

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 888-459-1621

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 06/23/2015, 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 6/10 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. The patient also requests to have MRI review, more medication and Voltaren gel.

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 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 mildly worsening since his last visit on 06/23/2015. The pain is intermittent and associated with numbness, tingling. 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 113/66mmHg; Pulse: 52/min; Resp: 18/min;

The patient presents in the clinic with normal mood, well groomed, well-nourished. The patient is confused.

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Current Medication:

- Naproxen 550mg BID
- Cyclobenzaprine 7.5mg BID
- Omeprazole 20mg 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	_____

Treatment Plan: (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 Voltaren Gel
- Consider injection to knee and foot.
- RFA / reordered pain cream Flurbiprofen 10% Lidocaine 10% Gapapentin 6%
- The patient is instructed to return to clinic in 4 weeks.

WorkStatus: Thispatienthasbeeninstructedto:

- Remain off-work until 10/01/2015
- Return to *modified* work on _____ withthefollowing limitations or Restrictions
- (List all specific restrictions re: standing, sitting, bending, use ofhands, etc.):
- Return to full duty on _____ withnolimitations or restrictions.

Centers of Rehabilitation and Pain Medicine

Tax ID: 27-3495179

Primary Treating Physician: (original signature, do not stamp)

Date of exam: 08/18/2015

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: 08/18/2015

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