

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	WC648-017880
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 08/03/2022 the patient rates the pain as 1-2/10 on a pain scale. The patient complains of pain in the left knee which is described as an intermittent dull pain. The patient reports the topical ointment is providing relief. The patient attended 8 acupuncture therapy sessions and reports the therapy is providing temporary relief. On 06/21/2022 the patient rated the pain as 4/10 on a pain scale.

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.: 126/94, Pulse: 97 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)
- Chondromalacia patellae, left knee (M22.42)

Treatment Plan:

I request previous medical records for my review. The patient indicates she last worked for Ruan Transportation on 12/28/2021. she is currently receiving TD benefits.

I am recommending to place a hold on conservative treatments at the moment due to improvement of the left knee.

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 is recommend to participate in swimming, riding stationary bike, and elliptical in helping with strenghtening of the lower extremities.

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

Medication Management () as needed M22.42 Chondromalacia patellae, left knee. PTP Follow-Up () I am requesting a follow-up evaluation with PTP in 4-6 weeks M23.8x2 Other internal derangements of left knee.

Work Status: This patient has been instructed to:	
<input checked="" type="checkbox"/> Remain off-work until	09/17/2022.
<input type="checkbox"/> Return to <i>modified</i> work on	with following limitations or restrictions
<input type="checkbox"/> Return to full duty on	with no limitations or restrictions.

Date of exam: 08/03/2022

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: 08/03/2022
Specialty: Neurology
Phone: (909) 265-9500

Address: Ontario, CA 91764

Next report due no later than 09/17/2022

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: 08/03/2022
Re: Aysha Fay Chawdhury
DOB: 04/04/1994
SS#: 602-78-7487
Employer: Ruan Transportation

Diagnosis:

- Other internal derangements of left knee (M23.8x2)
- Chondromalacia patellae, left knee (M22.42)

The patient is placed on temporary total disability. The patient has been instructed to remain off-work until 09/17/2022

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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