

Centers of Rehabilitation and Pain Medicine

Interventional Pain Management

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April 23, 2015

CARRIER: Hartford Insurance
PO Box 14475 Lexington KY 40512

Patient name: Eger, Alan Floyd
SSN: 548-41-4004
Date of birth: 04/18/1962
Date of injury: 04/18/14 CT: 03/01/11 – 02/01/15
Employer: Triace Bicycle
Claim no.: YMQ43423C
Date of examination: 04/23/15

INITIAL PRIMARY TREATING PHYSICIAN'S
PHYSICAL MEDICINE & REHABILITATION
COMPREHENSIVE INITIAL PAIN MANAGEMENT CONSULTATION
MEDICAL RECORD REVIEW & REQUEST FOR AUTHORIZATION

INTRODUCTION:

Alan Eger is a 52-year-old male who is here today for the purposes of pain management consultation and treatment recommendation of his work-related injury, with the date of injury being 04/18/14 CT: 03/01/11 – 02/01/15

I have spent more than 60-minutes reviewing medical records including more 50 minutes direct face-to-face with the patient to discussion with the patient regarding the treatment plan.

HISTORY OF INDUSTRIAL ACCIDENT (as described by the patient):

Patient states, on 04/18/2014 while he was working/riding for Triace in China at a Ride Event on top of mountain in Phjiang China. He won that event and was asked to have pictures at the finish line. At that time, around 11am, a bike fan jumped on his foot with a special shoe made for bike cleats/pedals and broke the #5 bone in his left foot. He went back to the hotel where he fell down trying to walk to the bed and found his foot turn black. Since he could not speak any Chinese and could not get any help and had no one to take him to the hospital. Around 5am he finally called the Sales person from Triace, and with this Sales Person help he arrived to the Pujiang hospital around 8am and had an Xray that showed his left foot broken. He was then transferred to ER in Shanghai Hospital where he was

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confirmed his broken foot and had it casted. Patient got a flight back to USA 2 days later being immobile in bed and on crutches with foot elevated.

Patient also states, the left foot is a big problem as it is always swollen and hurting painfully and since the injury, he has not been able to return to work as he had done before.

JOB DESCRIPTION:

The patient was employed as a Research & Development director/pro rider at Triace Bicycle for 4 years. The patient worked 16 hours per day 7 days per week and the job duties include testing high-level bikes and manages with the selling process to the dealers. The patient is required to lift up to 30lbs frequently and 50lbs constantly. Activities required to accomplish these tasks include lifting, carrying, bending, stooping, squatting, pushing, pulling, climbing, walking, sitting, standing, repetitive activities, reaching forward, reaching overhead, gripping, grasping, pinching, being in awkward positions, use of hand tools, operating equipment and use of power tools.

CURRENT COMPLAINTS:

Knee Pain

The patient complains of both knees pain for 2 years, which is localized with occasional edema build-up. The patient rates the pain 7-8/10 on the VAS scale, decreasing to 4/10 with the use of medications. The pain is constant and described as dull and aching in nature and is worsened with bending of knees, lifting objects, rising up from sitting, standing and walking more than 5 minutes, with the left side given out. The pain is relieved with rest and the use of medications.

Foot Pain

The patient complains of fractured foot pain that hurts painfully and radiates into ankles with left greater than right. The patient rates the pain 6-8 /10 on the VAS scale, decreasing to 4/10 with the use of medications. The pain is described as dull and aching in nature and is worsened with standing and walking and relieved with rest and the use of medications.

Back Pain

The patient complains of lower back pain for 1 year that radiates into the upper extremities. The patient rates the pain 5-7 /10 on the VAS scale, decreasing to 4/10 with the use of medications. The pain is described as dull and aching in nature and is worsened with walking, standing, and bending of back and relieved with rest and the use of medications.

Depress:

Patient complains of being depress more 50% of the time since laid-off. Acute stress disorder.

Prior treatments have consisted of physical therapy, Ibuprofen and Naproxen, which have provided temporary relief of symptoms.

PAST MEDICAL HISTORY:

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The patient reports no past illness or current health problems.

PAST SURGICAL HISTORY/HOSPITALIZATIONS:

The patient reports previous surgery in 2006: left clavicle with pins and crews

PREVIOUS ACCIDENTS:

Industrial: The patient reports prior industrial injury in 04/2014: Fractured Left Foot

Nonindustrial: The patient reports no prior non-industrial injuries.

MEDICATIONS:

Current medications: Ibuprofen 800mg and Naproxen 500mg

ALLERGIES:

There are known drug allergies: Aspirin

SOCIAL HISTORY:

The patient denies using tobacco products or alcohol and denies illicit drug use.

FAMILY HISTORY:

The patient's family history is noncontributory.

REVIEW OF SYSTEMS:

The patient reports problems with depression secondary to pain.

The patient denies any symptoms related to the eyes, ears, nose, throat, cardiovascular, respiratory, gastrointestinal, genitourinary, hematologic/lymphatic, allergic/immunologic, endocrine, and integumentary systems or psychiatric symptoms.

PHYSICAL EXAMINATION:

Vital Signs: Blood pressure: 129/80 mmHg. Pulse 50 bpm. Height 6 ft.1 in. Weight 153 lbs.

General: The patient is oriented, satisfactorily groomed, well nourished and presents in mild distress. Gait and station are within normal limits.

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Eyes: Conjunctivae and lids are within normal limits. Pupils are equal, round, reactive to light and accommodation. Extraocular muscles are intact.

Ears, Nose, Mouth, Throat: External ears and nose are within normal limits. Assessment of hearing is within normal limits. The lips, teeth and gums are within normal limits.

Neck: The neck is symmetrical without any masses. The thyroid is within normal limits.

Respiratory: Respiratory effort is within normal limits. The lungs are clear to auscultation.

Cardiovascular: Palpation of heart is within normal limits. There is regular rate and rhythm with no murmur.

Gastrointestinal: The abdomen is soft, non-tender and non-distended. Bowel sounds are normal. The liver and spleen are within normal limits.

Lymphatic: Neck/axilla/groin are within normal limits.

Psychiatric: The patient is oriented to time, place and person. Mood and affect are within normal limits

Musculoskeletal:

Neurological Exam:

<u>Sensation (light touch/pinprick)</u>	<u>Right</u>	<u>Left</u>
C4 (Upper trap)	intact	intact
C5 (Arm/forearm)	intact	intact
C6 (Arm/forearm/index/thumb)	intact	intact
C7 (Arm/forearm/mid finger)	intact	intact
C8/T1 (Arm/forearm/ring/little)	intact	intact

<u>Motor</u>	<u>Right</u>	<u>Left</u>
Deltoids	5/5	5/5
Biceps	5/5	5/5
Triceps	5/5	5/5
Wrist Flexors	5/5	5/5
Wrist Extensors	5/5	5/5

<u>Reflexes</u>	<u>Right</u>	<u>Left</u>
Biceps(C5)	2+	2+
Brachioradialis(C6)	2+	2+

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Triceps(C7) 2+ 2+

Lumbar Spine:

Pain, tenderness and spasm is noted upon palpation of the lumbar paraspinal muscles bilaterally.
 Pain and tenderness is noted upon palpation of spinous process, from facet joints bilaterally.

<u>Lumbosacral ROM</u>	<u>Normal</u>	<u>Measured</u>
Flexion	60	50
Extension	30	25
R. Rotation	30	30
L. Rotation	25	25
R. Lat. Bend	25	25
L. Lat. Bend	25	25
Pain is elicited in all motions.		

Orthopedic Tests:

	<u>Right</u>	<u>Left</u>
Straight leg raise	Negative	Negative
Iliac compression	Negative	Negative
Patrick FABERE	Negative	Negative
Milgram's Test	Negative	Negative
Valsalva's Test	Negative	Negative

Neurological Exam:

<u>Sensation (light touch/pinprick)</u>	<u>Right</u>	<u>Left</u>
L1/2 (Groin)	intact	intact
L3 (Anterior Thigh)	intact	intact
L4 (Ant. Thigh/ant. calf/big toe)	intact	intact
L5 (Antlat thigh/lat calf/top foot)	intact	intact
S1 (Butt/post thigh/post calf/lat foot)	intact	intact

<u>Motor</u>	<u>Right</u>	<u>Left</u>
Hip flexors	5/5	5/5
Quadriceps	5/5	5/5
EHL (Dorsiflexors)	5/5	5/5
Plantarflexors	5/5	5/5

<u>Reflexes</u>	<u>Right</u>	<u>Left</u>
Patellar(L4)	2+	2+
Achilles(S1)	2+	2+

Lower Extremities:

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Knee Exam: Mild to moderate generalized pain and tenderness is noted upon palpation of medial and lateral joint line, around the knee joint bilaterally.

<u>Knee ROM</u>	<u>Normal</u>	<u>Right</u>	<u>Left</u>
Flexion	145	145	145
Extension	0	0	0
Internal rotation	20	20	20
External rotation	10	10	10

Orthopedic Tests:

	<u>Right</u>	<u>Left</u>
Valgus stress test	Negative	Negative
Varus stress test	Negative	Negative
Anterior drawer test	Negative	Negative
Posterior drawer test	Negative	Negative
McMurray's test	Negative	Negative
Apley's test	Negative	Negative

Ankle Exam: Pain and tenderness is noted upon palpation of the left ankle joint.

<u>Ankle ROM</u>	<u>Normal</u>	<u>Right</u>	<u>Left</u>
Dorsiflexion	20	20	20
Plantarflexion	40	40	40
Inversion	20	20	20
Eversion	20	20	20

Orthopedic Tests:

	<u>Right</u>	<u>Left</u>
Anterior drawer test	Negative	Negative
Thompson test	Negative	Negative

REVIEW OF DIAGNOSTIC TESTS:

On June 16, 2014, the patient underwent an X-ray examination of the left foot at Diagnostic Imaging and Kathryn Shouyee Yung, M.D. interpreted the findings as follows:

Impressions: Subacute healing fracture of the proximal fifth metatarsal. The alignment is normal. The bones are osteopenic, which may be related to disuse. No new fractures are seen. There is no significant soft tissue abnormality.

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PHARMACOLOGIC ASSESSMENT AND MANAGEMENT:

The patient's opioid and non-opioid medications are reviewed. The patient is counseled as the benefits of these medications and the potential side effects. The risks include, but are not limited to drowsiness, sedation, dependence, tolerance, addiction, nausea, and problems with cognition. The patient is instructed to alert the prescribing physician to discuss any of these symptoms if they occur. The patient is advised as to the dangers of operating an automobile while under the influence of these medications. The patient understands these concepts and accepts the risks. The patient understands that these medications must be taken as prescribed by the prescribing physicians. The patient is to request refills from this office only, and understands that early request for refills might not be honored.

DIAGNOSTIC IMPRESSION(S):

1. 847.2 Lumbar sprain/strain
2. 782.0 Numbness
3. 719.41 Shoulder pain
4. 719.46 Knee pain
5. 719.47 Ankle/foot pain
6. 729.1 Myalgia & Myositis

TREATMENT PLAN:

1. Medications dispensed:

Naproxen 550mg for pain and inflammation
Omeprazole 20mg for GI symptoms related to NSAID/medication use
Cyclobenzaprine 7.5mg for muscle spasms

ACOEM Guidelines, 2nd Edition, Chapter 9 – Pharmacy, page 201. “Pain relief is often patient’s concerns. Nonprescription analgesics may provide sufficient pain relief for most patients with acute and subacute symptoms. If treatment responses is inadequate (i.e. if symptoms and activity limitations continued), prescribed pharmaceuticals or physical methods can be added”.

2. **Refer and RFA for PT:** 2 times /week for 4 weeks
3. **RFA for:** MRI L/S and bilateral –Knee/ Left foot
4. **Consider Psych**
5. **The patient is recommended to return for follow up in 4 weeks.**

WORK STATUS:

The patient’s disability status is TTD until next visit.

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REQUEST FOR AUTHORIZATION:

I am officially requesting authorization for the above-noted treatment, and I have provided an objective basis for the reasoning behind my treatment recommendations. The proposed treatment is consistent with the American Society of Interventional Pain Physicians (ASIPP) “Evidence-Based Practice Guidelines,” listed in the National Guidelines Clearinghouse that quotes 1175 references. SB 899, SB 227, and AB 227 (which resulted in Labor Code 4604.5) clearly state that peer-reviewed scientific research can be used to supersede and replace what is in, or omitted from, the ACOEM Guidelines. In other words, it is scientific, medically-based guidelines that are to be applied to the Utilization Review process, not necessarily the ACOEM Guidelines. ACOEM stresses that its guidelines are not hard and fast rules. The ACOEM Guidelines apply to acute (less than three months old) injuries, and are not appropriate in this patient’s care.

AUTHORIZATION:

Authorization of any treatment and diagnostic studies that were previously mentioned in this report is requested, based upon medically reasonable treatment requirements. This is per Labor Code 4600 and Title 8, Section 9792.6, C.C.R. and Rule 9784. Therefore, we are requesting written authorization to be sent to us within seven (7) working days, as required by 8 C.C.R. 9792.6. Any denial of request for authorization must include a written explanation of the basis of denial.

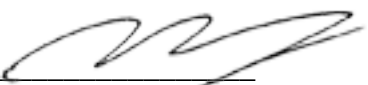
AFFIDAVIT OF COMPLIANCE:

The history and physical examination of the above-referenced patient was conducted and dictated in its entirety by the undersigned. The report was transcribed by HN Medical Transcription & Consulting. Interpretation, where necessary, was provided by a professional interpreter. The evaluation was conducted at 1440 E. First Street # 100 Santa Ana, CA 92701. This report is for medical/legal assessment and it is not intended to be construed as a complete physical examination for general health purposes. Only those symptoms, which I believe to have been involved in the injury or which might relate to the injury, have been assessed. According to Labor Code S4628, I declare, under penalty of perjury, that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I have received from others. As to that information, I declare, under penalty of perjury, that the information accurately describes the information provided to me and except as noted herein, that I believe it to be true. Patient treatment is prescribed and supervised by the undersigned; however, some services may be performed by a physician of this facility, at my direction. According to the Labor Code S4628 (k), I annually devote 100% of my time to medical treatment. I have not violated Labor Code Section 139.3 and the contents of any report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury.

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DATED: April 23, 2015, Orange County, California.

Sincerely,

 Hao Thai MD Dr. Lai's Assistant Geriatric / Pain Management DEA #: FT4577233 CA Lic#: A106695	<hr/> Albert Lai MD <i>Diplomate, American Board of Physical Medicine & Rehabilitation</i> Board Certified Pain Management DEA #: BL8755817 CA Lic#: A86192
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cc: LAW OFFICE OF WILLIAM W. GREEN & ASSOC.
3419 Via Lido #607
Newport Beach CA 92663

Hartford Insurance
PO Box 14475 Lexington KY 40512