State of California Additional pages attached ☐
Division of Workers' Compensation

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

Check theboxes which indicate why you are submittingareport at this time. If thepatient is "Permanent and Stationary" (i.e.,hasreachedmaximummedical improvement),do not usethis form. Youmay use DWCFormsPR-3 orPR-4.

☐ Periodic Report(required 45 days after last report) ☐ Change in treatment plan ☐ Released from care
☐ Change in work status ☐ Need for referral or consultation ☐ Response to request for information
☐ Change in patient's condition ☐ Need for surgery or hospitalization ☒ Request for authorization
☐ Other:

Patient:
Last Eger First Alan Floyd M.I _____ Sex Male
Address 1423 Holgate Dr City Anaheim State CA Zip 92802
Date of Injury 03/01/2011 to 02/01/2015 Date of Birth 04/18/1962
Occupation Director/Pro Rider SS # 548-41-4004 Phone (714) 343-0003

Claims Administrator
Name Hartford Insurance Claim Number YMQ43423C
Address P.O. Box 14475 City Lexington State KY Zip 40512
Phone _____ FAX _____

Employer name: Triace Bicycle Employer Phone ( )

The information below must be provided.You mayuse this formor you may substitute or append a narrative report.

Subjective complaints:

The patient was last seen on 04/23/2015, and is here today for a follow-up.

Bilateral Knee Pain: The patient complains of constant bilateral knee pain and associated with swelling, numbness, weakness and tingling. The patient complains that his pain remains about the same since his last visit and rates the pain on average of 6-7/10 on the Visual Analog Scale and 8/10 at worst. The pain is described as dull and aching in nature. The pain is aggravated with flexion/extension/bending, sitting, standing, driving, walking, lying, climbing stair, changing position, lifting object, and rising up from sitting. The pain is relieved with resting, elevating, medications, and applying pain cream.

Left Foot/Ankle Pain: The patient complains of persistent chronic left foot/ankle pain associated with swelling, numbness, tingling. The patient rates the pain on average of 6-7/10 on the Visual Analog Scale and 8/10 at worst. The pain is described as dull, burning, and aching in nature. The pain is aggravated by flexion/extension/bending, sitting, standing, walking, lying, climbing stairs, changing position, lifting object, rising up from sitting, and all activities. The pain is relieved with resting and medications.

Low Back Pain: The patient states his pain is improving. The pain is intermittent and associated with numbness, tingling. The patient rates the pain on average of 2-3/10 on the Visual Analog Scale and 4/10 at worst. The pain is described as dull, spasmodic, aching, and tender in nature. The pain radiates down to lower extremities. The pain is aggravated by flexion/extension/bending, lying, changing position, and lifting object. The pain is relieved with resting, medications, and applying pain cream.

Objective findings: (Include significant physical examination, laboratory, imaging, or other diagnostic findings.)

Vital: Blood pressure 131/86mmHg; Pulse: 40/min; Resp: 18/min;

The patient is oriented. The patient ambulates slowly, and presents in moderate distress.

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Current Medication:

- **Naproxen 550mg #60 BID**
- **Ibuprofen 800mg**

Upper Extremity Exam:

- No other findings since the last visit

Lower Extremity Exam:

- No other findings since the last visit

Knee Exam / Ankle Exam

- No other findings since the last visit

Diagnoses:

1.	Lumbar strain/sprain	ICD-9	847.2
2.	Lumbar disc with radiculopathy	ICD-9	722.73
3.	Myalgia & Myositis	ICD-9	729.1
4.	Lumbar radiculopathy	ICD-9	724.4
5.	Lumbar disc with radiculopathy	ICD-9	722.73
6.	Bilateral knee internal derangement, lateral meniscal tear	ICD-9	717.5
7.	Knee joint effusion	ICD-9	719.46
8.	Left Achilles tendinitis/bursitis	ICD-9	726.71
9.		ICD-9	

TreatmentPlan: (Includetreatmentrenderedtodate. Listmethods,frequencyanddurationofplannedtreatment(s). Specifyconsultation/referral,surgery,andhospitalization. Identifyeachphysicianandnon-physicianprovider**.** Specify type,frequencyanddurationofphysicalmedicineservices(e.g.,physicaltherapy,manipulation,acupuncture). Useof CPTcodesis encouraged. Havethere been any **changes** intreatmentplan? Ifso,why?

On clinical evaluation today, the patient is found to be symptomatic about the lower back pain, bilateral knee pain, foot/ ankle pain, and demonstrates physical signs that are consistent with the above-noted diagnoses. Based on my examination findings today, I am making the following recommendations:

- Dispensed /refilled following medication:
  - Naproxen 550mg #60 BID for pain and inflammation
  - Cyclobenzaprine 7.5 mg #60 BID for muscle spasms.
  - Omeprazole 20mg #60 BID for GI symptoms related to NSAID
- Prescribed Tylenol #3 Tab # 50. Take as needed for severe pain
- The patient declines cortisone injection
- RFA to request for multi stim unit to improve circulation and help with pain.
- RFA/Request for PT to the affected areas of knee, lumbar spine, left foot/ankle 1-2/wk for 6-8 wks
- RFA for MRI of Knee and L/S
- RFA for Podiatrist consultation.
- RFA to request for pain cream Flurbiprofen 10% Lidocaine 10% Gapapentin 6%
- Instructed the patient not to ride bike more than 5 min at a time.
- The patient is instructed to return to clinic in 4 weeks.

WorkStatus: Thispatienthasbeeninstructedto:

☒ Remain off-work until Next visit in 4 wks

☐ Return to *modified* work on _____ with thefollowing limitations or Restrictions

(List all specific restrictions re: standing, sitting, bending, use ofhands, etc.):

☐ Return to full duty on _____ withnolimitations or restrictions.

Primary Treating Physician: (original signature, do not stamp) Date of exam: 06/23/2015

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. # A106695

Signature: Cal. Lic. # A86192

Executed at: Orange CA Date: 06/23/2015

Name: Hao N. Thai MD / Albert Lai MD Specialty: Pain Management

Address: 12800 Garden Grove Blvd. #A
Garden Grove CA 92843 Phone: (714) 204-0671