

Additional pages attached

State of California
Division of Workers' Compensation

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-4)

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 checked="" 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	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	Liberty Mutual Masters	Claim Number	WC648-D17880				
Address	P.O. Box 7203	City	London	State	KY	Zip	40742
Phone	(412) 274-5535	Fax					
Employer:	Ruan Transportation	Employer Phone:					

Subjective Complaints:

Left Knee: On 10/18/2022 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 activity dependent dull pain. The patient reports "popping" of the left knee when bending. On 09/09/2022 the patient rated the pain as 2/10 on a pain scale.

REVIEW OF SYSTEMS:

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

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

Objective Findings:

Height: 5'6", Weight: 226, B.P.: 140/96, Pulse: 86 bpm, right hand dominant.

Neurological examination:

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

Left Knee: Crepitus of the left knee. MRI of the left knee dated 01/28/2022 revealed bone contusion. There is no tear of ligament or tendon.

Diagnosis:

- Contusion of left knee, subsequent encounter (S80.02xD)

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.

Pain medication as necessary. **Diclofenac Gel (Voltaren) 1% SIG: Apply thin layer to affected area twice daily 100mg 2 tubes.** The patient has been consulted on the use of pain medications.

The patient presents today on 10/18/2022 and reports that her condition is getting better and that the treatment plan has been successful. At this time all conservative therapy sessions will be put on hold and the patient is encouraged to continue with medication only. The patient will also be put on work restrictions on trial basis.

The patient will be discharged from care as of today. No more follow-ups will be scheduled and the patient is encouraged to return to clinic as needed.

Work Status: This patient has been instructed to:

Remain off-work until

Return to 10/18/2022 with following limitations or restrictions If no Modified work duties are available to the injured worker, the patient should be considered temporarily disabled until the following visit or 6 weeks

modified work on No repetitive kneeling, squatting or climbing.

Return to full duty on with no limitations or restrictions.

Date of exam: 10/18/2022

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: 10/18/2022
Specialty: Neurology
Phone: (909) 265-9500

Address: Ontario, CA 91764

Next report due no later than 12/02/2022

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: 10/18/2022
Re: Aysha Fay Chawdhury
DOB: 04/04/1994
SS#: 602-78-7487
Employer: Ruan Transportation

Diagnosis:

- Contusion of left knee, subsequent encounter (S80.02xD)

The patient is placed on modified duty with the following modifications: No repetitive kneeling, squatting or climbing. If modified duty is not available, the patient is to be considered temporarily totally disabled until next evaluation.

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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