>	<b>\$0.00</b>
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Phone #	Fax #	E-mail	<b>Total</b>	\$4,204.00
			<b>Balance Due</b>	\$4,204.00

# Twin Open Imaging Center

Beverly Hills, CA

MRN:

DOB:

Sex: F

Date of Service: 12/14/2009

Exam: (WTL) OMRI/PILLEN MRI LUMBAR SPINE  
WITHOUT CONTRAST

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## EXAMINATION: MRI LUMBAR SPINE WITHOUT CONTRAST :

CLINICAL HISTORY: Low back pain and knee pain. Patient with prior motor vehicle accident.

TECHNIQUE: Sagittal T1, T2, and STIR, and axial T1 and T2-weighted images of the lumbar spine were obtained.

FINDINGS: There is mild scoliosis of the lumbar spine. There are no vertebral body masses or fractures. Conus is at L1 level which is within normal. There are no intradural lesions or paraspinous solid masses. There is hemisacralization of the L5 right transverse process.

T12-L1 and L1-2: There is no disc protrusion or extrusion, spinal stenosis or neural foramen narrowing.

L2-3: There is mild disc desiccation. There are mild facet degenerative changes and ligamentum flavum hypertrophy. There is central, left paracentral and left neural foraminal 3-mm broad-based disc protrusion and small focus of annular fissure. There is no spinal stenosis. There is mild left lateral recess and left neural foraminal narrowing.

L3-4: There is mild disc desiccation. There are mild facet degenerative changes. There are moderate degenerative endplate changes. There is 3-mm broad-based posterior disc bulge and focus of annular fissure. There is no spinal stenosis. There is mild bilateral lateral recess and neural foraminal narrowing.

L4-5: There is moderate disc desiccation. There are mild-to-moderate bilateral facet degenerative changes. There is left paracentral and left neural foraminal 4- to 5-mm broad-based disc protrusion. There is also focus of annular fissure. There is no spinal stenosis. There is mild right neural foraminal narrowing. There is moderate-to-severe left neural foraminal narrowing. There are moderate degenerative endplate changes to the left of the midline.

L5-S1: There is no disc protrusion or extrusion, spinal stenosis, or neural foramen narrowing.

IMPRESSION:

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# Twin Open Imaging Center

Beverly Hills, CA

MRN:

DOB: Sex: F

Date of Service: 12/14/2009

Exam: (WIL) OMRI/PILLEN MRI LUMBAR SPINE  
WITHOUT CONTRAST

1. Hemisacralization of the L5 right transverse process with moderate endplate degenerative changes at L4-5 level to the left of the midline and mild scoliosis of the lumbar spine.
2. L4-5: There is moderate disc desiccation. There are mild-to-moderate bilateral facet degenerative changes. There is left paracentral and left neural foraminal 4- to 5-mm broad-based disc protrusion. There is also focus of annular fissure. There is no spinal stenosis. There is mild right neural foraminal narrowing. There is moderate-to-severe left neural foraminal narrowing. There are moderate degenerative endplate changes to the left of the midline.
3. L2-3: There is mild disc desiccation. There are mild facet degenerative changes and ligamentum flavum hypertrophy. There is central left paracentral and left neural foraminal 3-mm broad-based disc protrusion and small focus of annular fissure. There is no spinal stenosis. There is mild left lateral recess and left neural foraminal narrowing.
4. L3-4: There is mild disc desiccation. There are mild facet degenerative changes. There are moderate degenerative endplate changes. There is 3-mm broad-based posterior disc bulge and focus of annular fissure. There is no spinal stenosis. There is mild bilateral lateral recess and neural foraminal narrowing.

End of diagnostic report for accession:

17042369

Dictated: 12/15/2009 9:31AM

Dictated By:

Transcribed By:

Signed By: Julie Don Diego, MD

# Julio Don Pedro, MD

Beverly Hills, CA

Qualified Medical Evaluator

April 23, 2010

PATIENT:

D/BIRTH:

D/INJURY: August 19, 2009

D/EXAMINATION: April 23, 2010

## SUPPLEMENTARY REPORT

Dear :

Your patient, , returns to the office. She continues with severe lumbar as well as cervical spine pain complaints.

She has completed a cervical interlaminar epidural injection with some improvement in neck pain and range of motion with decreased stiffness. Unfortunately, lumbar transforaminal epidural injections have not provided her with significant benefit. She continues with severe back pain and bilateral radiating symptoms.

### PHYSICAL EXAMINATION:

She has significant lumbar spine tenderness extending into the piriformis. She has positive straight leg raise bilaterally with referred back pain at 60 degrees.

RE:

DATE: April 23, 2010

PAGE 2

There is a painful limited lumbar range of motion with flexion and extension.

Cervical range of motion remains improved with persistent right axial spine tenderness.

REVIEW OF PERTINENT DIAGNOSTIC STUDIES:

Cervical spine MRI reveals:

1. C3-4 disc desiccative changes, right paracentral 2-mm disc protrusion indenting the anterior cord with mild stenosis.
2. At C4-5, there is mild-to-moderate disc desiccation, disc space narrowing, right paracentral protrusion indenting the anterior cord with mild-to-moderate spinal stenosis.
3. At C5-6, mild-to-moderate disc desiccation, disc space narrowing, mild broad-based posterior spur and mild narrowing at the right side of the canal. There is mild-to-moderate right neural foraminal narrowing. There is no left neural foraminal narrowing.
4. At C6-7, mild-to-moderate disc desiccation. There is a 2-mm central broad-based disc protrusion. There is no spinal stenosis or neural foraminal narrowing.

MRI of the lumbar spine reveals:

1. Sequestration of the L5 right transverse process with moderate endplate degenerative changes at L4-5 and mild scoliosis.
2. At L4-5, moderate disc desiccation, mild-to-moderate bilateral facet degenerative changes. There is left paracentral and left neural foraminal 4-5mm broad-based disc protrusion that is focus of annular fissure. There is mild right neural foraminal narrowing. There are moderate-to-severe left neural foraminal narrowing and moderate degenerative endplate changes.
3. At L2-3, mild disc desiccation, mild facet degenerative changes, ligamentum flavum hypertrophy with central left paracentral and left neural foraminal 3-mm broad-based disc protrusion with small focus of annular fissure. There is mild left lateral recess and left neural foraminal narrowing.

RE:

DATE: April 23, 2010

PAGE 3

4. At L3-4, there is mild disc desiccation and mild facet degenerative changes and moderate degenerative endplate changes. There is a 3-mm broad-based posterior disc bulge and focus of annular fissure. There is mild bilateral recess and neural foraminal narrowing.

MRI of the knee reveals a tear at the posterior horn of the medial meniscus.

Electrodiagnostic studies: Left active L5 radiculopathy.

Upper extremity electrodiagnostic studies reveal right active C5 radiculopathy.

**DIAGNOSTIC IMPRESSION:**

1. Right cervical radiculopathy.
  - A. Improved following cervical epidural.
2. Bilateral lumbar radiculopathy with multilevel disc disruption.
3. Right knee internal derangement.
4. Multilevel lumbar spondylosis.
5. Multilevel cervical spondylosis.
6. History of congenital scoliosis.

**DISCUSSION:**

The patient has had more benefit from the interlaminar cervical epidural than from the bilateral L5-S1 selective transforaminal epidural. She continues with severe radicular pain in both legs. She will be trialed one more time with the lumbar interlaminar epidural.

In the interim, analgesics will be continued. The patient may come to lumbar spine surgical intervention in light of the severe back pain and bilateral radiating symptoms.

**PLAN:**

1. Authorization request is placed for trial of lumbar interlaminar epidural at L4-5.
2. Medication management:
  - A. Darvocet one p.o. b.i.d.
  - B. Soma 350 mg p.o. b.i.d.
3. Continue conservative treatment.



Julio Don Pedro, MD

4-23-10  
Date

# Julio Don Pedro, MD

Beverly Hills, CA

Qualified Medical Evaluator

March 4, 2010

**PATIENT:**

**D/BIRTH:**

**D/INJURY:** August 19, 2009

**D/EXAMINATION:** March 4, 2010

## INITIAL PAIN MANAGEMENT CONSULTATION

Dear \_\_\_\_\_ :

Pursuant to your request, I performed an initial pain management evaluation on your patient,

She is a 45-year-old female with diffuse pain and orthopedic complaints following motor vehicle accident. The report is a summary of my findings and treatment recommendations from an office visit on March 4, 2010.

### CHIEF COMPLAINTS:

1. Pain with right upper extremity radiating symptoms and weakness.
2. Low back pain with left lower extremity radiating pain.
3. Right knee pain and swelling.

RE:

DATE: March 4, 2010

PAGE 2

**HISTORY OF INJURY:**

The patient states that in August of 2009, she was driving on a surface street, traveling with the flow traffic, when another vehicle made a left turn, striking the driver side of the patient's vehicle. On impact, she was jolted forcefully about. The patient's knee struck the dashboard and she sustained a jarring injury to her neck.

**TREATMENT:**

She was transported to . She was released after x-rays. The neck was painful and she felt dazed and confused.

The patient subsequently sought treatment with orthopedic specialist, Dr. Jacob Tauber. She was sent for chiro-physiotherapy. She continues with therapy 2-3 times a week. The treatment consisted of electrostimulation, heat massages, and occasional adjustments. There is temporary improvement with treatment.

The patient has completed the diagnostic workup including MRIs and nerve studies. She is referred to the undersigned for pain management evaluation and treatment.

**CURRENT PAIN COMPLAINTS:**

1. Neck. The patient complains of severe neck pain, described as 8/10. The pain radiates into the right shoulder, shoulder blade and upper extremity. There is left arm numbness. There is painful limited range of motion in the neck and right upper extremity.
2. Low back. The patient complains of severe back pain that is constant, rated as 6/10. There is limited range of motion in the lumbar spine. She has pain with bending. Pain radiates to the legs with numbness and tingling, left greater than right.
3. Right knee. She has swelling, aching, and popping sensation in the right knee.

**EMPLOYMENT HISTORY:**

At the time of the accident collision, the patient was employed as an accountant. She missed five days of work and has returned to regular duties with ongoing pain and discomfort.

RE:

DATE: March 4, 2010

PAGE 3

PAST/RELEVANT MEDICAL HISTORY:

PRIOR INJURIES: In 2007, she sustained a slip-and-fall injury in a dentist's office. She states she slipped on a wet floor. She injured her neck, low back and right shoulder with dislocation. The patient relates that she had a cardiac arrest during her right shoulder surgery.

SUBSEQUENT INJURIES: Denied.

SYSTEMIC ILLNESSES:

1. History of bladder diverticulum requiring surgery.
2. History of cardiac arrest during surgery in 2007. She reports memory loss since the accident. Her cardiac condition has been cleared.
3. Congenital scoliosis of the spine. She wore a back brace as a child. She experiences intermittent low back discomfort prior to the motor vehicle accident of 2009.

ALLERGIES: Denied.

SUBSTANCE UTILIZATION ABUSE: Patient is a past smoker.

EMOTIONAL/PSYCHIATRIC PROBLEMS: Depression.

CURRENT MEDICATIONS:

Vicodin, Soma, and Ambien.

PHYSICAL EXAMINATION:

Weight 135 pounds Height 5 feet 7 inches Age 45  
Blood pressure 107/72 Pulse 64

APPEARANCE/AFFECT: Pleasant and cooperative in obvious pain.

GAIT: Stiff and guarded.

HEEL - TOE WALK: Performed with difficulty.

CERVICAL SPINE EXAMINATION

HEAD CARRIAGE//LORDOSIS: Midline. Diminished lordosis.

TENDERNESS/SPASM: Right paracervical tenderness.

AXIAL HEAD COMPRESSION: Positive on the right.

SPURLING SIGN: Positive on the right.

FACET TENDERNESS: Negative.

CERVICAL RANGE OF MOTION

	<u>Right</u>	<u>Left</u>	<u>Expected</u>
Lateral Rotation	50	50	70
Lateral Flexion	20	20	30
Extension		20	60
Flexion		45	60

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All movements of cervical spine are painful especially in extension and right lateral rotation.

UPPER EXTREMITY EXAMINATION

INSPECTION:

Well-healed right shoulder portal incisions.

TENDERNESS:

Mild right subacromial tenderness.

EDEMA:

Negative.

SHOULDER EVALUATION

	<u>Right</u>	<u>Left</u>	<u>Expected</u>
Abduction	160	180	180
Forward Flexion	160	180	180
Internal Rotation	90	90	90
External Rotation	90	90	90
Crossed Shoulder Adduction	40	40	40
Impingement Sign	Positive	Negative	Negative
Supraspinatus test	Negative	Negative	Negative
O'Brien Test	Negative	Negative	Negative
Anterior Drawer	Negative	Negative	Negative
Yergason's Test	Negative	Negative	Negative

THORACIC OUTLET TESTS

	<u>Right</u>	<u>Left</u>	<u>Expected</u>
Roos test	Negative	Negative	Negative
Wright test	Negative	Negative	Negative
Brachial Plexus Stretch	Negative	Negative	Negative

ELBOW EXAMINATION

	<u>Right</u>	<u>Left</u>	<u>Expected</u>
Extension	0	0	0
Flexion	135	135	135
Pronation	80	80	80
Supination	80	80	80
Lateral Epicondylar	Negative	Negative	Negative
Medial Epicondylar	Negative	Negative	Negative
Cozen's test	Negative	Negative	Negative
Ulnar nerve compression	Negative	Negative	Negative
Elbow Flexion test	Negative	Negative	Negative
Cubital tunnel Tinel	Negative	Negative	Negative
Radial n. compression	Negative	Negative	Negative

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WRIST EXAMINATION

	<u>Right</u>	<u>Left</u>	<u>Expected</u>
Flexion	80	80	80
Extension	80	80	80
Radial Deviation	15	15	15
Ulnar Deviation	30	30	30
Wrist Tincl	Negative	Negative	Negative
Median nerve compression	Negative	Negative	Negative
Finkelstein test	Negative	Negative	Negative
Grind test	Negative	Negative	Negative
Ulnar Click test	Negative	Negative	Negative

JAMAR (Right-hand dominant)

Right (20/20/18) (32/32/34) Left

SENSORY EXAMINATION UPPER EXTREMITIES

Grossly intact to pinwheel.

UPPER EXTREMITY MOTOR TESTING

	<u>Right</u>	<u>Left</u>	<u>Expected</u>
Shoulder abductors(C5)	4/5	5/5	5/5
Elbow Flexors (C5,6)	4/5	5/5	5/5
Elbow Extensors (C7)	4/5	5/5	5/5
Wrist Flexors(C7, C8)	4/5	5/5	5/5
Wrist Extensors (C6, C7)	4/5	5/5	5/5
Finger Abductors(C8, T1)	4/5	5/5	5/5

UPPER EXTREMITY REFLEXES

	<u>Right</u>	<u>Left</u>	<u>Expected</u>
Biceps	1+	2+	2+
Brachioradialis	1+	2+	2+
Triceps	1+	2+	2+

Hoffmann reflex negative bilaterally.

LUMBAR SPINE EXAMINATION

Visual inspection: Normal lordosis.  
Tenderness/trigger points: **There is right paralumbar tenderness.**  
Facet Tenderness: Negative.

PIRIFORMIS TESTS

	<u>Right</u>	<u>Left</u>	<u>Expected</u>
Piriformis tenderness	Negative	Negative	Negative
Piriformis stress (FAIR)	Negative	Negative	Negative

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SACROILIAC TESTS

	<u>Right</u>	<u>Left</u>	<u>Expected</u>
Sacroiliac tenderness	Negative	Negative	Negative
Fabere's/Patrick	Negative	Negative	Negative
Sacroiliac thrust test	Negative	Negative	Negative
Yeoman's test	Negative	Negative	Negative

SCIATIC NERVE ROOT TENSION TESTS

	<u>Right</u>	<u>Left</u>	<u>Expected</u>
Sciatic notch tenderness	Negative	Negative	Negative
Lasègue's sign	Negative	<b>Positive</b>	Negative
Bowstring Sign	Negative	<b>Positive</b>	Negative
Straight leg raise	<b>Positive</b>	<b>Positive</b>	Negative

**Straight leg raise bilaterally is left greater than right with positive left-sided Lasègue increased by left foot dorsiflexion.**

LUMBAR SPINE RANGE OF MOTION

	<u>Right</u>	<u>Left</u>	<u>Expected</u>
LATERAL BEND	30	30	30/30
FLEXION	60		70
EXTENSION	20		30

**There is pain on flexion, extension of lumbar spine.**

KNEE EXAMINATION

	<u>Right</u>	<u>Left</u>	<u>Expected</u>
Joint effusion	Negative	Negative	Negative
Medial joint tenderness	<b>Positive</b>	Negative	Negative
Lateral joint tenderness	Negative	Negative	Negative
Patella compression	Negative	Negative	Negative
Lachman Test	Negative	Negative	Negative
McMurray test	Negative	Negative	Negative
Patellar Apprehension	Negative	Negative	Negative
Extension	0	0	0
Flexion	135	135	135

SENSORY TESTING LOWER EXTREMITIES

**Dysesthesias in the left L5 dermatome.**

LOWER EXTREMITY MOTOR TESTING

	<u>Right</u>	<u>Left</u>	<u>Expected</u>
Plantar flexion(S1)	5/5	5/5	5/5
Foot eversion(S1)	5/5	5/5	5/5
Foot inversion(L5)	5/5	5/5	5/5
Extensor hallucis (L5)	5/5	5/5	5/5
Knee extension(L4)	5/5	5/5	5/5
Hip flexion(L2,L3)	5/5	5/5	5/5

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LOWER EXTREMITY REFLEX TESTING

	<u>Right</u>	<u>Left</u>	<u>Expected</u>
Knee	2+	2+	2+
Ankle	2+	2+	2+

Babinski negative.

REVIEW OF PERTINENT DIAGNOSTIC STUDIES:

Cervical spine MRI reveals:

1. C3-4 disc desiccative changes, right paracentral 2-mm disc protrusion indenting the anterior cord with mild stenosis.
2. At C4-5, there is mild-to-moderate disc desiccation, disc space narrowing, right paracentral protrusion indenting the anterior cord with mild-to-moderate spinal stenosis.
3. At C5-6, mild-to-moderate disc desiccation, disc space narrowing, mild broad-based posterior spur and mild narrowing at the right side of the canal. There is mild-to-moderate right neural foraminal narrowing. There is no left neural foraminal narrowing.
4. At C6-7, mild-to-moderate disc desiccation. There is a 2-mm central broad-based disc protrusion. There is no spinal stenosis or neural foraminal narrowing.

MRI of the lumbar spine reveals:

1. Sequestration of the L5 right transverse process with moderate endplate degenerative changes at L4-5 and mild scoliosis.
2. At L4-5, moderate disc desiccation, mild-to-moderate bilateral facet degenerative changes. There is left paracentral and left neural foraminal 4-5mm broad-based disc protrusion that is focus of annular fissure. There is mild right neural foraminal narrowing. There are moderate-to-severe left neural foraminal narrowing and moderate degenerative endplate changes.
3. At L2-3, mild disc desiccation, mild facet degenerative changes, ligamentum flavum hypertrophy with central left paracentral and left neural foraminal 3-mm broad-based disc protrusion with small focus of annular fissure. There is mild left lateral recess and left neural foraminal narrowing.

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4. At L3-4, there is mild disc desiccation and mild facet degenerative changes and moderate degenerative endplate changes. There is a 3-mm broad-based posterior disc bulge and focus of annular fissure. There is mild bilateral recess and neural foraminal narrowing.

MRI of the knee reveals a tear at the posterior horn of the medial meniscus.

Electrodiagnostic studies: Left active L5 radiculopathy.

Upper extremity electrodiagnostic studies reveal right active C5 radiculopathy.

DIAGNOSTIC IMPRESSION:

1. Right cervical radiculopathy.
2. Left lumbar radiculopathy with L4-5 disc disruption.
3. Right knee internal derangement.
4. Multilevel lumbar spondylosis.
5. Multilevel cervical spondylosis.
6. History of congenital scoliosis.
7. Smoker.

DISCUSSION:

presents to the office today with severe cervical and lumbar spine pain complaints with radiating symptoms and signs of upper and lower extremity radiculopathy. The patient has evidence by MRI of multilevel degenerative changes and history of mild congenital scoliosis. However, she was fairly asymptomatic prior to the August 2009 injury. Since the accident, she has had severe refractory pain with radiating symptoms in the neck and lumbar spine.

She has evidence of right-sided cervical radiculopathy by electrodiagnostic studies and physical examination. She has right upper extremity weakness, diminished right upper extremity reflexes and positive right-sided Spurling sign. She has corresponding compressive lesions by cervical MRI.

The patient will be provided with a trial of cervical epidural with attention to the right C5-6 nerve root. If patient does not respond, she will need to be seen in spine surgical consultation.

Similarly in the lumbar spine, the patient has evidence of left lumbar radiculopathy. She has elevated left-sided

RE:

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sciatic nerve root tension tests with dysesthesias in the left L5 dermatome and positive EMG.

The patient is also a candidate for left L5 selective transforaminal epidural steroid injection in light of the evidence of radiculopathy. If she fails epidural trial, she will also need to be seen in spine surgical consultation for her lumbar spine disease.

The patient remains under the care of Dr. Tauber for evidence of right knee internal derangement with meniscal tear by MRI. The patient cannot undergo surgery at this time to the right knee as her cervical and lumbar spine pain complaints are severe and she should not be able to tolerate crutches.

In the interim, while pending epidurals and possible surgical intervention, the patient will be provided with analgesic regimen. She should be provided with nonnarcotic analgesics adjuvants including Flector patches, Skelaxin, and Amrix to decrease her narcotic requirements.

**PLAN:**

1. Authorization request is placed for cervical epidural steroid injection with attention to the right C5-6 nerve.
2. Authorization request is placed for subsequent left L5 selective transforaminal epidural steroid injection.
3. Patient remains under the care of Dr. Tauber for right knee internal derangement.
4. Medications including Flector patch, Skelaxin, and Amrix were provided to decrease her Vicodin requirements.
5. It is medically probable that the patient will require spine surgical consultation in light of the significant evidence of right-sided cervical radiculitis and weakness.



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Julio Don Pedro, MD

3/4/10  
Date

RT/DOCUMENTATION  
MED IMAGES<sup>SM</sup>  
(70PBXR)

DATE: March 24, 2010

PATIENT:

SURGEON: Julio Don Pedro, MD

FACILITY: SurgiCenter International

### OPERATIVE NOTE

**PREOPERATIVE DIAGNOSIS:** Right cervical radiculopathy.

**POSTOPERATIVE DIAGNOSIS:** Right cervical radiculopathy.



Photo 1.



Photo 2.

**PROCEDURE PERFORMED:**

1. Cervical interlaminar epidural.
2. Cervical epidural with catheter placement.
3. Cervical epidural steroid.
4. Cervical epidurogram with interpretation.

**COMPLICATIONS:** None.

**ANESTHETIC:** Monitored anesthetic care.

**INDICATIONS FOR PROCEDURE:** The patient is suffering from right cervical radiculitis. She is admitted for a cervical interlaminar epidural. Informed consent was obtained, including the risks of bleeding, infection, nerve injury, worse pain, inadvertent spinal block, spinal headache, and exposure to steroids.

**PROCEDURE IN DETAIL:** The patient was brought to the operating room and placed in the prone position. The back was prepped and draped in a meticulous sterile fashion. The T1-2

RT/DOCUMENTATION  
MED IMAGES<sup>SM</sup>  
(70PBXR)

DATE: March 24, 2010

PATIENT:

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epidural space was identified. A skin wheal of lidocaine was placed. Using the loss of resistance technique with air, the cervical epidural space was entered. A 19 gauge catheter was threaded to the right of the midline at C5-6. Injection of contrast revealed adequate epidural spread. The patient then received 3 cc of 0.25% bupivacaine and 120 mg of Depo-Medrol. The needle and catheter were removed intact, a bandage was applied, and she was brought to the recovery room in stable condition.

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# Corazon Nurse Consultancy

South Pasadena, CA

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**Notes from my two hour visit on 10/13/10 at the home of** Jane Doe

Re:

DOI: 7/25/2007

DOB:

lives in Los Angeles in a 4 plex apartment complex which she owns with other family members. Within her apartment she lives with her son, Tommy – 25 and her brother, Daniel. The apartment was not evaluated. also had a younger son, Nick who lives in Delaware with his family. mother – 67, lives in a retirement community. Her eldest brother lives in the apartment complex with his family as well. son, Tommy, was in the home intermittently during our visit, however he did not participate. Her brother was also in the home, but did not participate.

described her injury as a slip and fall injury. She reported low back and shoulder problems stemming from this injury. prior medical history includes a Motor Vehicle Accident in August of 2009 during which she injured her cervical spine and aggravated her lumbar injury. reported she had a prior broken nose and a Rhinoplasty. She reported a history of depression related to a divorce and to other family problems involving her brother. She was treated in the past for smoking cessation using Bupropion (generic for Wellbutrin). reported she had not been admitted to the hospital since her surgery and subsequent Myocardial Infarction of September 24, 2009.

reported that her physicians include Dr. Edward Cruz Orthopedist; Ken Otana, DC ; Dr. Kevin Custom, Neurologist ; Dr. Martin Nierras, Cardiologist ; and Dr. Julio Don Pedro Pain Management. She has not seen Dr. Otana since July and she advised that discharged her from care for her cervical neck injury. was last seen by in June and has a follow up appointment in November or December of this year. She had a scheduled appointment with Dr. Custom later in the afternoon on 10/13/10 for an EEG.

had difficulty staying on subject during our visit however she was able to return to the discussion at hand with redirecting. denied a history of

seizures. She reported she had headaches one month ago on a weekly basis, however they had resolved. She attributes them to her neck injury. [redacted] reported she had significant difficulty remembering most of her appointments, paying bills, and names of people short and long term. [redacted] did not remember the name of the Internist who examined her prior to her shoulder surgery for her preoperative examination. I reminded her during our visit and then mentioned his name again later during the interview and she did not recall who this physician. I reminded her again and she stated she did not recall the examination or the name.

[redacted] has learned to keep her important things such as her purse, wallet, keys, and phone in the same spots to keep track of them. She is using her i-phone calendar (which went off several times during our visit) to keep track of tasks. She calendars when to perform her daily activities such as physical therapy exercises and memory activities. She reported she has learned memory techniques from Maggie Sew, Cognitive Rehabilitation Therapist [redacted] sees Ms. Sew weekly for treatment.

[redacted] reported increased difficulty keeping on task at work for the last year. She reported that her symptoms seem to be getting worse. She notes that she has problems switching numbers. [redacted] reported that "everything goes on the calendar."

[redacted] reported difficulty hearing in her left ear (long term). She reported that her vision has worsened since her injury. She notices problems with close vision. She has worn reading glasses since she was 40 years old. She reported some problems with double vision. She last saw an Optometrist at [redacted], however she could not recall the date. [redacted] reports increased sensitivity to smell (long term). She denies problem with taste.

[redacted] reported significant problems with sleep. She retires to bed at 12:00 AM and with a Xanax 1 mg she is able to sleep in one hour. Without the Xanax she is unable to sleep, but may get some sleep at 3 – 4 AM. She was not prescribed the Xanax by her physicians. Her mother provided the medications. [redacted] reported that she sets her alarm for 7:15 AM, but is unable to rise until 8:00 AM. Prior to using the Xanax, [redacted] reported that she was taking Ambien, however she found it made her irritable, experienced "nightmares", and was groggy the next day.

[redacted] reported increased shortness of breath when she smokes. She reported she has had diagnostic testing by her cardiologist since her MI. She had an

Echocardiogram and an Exercise Stress Test. She stated she was told that her "ST" segment were ok.

reported she quit smoking in January however she has continued to intermittently smoke an entire pack of cigarettes when she is anxious. Tommy smokes but not in the house. Daniel smokes in the house. She reported that this situation will soon be changing. Apparently arrangements to provide Daniel with income so he can move are being arranged by the family. did not recall if she had Pulmonary Function Testing.

reported she sees a dentist on a regular basis. She has a history of grinding her teeth. She has dental insurance through her employer.

has recently lost 10 pounds over two weeks. Her current weight is approximately 138 pounds and she is 5'7". Her weight loss has been purposeful. However she reported a recent bout of diarrhea for two weeks. She had gained weight since her injury and was 160 pounds prior to her surgery. She attributes this to decreased activity. Prior to the injury she was "much thinner" approximately 130 pounds. Recently has changed her diet to improve her well being. She has stopped eating red meat and is drinking Ionized Kangen Water.

performs the grocery shopping which help from her son. She has difficulty staying on task and buys impulsively. She was the primary food preparer in the house however her son has taken on this task.

has a prior history of urethral "hole." She stated she had a Cystoscopy in 2009 and a C.T. Scan 5 months ago. However she has had to put this problem on the "back burner" as she feels she cannot deal with every issue at this time. is being seen for this problem by , Gynecologist at UCLA. She had a history of bladder infections however that problem seems to have resolved for now. She has not had a bladder infection for 2 months. This problem is manifested in post voiding urinary leakage/incontinence. reported she had some difficulty with sex due to her urinary problem. She is currently not sexually active.

reported Right Shoulder pain and weakness. She cannot sleep in the right side. She is being seen by a physical therapist at Southern California Rehabilitation. They have provided her with a program that includes passive and active therapy. The therapy is for her right shoulder as well as for her cervical spine. She was provided therapy for her Lumbar Spine as well however she had reportedly reached her limit from her insurance carrier. reported that her Right Shoulder

continues to be her primary problem. She continues to perform a home exercise program with Therabands 2 times per week for 20 minutes. These activities are for her low back and shoulder.

reported that she had seen , Chiropractor, for her low back. However was unable to continue treatment on a lien basis and had completed the treatment which her insurance would authorize. also reported she was receiving acupuncture 2 times per week from , which helped her pain and increased energy. She was seen this acupuncturist 2 times per week until recently. reported pain level of her low back from 4-10 (scale 1-10) and increased with the MVA. She also reported pain level of 5-6/10 (1-10) in her right shoulder. has difficulty lifting greater than 8 pounds (one gallon of milk). She finds this a strain. reports to drive a 5 speed standard transmission vehicle which is difficult and increases the pain in her right shoulder. Her pain increases with activity. reported she received cervical neck blocks from in May 2010. She was referred by to the Spine Institute to determine the potential for cervical spine surgery. However she reported she is very wary of further surgery.

also complains of right knee pain and weakness. She noted that had stated she had a meniscus tear. However, she has not had diagnostic testing for this injury. reported decreased ability to concentrate. She stated that she feels she is not as sharp or "witty" as she once was. started a new job just after her injury. She was able to start slowly however the training was poor and she had to learn on her own. She has always been a perfectionist and it is difficult and frustrating when she makes errors at work. She finds she uses multiple "sticky" notes during her day to help her remember tasks. She has noted that her symptoms have worsened although her work load has not changed. She is very concerned as recently she was advised that she would no longer have the benefit of having an assistant. She is very concerned that this will affect her ability to perform her job as the stress will increase with this increased workload.

is working with one hour per week on Saturdays to improve her ability to concentrate and to obtain further compensatory strategies for memory improvement and improved concentration. started this therapy 2-3 weeks ago. She also performs daily exercises given to her by

In addition to pain, reported increased weakness and fatigue. She stated that when she arrives home from work she is unable to cook or perform other activities. She is unable to enjoy recreational activities which she enjoyed in the past.

She used to enjoy attending Art shows however she is unable to attend since her injury. She used to make jewelry however she is unable to sit and perform this activity.

reported she has increased anxiety, stress, and worry since the injury and prior to the surgery. She has not been seen by a psychologist or psychiatrist since the injury. She reported she had a bout of depression after her divorce and was on Klonopin in 2000. Prior to her injury she was going dancing often. She felt she was happy and enjoying her life. Since her injury she has felt depressed. She was on disability in 2007.

finds that her son is great support. He drives her to appointments and carries in the groceries and performs heavy housework.

finds great support in attending Church. She attends Oasis, a non-denominational Christian Church. She has difficulty finding friends that do not smoke which decreases her time with friends. She continues to date approximately one time per month for primarily for companionship.

has difficulty performing her activities of daily living including cleaning, cooking and drying her hair. She is thinking about cutting her hair as drying it is difficult. She props her right arm up on the elbow to use the hair drying and uses her left hand to brush the hair. When she performs this activity for greater than 1 minute she notes increased burning pain at her right axilla (under her arm). She uses two standard pillows at night to sleep. She has a sling for her shoulder which she used after surgery. She is not using it at this time. Her aunt gave her a Homedics electrical heat massager which she uses with both hands to massage her upper back and shoulders. sitting tolerance is 2 hours, however she finds her pain has increased if she sits this long. Her standing tolerance is 10 minutes and her walking tolerance is ½ block.

lives in an upstairs apartment. There are 4 stairs leading up to the complex and a single flight of stairs up to the apartment.

is an accountant for the property management company where she is employed. As noted above she is concerned that she will be unable to continue to perform her work as her employer is dismissing her assistant before the end of the year. She finds that she must double check all her work. She reported that her employer has been supportive as she often does not arrive until 9:00 AM. She has worked for this employer for 1 and ½ years. She works 8 hours per day. During her employment she has used all of her sick time plus an extra 48 hours. She has had to use some of her vacation time. She is planning a vacation in December.

is currently not taking any medications except as described above.  
Prior to surgery and for a "few months" after surgery she was prescribed Vicodin and Darvocet. She found that Vicodin made her feel "wacky".

described her life prior to the injury as noted below:

6:30 AM - She rose from bed

No breakfast

7:30 AM - to work

She drove an automatic transmission BMW

8:00 AM - at work

Her job duties included accounting, primarily a sedentary job which also included some organizing therefore there was some lifting and carrying involved

12:00 PM - Lunch, ate out

5:00 PM - Home to cook dinner or out with friends

In the evening she made jewelry or went out with friends to listen to music at clubs

At least one night per week she went swimming at the YMCA

Weekends she went hiking on Saturday mornings

Evenings she went dancing

11:30-12:00 AM to sleep

She reported she did not have any problems sleeping

described her life post injury as noted below:

8:00 AM out of bed

To work 2 miles from home

No breakfast

9:00 - 9:30 AM at work unless she has an appointment

12:00 PM home for ½ hour to walk her dog

If in late she must make up time

5:30 PM leave for home

She reported that often she does not eat dinner but is very tired and lies on her bed

12- 12:30 AM to bed

Juana Don Martin, RN

# Twin Open Imaging Center

Beverly Hills, CA

MRN:

DOB:

Sex: F

Date of Service: 12/14/2009

Exam: (WIL) RT/OMRI/PILLEN MRI KNEE WITHOUT  
CONTRAST

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**EXAMINATION: MRI RIGHT KNEE WITHOUT CONTRAST**

**INDICATION:** Prior motor vehicle accident with severe pain.

**TECHNIQUE:** Coronal T1, coronal STIR, sagittal T1 and T2, and axial T2-weighted images of the right knee were obtained.

**FINDINGS:** No lateral meniscal tear is seen. There is tear of the posterior horn of the medial meniscus.

Anterior and posterior cruciate ligaments and medial and lateral supporting structures are intact.

There are no areas of abnormal signal involving the distal femur, proximal tibia, fibula or patella. Patellar and quadriceps tendons are normal.

There is a large meniscal cyst posteromedially measuring 2.7 cm in AP diameter. No solid masses are seen. There is no knee effusion. No cartilaginous defects are identified.

**IMPRESSION:**

1. Tear of the posterior horn of the medial meniscus.

2. Meniscal cyst posteromedially.

End of diagnostic report for accession:

17042370

Dictated: 12/15/2009 9:27AM

Dictated By:

Transcribed By:

Signed By: Julie Don Diego, MD

## CLARA CLARITA REHAB CENTER LOS ANGELES, CA

## ◆CLINICAL CARE NOTES

PATIENT NAME \_\_\_\_\_

DATE 8/19/10DIAGNOSIS (R) Shld

\*\*\*\* PRECAUTIONS\*\*\*\*

S: Completed Initial EvalO: See treatment plan flow sheet ☐ See EvalA: See EvalP: See Rx Plan sheet.DATE 8/24/10Therapist Signature June Don Carlo, RPTS: No reported change in Sx's/condition.O: See treatment plan flow sheet ☒ Instructed pt and issued handout on HEP.A: Referred pt to @shld & tingling to @head & TPR to @infraspinatus.P: Cont. per Rx plan.DATE 8/26/10Therapist Signature June Don Carlo, RPTS: Pt 40% in @shldO: See treatment plan flow sheet ☒A: Pt performed exercises well.P: Cont. per Rx planDATE 8/31/10Therapist Signature June Don Carlo, RPTS: pt 40% in @ut/@shld. Pt felt a little better & kinesiotape last @ visit.O: See treatment plan flow sheet ☒A: mod Tightness in @ut/med. scap & stm.P: Cont. per Rx planDATE 9/3/10Therapist Signature June Don Carlo, RPTS: Pt continues to 40% in @shld.O: See treatment plan flow sheet ☒A: Point tenderness @infraspinatus & @teres major region.P: Cont. per Rx plan.DATE 9/7/10Therapist Signature June Don Carlo, RPTS: pt states @shld feeling sore & feeling very TiredO: See treatment plan flow sheet ☒A: Tal Rx Well.P: Cont. per Rx plan.Therapist Signature June Don Carlo, RPT

## CLARA CLARITA REHAB CENTER LOS ANGELES, CA

## ◆CLINICAL CARE NOTES

PATIENT NAME \_\_\_\_\_

DATE 9/9/10DIAGNOSIS (R) Shld

\*\*\*\* PRECAUTIONS \*\*\*\*

S: Pt reports (R) Shld is sore.O: See treatment plan flow sheet ☒A: Point tenderness @ infraspinatus & (R) Teres major.P: Cont. per Rx plan.Therapist Signature June Don Carlo, RPTDATE 9/21/10S: Pt c/o severe pn in (R) Shld past few days.O: See treatment plan flow sheet ☒A: RPP to (R) Shld/upper arm & TPR to (R) Infraspinatus. Numbness down (R) UE & TPR to (R) Subscapulari.P: Cont. per Rx plan.Therapist Signature June Don Carlo, RPTDATE 9/23/10S: Completed Progress ReportO: See treatment plan flow sheet ☒ Instructed pt and issued handout on HEP. Issued green & blue therabands to pt.A: See PR. Pt felt better. E mech. c/s traction.P: Pt to see M.D., refer to PR.Therapist Signature June Don Carlo, RPTDATE 9/28/10S: pt c/o alot pn in (R) c/s → (R) UT.O: See treatment plan flow sheet ☒A: Point tenderness in (R) scap area. pt felt better in (R) ut/scap & str.P: Cont. per Rx plan.

Therapist Signature \_\_\_\_\_

June Don Carlo, RPTDATE 9/30/10S: Pt continues to c/o pn (R) c/s → (R) ShldO: See treatment plan flow sheet ☒A: pt tol. rx well.P: Cont. per Rx plan.

Therapist Signature \_\_\_\_\_

June Don Carlo, RPTDATE 10/5/10S: Pt c/o sinus infection causing her (R) eye to "tear up" and pt wants to keep exercises light today.O: See treatment plan flow sheet ☒A: Tightness & point tenderness noted @ STM/MFA to (R) c/s, UT, scap.P: Cont. per Rx plan.

Therapist Signature \_\_\_\_\_

RECORDS - 000032 June Don Carlo, RPT

## CLARA CLARITA REHAB CENTER LOS ANGELES, CA

## ◆ CLINICAL CARE NOTES

PATIENT NAME \_\_\_\_\_

DATE 10/12/10DIAGNOSIS R shld

\*\*\*\* PRECAUTIONS \*\*\*\*

S: Pt reports R shld & RUE is sore. Pt reports doing stretches @ home. Pt reports if she doesn't do any PT or exercise, she feels worse.

O: See treatment plan flow sheet ☒A: Tol. Rx well.P: Cont. per Rx plan.Therapist Signature June Don Carlo, RPTDATE 10/19/10S: pt c/o ↑ pain in R shld 2° cold weather.O: See treatment plan flow sheet ☒A: mod. tightness in R ut/med scap area upon palpation.P: Cont. per Rx plan.Therapist Signature June Don Carlo, RPTDATE 10/21/10S: Pt requests only HPZES to RUT/shld for PT Rx today.O: See treatment plan flow sheet ☒A: Tol. Rx well.P: Cont. per Rx plan.Therapist Signature June Don Carlo, RPT

DATE \_\_\_\_\_

S: \_\_\_\_\_

O: See treatment plan flow sheet ☐

A: \_\_\_\_\_

P: \_\_\_\_\_

Therapist Signature \_\_\_\_\_

DATE \_\_\_\_\_

S: \_\_\_\_\_

O: See treatment plan flow sheet ☐

A: \_\_\_\_\_

P: \_\_\_\_\_

Therapist Signature \_\_\_\_\_

DATE \_\_\_\_\_

S: \_\_\_\_\_

O: See treatment plan flow sheet ☐

A: \_\_\_\_\_

P: \_\_\_\_\_

RECORDS-000033  
Therapist Signature \_\_\_\_\_