

Additional pages attached

State of California  
Division of Workers' Compensation

## PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Check the box(es) which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e., has reached maximum medical improvement), do not use this form. You may use DWC Forms PR-3 or IMC 81556.

<input checked="" type="checkbox"/> Periodic Report (required 45 days after last report)	<input type="checkbox"/> Change in treatment plan	<input type="checkbox"/> Released from care
<input type="checkbox"/> Change-in work status	<input type="checkbox"/> Need for referral or consultation	<input type="checkbox"/> Response to request for information
<input type="checkbox"/> Change in patient's condition	<input type="checkbox"/> Need for surgery or hospitalization	<input checked="" type="checkbox"/> Request for authorization
<input type="checkbox"/> Other:		

### Patient:

Last	Chawdhury	First	Aysha Fay	Middle	Sex	F
Address	15428 Morada Road	City	Victorville	State	CA	Zip 92394
Date of Injury	11/09/2021	Date of Birth	04/04/1994			
Occupation	Yard Driver	SS #	602-78-7487	Phone		

### Claims Administrator:

Name	Hellsman Management Rocklin	Claim Number	WC648-D17880
Address	PO Box 779008 City Rocklin State CA	Zip	95677
Phone	(916) 564-1792	Fax	(603) 334-0231
Employer:	Ruan Transportation	Employer Phone:	

### Subjective Complaints:

**Left Knee:** On 06/21/2022 the patient rates the pain as 4/10 on a pain scale. The patient complains of pain of the left knee which is described as intermittent aching pain. The patient reports the medication is providing relief. The patient attended 8 acupuncture therapy sessions and reports the therapy is providing temporary relief. On 05/18/2022 the patient rated the pain a 6/10.

### REVIEW OF SYSTEMS:

**HEAD:** The patient denies headaches. The patient denies history of trauma to the head.

**EYES:** The patient denies change in vision.

**EARS:** The patient denies tinnitus. The patient denies hearing loss.

**PULMONARY:** The patient denies cough. The patient denies asthma. The patient denies shortness of breath.

**CARDIAC:** The patient denies history of chest pain. The patient denies syncope. The patient denies hypertension. The patient denies heart attack.

**GASTROINTESTINAL:** The patient denies gastro esophageal reflux disease. The patient denies abdominal pain. The patient denies peptic ulcer disease.

**GENITOURINARY:** The patient denies hesitancy. The patient denies urgency. The patient denies frequency.

**SEXUAL DYSFUNCTION:** The patient denies sexual dysfunction.

**NEUROLOGICAL:** The patient denies history of seizures. The patient denies history of transient ischemic attack. The patient denies history of cerebrovascular accident.

**PSYCHIATRIC:** The patient denies anxiety. The patient denies depression.

### Objective Findings:

Height: 5'6", Weight: 228, B.P.: 128/90, Pulse: 74 bpm, Right hand dominant.

### **Neurological examination:**

Mental status: Patient is alert and oriented to person, place and time.

Cranial nerves II-XII examination is normal.

Coordination-Fingertip to fingertip and finger to nose testing were normal.

Motor strength testing for the upper and lower extremities is limited by pain.

Deep tendon reflexes are normal and equal bilaterally at 2/2.

Sensory Exam-Sensation is grossly intact to light touch and pin prick for the upper and lower extremities

**Left Knee:** Crepitus of the left knee. Antalgic gait due to the left knee pain.

MRI of the left knee dated 01/28/2022 revealed bone contusion. There is no tear of ligament or tendon. There is tenderness to palpation of the anterior knee, lateral knee, medial knee and posterior knee. Varus causes pain. Valgus causes pain. McMurray's is positive.

### **Diagnosis:**

- Other internal derangements of left knee (M23.8x2)

### **Treatment Plan:**

I request previous medical records for my review. Impairment will not be discussed today but when it is discussed, it will be accurate and reasonable per the Almaraz-Guzman decisions. As always, my conclusions are based on reasonable medical probability. As always, non-orthopedic complaints, if any, should be discussed with specialists in their appropriate disciplines.

Labor Code 1 section 4600(a) provides: "Medical treatment that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer." The word "shall" denotes a mandatory duty. (Lab. Code, § 15.) Therefore, in Braewood Convalescent Hosp. v. Workers' Comp. Appeals Bd. (Bolton) (1983) 34 Cal.3d 159, 165 [48 Cal.Comp.Cases 566], the Supreme Court stated: "Section 4600 requires more than a passive willingness on the part of the employer to respond to a demand or request for medical aid. This section requires some degree of active effort to bring to the injured employee the necessary relief."

Based on my history, examination, and my discussion of her injuries, it is my medical opinion that Ms. Chawdhury's current symptoms are related to a specific injury on 11/09/2021 occurring out of and in the course of her employment by Ruan Transportation. For these reasons it is my opinion, to a degree of reasonable medical probability, that the left knee injury has arisen out of employment or during the course of employment for Ruan Transportation.

**Acupuncture therapy sessions 2x4 to address the left knee discomfort in conjunction with strengthening, endurance, and aerobic exercises.** The patient indicates that she has experienced minimal relief with the previous use of pain medications.

Code 97110: Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

Recommended Treatment: 2x4 weeks

ACOEM3.2-2527 Limited Evidence (C)

Pain medications as necessary. **Diclofenac Gel (Voltaren) 1% SIG: Apply thin layer to affected area twice daily 100mg 1 tube.** The patient has been consulted on the use of pain medications. The patient indicates she last worked for Ruan Transportation on 12/28/2021.

I request authorization for PTP follow up evaluation in 5 weeks.

**Work Status:** This patient has been instructed to:

Remain off-work until 08/06/2022.

Return to *modified* work on \_\_\_\_\_ with following limitations or restrictions

Return to full duty on \_\_\_\_\_ with no limitations or restrictions.

Date of exam: 06/22/2022

**Primary Treating Physician:**

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code § 139.3.

Signature:



Cal. Lic. #G72162

Executed at: Ontario, CA  
Name: Yury Furman, MD  
Address: 3602 Inland Empire Boulevard, Ste. B-120

Date: 06/22/2022  
Specialty: Neurology  
Phone: (909) 265-9500

Address: Ontario, CA 91764

Next report due no later than 08/06/2022

Inland Metro Medical Group, Inc.  
3602 Inland Empire Boulevard, Ste. B-120  
Ontario, CA 91764  
Phone: (909) 265-9500  
Fax: (909) 265-9600

**WORK STATUS**

To Whom It May Concern:

Date: 06/22/2022  
Re: Aysha Fay Chawdhury  
DOB: 04/04/1994  
SS#: 602-78-7487  
Employer: Ruan Transportation

**Diagnosis:**

- Other internal derangements of left knee (M23.8x2)

The patient is placed on temporary total disability. The patient has been instructed to remain off-work until 08/06/2022.

If you have any questions, please feel free to call upon me.

Yours for better health,



Yury Furman, MD  
License #: G72162

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Ontario, CA 91764  
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