



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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Patient:**

Last	Chawdhuary	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."

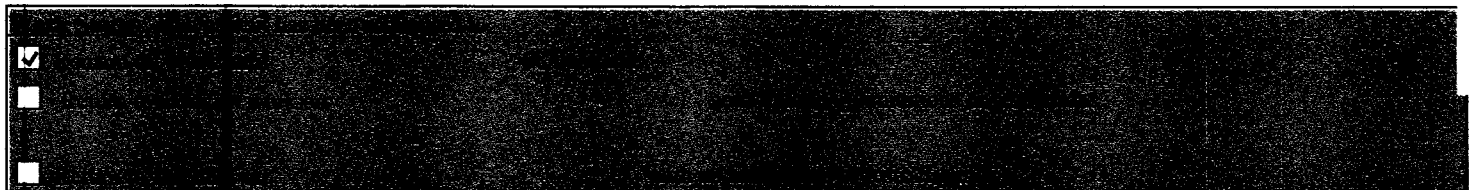
Based on my history, examination, and my discussion of her injuries, it is my medical opinion that Ms. Chawdhury's current symptoms are related to a specific injury on 11/09/2021 occurring out of and in the course of her employment by Ruan Transportation. For these reasons it is my opinion, to a degree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



**Primary Treating Physician:**

Date of exam: 06/22/2022

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:   
Executed at: Ontario, CA  
Name: Yury Furman, MD  
Address: 3602 Inland Empire Boulevard, Ste. B-120  
Address: Ontario, CA 91764  
Next report due no later than 08/06/2022

Cal. Lic. #G72162  
Date: 06/22/2022  
Specialty: Neurology  
Phone: (909) 265-9500



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

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



# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**INLAND METRO MEDICAL GROUP, INC.**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

Notes: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

**File 2148 1901 W. Olympic Blvd.,**

6 City, state, and ZIP code

**Pasadena, CA 91199-2148**

7 List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
				-				

OR

Employer identification number									
8	4		-	4	7	4	4	4	6

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1099 (home mortgage interest), 1099-E (student loan interest), 1099-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

Mailing Service  
Ste 350  
2100 Golf Rd  
Rolling Meadows, IL 60008

07/12/10 08:30 3 0000055 20220705 SG101202 LTLT-1 2 oz DOM SG10120000\* 166165 LT



LAW OFFICES OF, WORKERS DEFENDERS LAW GR  
LAW OFFICES OF, WORKERS DEFENDERS LAW GR  
751 S WEIR CANYON RD STE 157-455  
ANAHEIM CA 92808-1962



## PROOF OF SERVICE

### STATE OF ILLINOIS, COUNTY OF COOK

I am employed in the County of Cook, State of Illinois. I am over the age of 18 and not a party to the within action. My business address is:

WorkCompEDI Inc., 2100 Golf Rd Ste 350, Rolling Meadows IL 60008.

On July 1, 2022 I served the foregoing document described as **DOS: 6/22/2022 HCFA 1500, PR2, Inland Metro Medical Group and Inc W9** on the interested parties in this action by sending via U.S. mail the original aforementioned documents, addressed as follows:

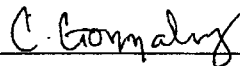
By placing  the original  true copies thereof enclosed in sealed envelope(s) addressed as follows:

**Law Offices Of, Workers Defenders Law Group  
LAW OFFICES OF, WORKERS DEFENDERS LAW GR  
751 S WEIR CANYON RD STE 157-455  
ANAHEIM, CA 92808-1962**

**BY MAIL:** I deposited such envelope in the mail at Rolling Meadows, State of Illinois with postage thereon fully prepaid. I am readily familiar with the office's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with the U.S. postal service on that same day with postage thereon fully prepaid at Rolling Meadows, State of Illinois in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit.

**STATE:** I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Executed on July 1, 2022, at Rolling Meadows, Illinois.



\_\_\_\_\_  
Carolina Gonzalez

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PROOF OF SERVICE