

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

Check the boxes 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 DWCF forms PR-3 or PR-4.

<input 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 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 YMQ43423C
Number _____
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 may use this form or you may substitute or append a narrative report.

Subjective complaints:

The patient was last seen on 08/18/2015, and is here today for a follow-up.

Bilateral Knee Pain: The patient complains of constant bilateral knee pain with the left greater than the right side and associated with swelling, which is moderately worse since the last visit. The patient rates the pain on average of 6-7/10 on the Visual Analog Scale and 9/10 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 constant chronic left foot/ankle pain associated with swelling, which worsens moderately. The patient rates the pain on average of 6-7/10 on the Visual Analog Scale and 9/10 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 complains of constant low back pain associated with weakness and swelling, which is moderately worse since the last visit. The patient rates the pain on average of 6/10 on the Visual Analog Scale and 8/10 at worst. The pain is described as dull, spasmodic, aching, and tender in nature. 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 138/86mmHg; Pulse: 38/min; Resp: 16/min; Temp: 98.6°F

The patient is oriented. The patient is anxious with antalgic gait and ambulates slowly, and presents in moderate distress.

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Upper Extremity Exam:

- Sensory: Sensation to light-touch and pinprick in the dermatomes of C4, C5, C6, C7, and C8 is intact bilaterally.
- Motor: Motor strength in deltoid, biceps, triceps, wrist flexors, and wrist extensors is 5/5 bilaterally.
- Reflexes: Reflexes in biceps, brachioradialis, and triceps are 2+ bilaterally.

Lower Extremity Exam:

- Sensory: Sensation to light touch and pinprick in the dermatomes of L1, L2, L3, L4, L5, and S1 is intact bilaterally.
- Motor: Motor strength in hip flexors, quadriceps, EHL (dorsi flexors), and plantar flexors is 5/5 bilaterally.
- Reflexes: Reflexes in patellar and Achilles are 2+ bilaterally.

Knee Exam:

- Palpation: Mild-to-moderate generalized pain and tenderness are noted upon palpation of the medial joint line, lateral joint line, and around the knee joint bilaterally.
- Orthopedic Tests: Negative Valgus/Varus stress test, anterior/posterior drawer test, McMurray test, and Apley test bilaterally.
- ROM: Normal.

Ankle Exam:

- Palpation: Tenderness and pain are noted upon palpation of the left ankle joint.
- Orthopedic Tests: Negative anterior drawer test and Thompson test bilaterally.
- ROM: Normal.

Review of Records:

On 07/24/15, the patient underwent MRI of the lumbar spine at Top Imaging Center and Alan Todd Turner, M.D., Radiologist. Interpreted the findings as follows:

Impressions:

1. Spondylolisthesis at L5-S1 disc level.
2. Posterior disc bulge 4-5mm at L5-S1 disc level.
3. Spasm.
4. Degenerative disc ,at L5-S1 disc level.
5. Anterior disc bulge, 3-4 mm at L5-S1 disc level.

On 05/22/15, the patient underwent MRI of the right knee at Top Imaging Center and Alan Todd Turner, M.D., Radiologist. interpreted the findings as follows:

Impressions:

1. Minimal effusion.
2. Grade II signal in the anterior and posterior horn of the lateral meniscus.

On 05/22/15, the patient underwent MRI of the left knee at Top Imaging Center and Alan Todd Turner, M.D., Radiologist. Interpreted the findings as follows:

Impressions:

1. Moderate effusion.
2. Grade II signal in the anterior and posterior horn of the lateral meniscus.

On 05/22/15, the patient underwent MRI of the left foot/ankle at Top Imaging Center and Brenda Safranko, M.D., Ph.D. interpreted the findings as follows:

Impressions:

1. Edema in Kager's fat pad indicating Achilles tendon inflammatory change.
2. Plantar Fasciitis.

No other findings since the last visit on 08/18/2015

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	

Treatment Plan: (Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation, acupuncture). Use of CPT codes is encouraged. Have there been any **changes** in treatment plan? If so, why?

- Dispensed following medication:
 - Cyclobenzaprine 7.5 mg #60 BID for muscle spasms.
- The patient will continue Naproxen and Flexeril that he still has
- The patient declines knee injection - does not want steroid.
- Awaiting RFA for physical therapy with regard to lumbar spine, bilateral knees and foot.
- RFA to request for knee brace, knee sleeve and back support brace
- RFA to request for pain cream Flurbiprofen 10% Lidocaine 10% Gapapentin 6%
- The patient is instructed to return to clinic in 4 weeks.

Work Status: This patient has been instructed to:

Remain off-work until Until Next Follow-up Visit

Return to *modified* work on _____ with the following limitations or Restrictions

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

Return to full duty on _____ with no limitations or restrictions.

Centers of Rehabilitation and Pain Medicine

Tax ID: 27-3495179

Primary Treating Physician: (original signature, do not stamp) Date of exam: 09/08/2015

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: 09/08/2015

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

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