

ERIC E. GOFNUNG CHIROPRACTIC CORP.
QME OF THE STATE OF CALIFORNIA
SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION
6221 Wilshire Boulevard, Suite 604 • Los Angeles, CA 90048 • Tel: (323) 933-2444 • Fax: (323) 933-2909

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am a resident of the County aforesaid: and I am over the age of eighteen years and not a party to the within action: my business address is 6221 Wilshire Boulevard, Suite 604 Los Angeles, CA 90048.

On 13 day of October 2020, I served the within concerning:

Patient's Name: Chaney, Anisa

Claim Number: 2080381794

On the interested parties in said action, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid in Los Angeles, California, to be hand delivered Via United States Mail.

- | | |
|--|---|
| <input checked="" type="checkbox"/> MPN Request | <input type="checkbox"/> QME Appointment Notification |
| <input type="checkbox"/> Notice of Treating Physician | <input checked="" type="checkbox"/> Designation Of Primary Treating Physician |
| <input type="checkbox"/> Medical Report _____ | <input checked="" type="checkbox"/> Initial Comprehensive Report |
| <input type="checkbox"/> Itemized - (Billing) / HFCA | <input type="checkbox"/> Re-Evaluation Report / Progress Report (PR-2) |
| <u>10/5/2020</u> | |
| <input type="checkbox"/> Doctor's First Report | <input type="checkbox"/> Med Legal Report |
| <input checked="" type="checkbox"/> RFA | <input type="checkbox"/> Permanent & Stationary |
| <input type="checkbox"/> Financial Disclosure | <input type="checkbox"/> Authorization Request for Evaluation/Treatment |
| | <u>10/5/2020</u> |

List all parties to whom documents were mailed to:

cc: Workers Defenders Law Group
8018 E Santa Ana Cyn Ste 100-215
Anaheim Hills, CA 92808

Zurich
PO Box 968005
Schaumburg, IL 60196

AIG
PO Box 25977
Shawnee Mission, KS 66225

I declare under penalty and perjury under the laws of the State of California, that the foregoing is true and correct, and that this Declaration was executed at Los Angeles, California on 13 day of October 2020.



Ilse Ponce

ERIC E. GOFNUNG, D.C., QME

SPORTS MEDICINE AND REHABILITATION

6221 Wilshire Boulevard, Suite 604 λ Los Angeles, California 90048 λ Tel. (323) 933-2444 λ Fax (323) 933-2909

Employer and/or Workers' Compensation Insurance Carrier:

Sunbridge Hallmark Health Svcs
7716 Manchester Ave
Plaza del Rey CA 90293

Re: Patient -
Social Security # -
Date Of Injury -
Employer -
Claim Number -

Chaney Anisa
561-392-6450
07-06-19
Plaza Del Rey Center
2080 381744

Designation of Primary Treating Physician
and/or Request of Change of Physician
&
Authorization For Release Of Medical Records

To Whom It May Concern:

I, Anisa Chaney, request a change of primary treating physician and/or request to be treated by a doctor of chiropractic and designate Dr. Eric E. Gofnung as my primary treating physician pursuant to Article 2 (commencing with section 4600) of Chapter 2 of Part 2 of Division 4 of the Labor Code. Please accept my signature below as confirmation of my designation of Dr. Eric E. Gofnung as my primary treating physician. Pursuant to California Labor Code 4601, a request for change of physician may be made at any time.

I request all available present and future medical records to be forwarded to Dr. Eric E. Gofnung for review and comment. Please accept my signature below as my full authorization for release of my medical records and my authorization to release all necessary medical information regarding my condition to all parties involved, which include, but are not limited to my employer and/or their worker's compensation insurance company, to process the claim.

Please refer to the letterhead for Dr. Eric Gofnung's information.

Thank you for your assistance with this claim.

With Kind Regards,

Signature: X Anisa Chaney Printed: Anisa Chaney Date: 10/05/20

ERIC E. GOFNUNG CHIROPRACTIC CORP.

SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

6221 Wilshire Boulevard, Suite 604/Los Angeles, California 90048 / Tel. (323) 933-2444 / Fax (323) 933-2909

October 5, 2020

Workers Defenders Law Group
8018 E. Santa Ana Canyon, Suite 100-215
Anaheim Hills, California 92808

Re: Patient: Chaney, Anisa
SSN: 000-00-0000
EMP: Sunbridge Hallmark Health Serv. DBA: Playa Del Rey Ctr
INS: American Zurich Insurance Company
Claim #: 2080381794
WCAB #: ADJ13521436
DOI: 07/06/2019 – 07/05/2020
D.O.E./Consultation: October 5, 2020

**Primary Treating Physician's
Initial Evaluation Report
And Request for Authorization**

Time Spent Face to face:	45 Mins
99354/99355	0 Unit

Time spent for prolonged non face-to-face		Total 99358 Units (first 31 to 60 minutes per day = 1 unit)	Total 99359 Units (61+ minutes, 30 minute increments = 1 unit, not to exceed 60 minutes (total 120 or 2 units) per day)
Records Review	00 Mins		
Report Preparation	Exceeded 30 Mins	1 units	0 units

Dear Gentlepersons:

The above-named patient was seen for a Primary Treating Physician's Initial Evaluation on October 5, 2020, in my office located at 6221 Wilshire Boulevard, Suite 604, Los Angeles, California 90048. The following information contained in this report is derived from a review of the available medical records, as well as the oral history as presented by the patient. **My associate, Dr. Kravchenko, examined the patient and I, Dr. Gofnung, the primary treating physician, agree with Dr. Kravchenko's physical examination findings and conclusions.**

Re: Patient: CHANEY, Anisa
DOI: 07/06/2019 – 07/05/2020
Date of Exam: October 5, 2020

The history of injury as related by the patient, the physical examination findings, my conclusions and overall recommendations are as follows.

This authorization for treatment is made in compliance with Labor Code 4610 and 8 CCR 9792.6(o) and therefore serves as a written request for authorization for today's evaluation/consultation and treatment recommendations as described in this report. Please comply with Labor Code 4610, 8 CCR 9792.11 – 9792.15, 8 CCR 10112 – 10112.3 (formerly 8 CCR 10225 – 10225.2) and Labor Code 5814.6. Please comply with Sandhagen v. State Compensation Insurance Fund (2008) 44 Cal. 4 ch 230. Please comply with Jesus Cervantes v. El Aguila Food Products, Inc. and Ciga, et al., WCAB en banc, 7-0, November 19, 2009. Be aware that Labor Code 4610(b) requires the defendant to conduct utilization review on any and all requests for treatment. Furthermore, Labor Code 4610 Utilization Review deadlines are mandatory. It is the defendant's duty to forward all consultation and treatment authorization requests to utilization review. Be aware the defendant and insurance company has five working days to authorize, delay, modify or deny a request for all treatment, but 10 days for spinal surgery. Please issue timely payment for medical care and treatment rendered in order to avoid payment of interests and penalties, per labor codes referenced. Failure of the defendant or insurance company to respond in writing within five working days results in an authorization by default. Furthermore, failure to pay for "self-procured" medical care when utilization deadlines are missed triggers penalties for the defendant or the insurance company due to violation of 8 CCR 10225 – 10225.2 and Labor Code 5814/5814.6 and 4603.2b. When there is a dispute with regard to treatment, the right to proceed with the Labor Code 4062 process belongs exclusively to the injured employee. If the treatment recommendations are not authorized by the insurance carrier, this report and bill should be kept together by the Workers' Compensation carrier for the review company. The claims examiner should forward this report to the defense attorney and nurse case manager.

Job Description:

Ms. Cheney was employed by Sunbridge Hallmark Health Serv. DBA: Playa Del Rey Ctr as a registered nurse at the time of the injury. She began working for this employer in April 2010. She worked full time.

Job activities included working with patients, medication, pushed a very heavy medi-cart, supervising the floor for what assistance the other employees required, computer work, carried out medication orders constantly, assisting patient with mobility including transfers.

During the course of work, the patient was required to perform sitting, walking, standing, flexing, twisting, and side-bending and extending the neck, bending and twisting at the waist, squatting, and kneeling.

Her physical activities included using the bilateral upper extremities repetitively for simple grasping, power grasping, fine manipulation, keyboarding, writing, pushing and pulling, reaching at shoulder level, reaching above shoulder level, and reaching below shoulder level.

Re: Patient: CHANEY, Anisa
DOI: 07/06/2019 – 07/05/2020
Date of Exam: October 5, 2020

The patient was required to lift and carry objects while at work. The patient was required to lift and carry objects weighing up to 50 pounds and carry these objects up to 40 feet.

The patient was not exposed to dust, fumes, vapors; the patient was required to wear scrubs, goggles and gloves.

The patient worked 8 - 12 hours per day and 5 - 6 days a week. Normal work hours were eight. Lunch break was 30 minutes. Rest break was 10 minutes, which she rarely took due to her work schedule. The job involved working 100% indoors.

The last day the patient worked for Sunbridge Hallmark Health Serv. DBA: Playa Del Rey Ctr was July 5, 2020, stopped working due to injuries and inability to continue performing job duties.

There was concurrent employment at the time of the injury with My Life Foundation, she began working for them in January 2010, home health care, driving to patient's homes, she worked 15 – 20 hours a week. In April 2020, she was exposed to Covid-19 and had to stop working.

The patient denies working for any new employer.

Prior Work History:

Regarding prior employment, the patient worked for IHSS, she worked off and on for 10 years, home health aide and is a cosmetologist working only part-time for 25 years.

History of Injury and Treatment as Presented by Patient:

The patient was asymptomatic and without any disability or impairment prior to the continuous trauma injury from 07/05/2019 to 07/05/2020 as related to the neck, bilateral shoulder, greater in the left shoulder, left arm, wrist/hand and finger, low back, left hip, bilateral knees, ankles and bilateral feet.

Cumulative Trauma:

The patient states that while working at her usual and customary occupation as a registered nurse for Sunbridge Hallmark Health Serv. DBA: Playa Del Rey Ctr, she sustained a work-related injury to her neck, bilateral shoulder, greater in the left shoulder, left arm, wrist/hand and fingers, low back, left hip, bilateral knees, ankles and bilateral feet, which she developed in the course of her employment due to continuous trauma dated from 07/06/2019 to 07/05/2020. She attributes the injuries due to the repetitive movements while pushing the med-cart, and assisting patient with lifting or mobility and transfers.

Re: Patient: CHANEY, Anisa
DOI: 07/06/2019 – 07/05/2020
Date of Exam: October 5, 2020

The patient explains that she began having symptoms in her neck and bilateral shoulders, greater in the left in 2019. She had difficulty performing her work duties; the pain was causing interruption of sleep. She self-treated her symptom with massages and over-the-counter medications. She reported the injuries to her supervisor, and did advise her that the physical therapy was available, and they offered to reduce her work duties, but it never happened. She continued working with pain and discomfort. She states progressively with the same workload, she began experiencing pain in her left arm, wrist/hand and finger, low back, left side hip, bilateral knees and bilateral feet. She reported these injuries, to her supervisor and all they would say they are working on it, and she never received medical attention. She continued to self-treat.

Around 2019, she visited her primary care physician Dr. Valentin Hernandez about some discomfort in her neck and back, she was given medication. She was advised to try and reduce her work load. She occasionally had follow-up visits and was complaining of anxiety, stress and depression, due to her work environment. She was prescribed pain medication, anti-inflammatory, and anti-depressants. She was referred to a psychiatrist.

May 2020, she was seen by a psychiatrist, he prescribed medication anti-anxiety and anti-depression, she continues under his treatment every month, one on one basis. He may implement a psychologist and group therapy, which is pending.

The patient initially reported his injury to the employer on 2019. After reporting the injury to the employer, the patient was not provided with an Employee Workers' Compensation Claim Form. She was not provided with medical attention by the employer. Information regarding Medical Provider Networks and their rights if they are injured was not posted in their place of work on the walls in a common area. Upon being hired, they were not provided information relating to Medical Provider Networks and their rights if injured at work. Upon reporting their injury, they were not provided information pertaining to Medical Provider Networks and their rights if injured at work.

The patient presents to this office for further evaluation and treatment of industrial injuries.

Current Complaints:

Neck:

The pain is moderate and the symptoms occur frequently. There is pain and limited range of motion or twisting and turning the head and neck. The pain is aggravated with flexing or extending the head and neck, turning her head from side to side, prolonged positioning of the head and neck, forward bending, pushing, pulling, lifting and carrying greater than 5-10 pounds, and working or reaching at or above shoulder level. There is radiating pain from the neck into his/her shoulders, and down the left arm to the finger tips. She has been experiencing frequent headaches. She is experiencing numbness and tingling. The patient has difficulty falling asleep and is often awakened during the night by the neck pain. There is stiffness and restricted range of motion in the head and neck. Her pain level varies throughout the day.

Re: Patient: CHANEY, Anisa
DOI: 07/06/2019 – 07/05/2020
Date of Exam: October 5, 2020

Pain medication, analgesic balms, heating pads, give her temporary relief, she remains symptomatic.

Bilateral Shoulders:

The pain is moderate and the symptoms occur frequently, greater on the left. The pain radiates to her left elbow, arm and wrist/hand and fingers. She has instability in the left shoulder. She experiences weakness and a restricted range of motion for the shoulder as well as in the left side, there is numbness and tingling in the shoulder, arm, hand and fingers. The numbness and tingling in the hands and fingers awaken him at night. She complains of stiffness and experiences increased pain with repetitive motion of the arms/shoulders, the pain is aggravated with backward, lateral, and overhead reaching, pushing, pulling, lifting and carrying greater than 3-5 pounds, and repetitive use of the bilateral upper extremities. Her pain level varies throughout the day, depending on activities. She is will occasionally, however when lying her shoulder they become numb. She has difficulty falling asleep and awakens throughout the night due to the pain and discomfort.

Bilateral Hands/Wrist:

The pain is moderate, and the symptoms occur frequently in bilateral hand/wrists/finger, greater in the left. The pain is aggravated with gripping, grasping, torquing motions, flexion, and extension of the wrist/hand, pinching, fine finger manipulation, driving, repetitive use of the left upper extremity pushing, pulling, and lifting and carrying greater than 2-3 pounds. She has cramping, weakness, and loss of grip strength in hand and wrist and has dropped objects, as a result. There is tingling in the hands and fingers. She has difficulty sleeping and awakens with numbness, tingling and pain, and discomfort. Her pain level varies throughout the day, depending on activities.

Lower Back:

The pain is moderate and the symptoms occur frequently, in the lower back, which increases becoming aching cramping and depending how she move, becoming sharp. The pain radiates to her bilateral hip, greater in the left hip, down her left buttocks and back of her thighs. She does have numbness and tingling in her left leg, to the foot. She states coughing and sneezing aggravate the back pain. The pain increases with activities of standing or walking as well as sitting over 15 minutes as well as activities of kneeling, stooping, squatting, forward bending, ascending and descending stairs, forceful pushing and pulling, lifting and carrying greater than 5-10 pounds, going from a seated position to a standing position and twisting and turning at the torso. She complains of muscle spasms. She complains of pain and difficulty with intimate relations/sexual activity due to increased pain to her lower back. The patient denies experiencing bowel problems. She does awaken from sleep as a result of the low back pain. The patient self-restricts by limiting her activities. She occasionally drags or leans her left side due to his low back symptoms.

Re: Patient: CHANEY, Anisa
DOI: 07/06/2019 – 07/05/2020
Date of Exam: October 5, 2020

Pain medication, analgesic balms, and has temporary relief, but she remains symptomatic.

Bilateral Knees:

The pain is moderate and the symptoms occur frequently, which is greater on the left side. The pain increases with flexing, extending, prolonged standing and walking, going up and downstairs, bending, stooping, squatting, and walking on uneven surfaces or slanted surfaces. There is popping and grinding in both knees and experiences buckling episodes. She has lost his balance as a result of the buckling. The knees are slightly swollen, and the pain radiates down to the calves. She has episodes of swelling in the knees, and feels she has fluid. She is unable to kneel and squat. She has difficulty ascending and descending stairs, occasional limping.

Bilateral Ankles:

The pain is moderate and the symptoms occur frequently, greater in the left in the bilateral ankles and heels. There is slight swelling and cracking of the ankles. She complains of the instability of the ankles and cramping of the feet, worse on the left ankle. The pain is aggravated with standing and walking over 15 minutes, flexing, extending, squatting, stooping, and standing on the tiptoes. She cannot hop, jump, or run due to the pain. There is radiating pain from the ankles into the toes. There is numbness and tingling in her toes. The patient occasionally limps while walking and ambulating. There is slight swelling and cracking of the ankles.

Feet:

The pain is moderate and the symptoms occur frequently, greater in the left foot, becoming sharp, and numbness. Her pain travels up to her leg, and down to her toes. She has cramping, swelling, numbness and tingling in bilateral feet, greater in the left foot. Her ankle/foot has given out, causing her to lose her balance. She has difficulty standing and walking for a prolonged period. Her pain worsens when she flexes/extends or rotates his/her foot/ankle. Her pain level varies throughout the day, depending on activities. She has difficulty sleeping and awakens with pain and discomfort. Pain medication, heating pads, and ice packs provide temporary relief.

Psyche:

The patient has continuous episodes of anxiety, stress, and depression due to chronic pain and disability status. She denies suicidal ideation.

The patient has difficulty sleeping, often obtaining a few hours of sleep at a time. She feels fatigued throughout the day and finds herself lacking concentration and memory at times.

Re: Patient: CHANEY, Anisa
DOI: 07/06/2019 – 07/05/2020
Date of Exam: October 5, 2020

She worries over her medical condition and the future.

The patient's condition has worsened due to lack of medical treatment, and activities of daily living.

Past Medical History:

Illnesses:

The patient denies any major medical illnesses.

Injuries:

The patient denied any prior work-related injuries.

2003 – She was the driver, she sustained a whiplash type injury to her neck and back and received chiropractic treatment, her symptoms resolved.

The patient denied any new injuries.

Allergies:

The patient denied any known allergies.

Medications:

Ativan 0.5 mg p.r.n.
Prozac 10 mg 1 tablet daily.
Tylenol or Motrin over-the-counter.

Surgeries:

The patient denied any surgical procedures.

Hospitalization:

The patient denied any hospitalization.

Review of Systems:

Review of systems is remarkable for trouble sleeping, muscle and joint pain, stiffness, anxiety, depressed mood, social withdrawal, emotional problems, and stress.

Re: Patient: CHANEY, Anisa
DOI: 07/06/2019 – 07/05/2020
Date of Exam: October 5, 2020

Activities of Daily Living:

Communication: As a result of the industrially-related injury, the patient states: Difficulty with writing, typing, with a rating of 4/5.

Physical Activities: As a result of the industrially-related injury, the patient states: Difficulty with standing, sitting, reclining, walking, and going up and downstairs, with a rating of 3/5.

Hand Activities: As a result of the industrially-related injury, the patient states: Difficulty with grasping or gripping, lifting, and manipulating small items with a rating of 3/5.

Travel: As a result of the industrially-related injury, the patient states: Difficulty with riding in a car, bus, etc., driving a car, restful night sleep pattern, and sexual function, with a rating of 4/5.

Family History:

Mother is deceased from brain aneurism.

Father is deceased. He had liver disease.

The patient has one brother and one sister. They are well and in good health.

There is no known history of colon cancer, and breast cancer or heart problems.

Social History:

She is separated and she has two children.

The patient completed the four years of college, is a registered nurse.

The patient consumes alcohol socially and does not smoke.

The patient does not exercise.

The patient does not participate in any sports activities.

The patient has no hobbies

Re: Patient: CHANEY, Anisa
DOI: 07/06/2019 – 07/05/2020
Date of Exam: October 5, 2020

Physical Evaluation (October 5, 2020) – Positive Findings:

General Appearance:

The patient is a 47-year-old left-handed female who appeared reported age, and was well-developed, well-nourished, and well-proportioned. The patient appears to be alert, cooperative and oriented x3.

Vital Signs:

Pulse: 75
Blood Pressure: 110/80
Height: 5'2"
Weight: 130

Cervical Spine:

Examination revealed tenderness to palpation with muscle guarding of bilateral paracervical and left upper trapezius musculature. Tenderness and hypomobility were noted at C3 through C7 vertebral regions.

Shoulder depression test is positive on the left.

Ranges of motion for the cervical spine were decreased and painful, measured as follows.

<i>Cervical Spine Range of Motion Testing</i>		
Movement	Normal	Actual
Flexion	50	30
Extension	60	20
Right Lateral Flexion	45	25
Left Lateral Flexion	45	30
Right Rotation	80	45
Left Rotation	80	50

Shoulders & Upper Arms:

Examination revealed antalgic position of the left shoulder.

Tenderness to palpation with myospasm of left supraspinatus, infraspinatus, and periscapular musculature.

Hawkins test was positive at the left shoulder.

Re: Patient: CHANEY, Anisa
 DOI: 07/06/2019 – 07/05/2020
 Date of Exam: October 5, 2020

Ranges of motion for the shoulders, right normal, left decreased and painful, measured as follows.

<i>Shoulder Ranges Of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	180	180	170
Extension	50	50	40
Abduction	180	180	160
Adduction	50	50	40
Internal Rotation	90	90	50
External Rotation	90	90	40

Elbows & Forearms:

Examination revealed tenderness to palpation at left elbow medial epicondyle and left forearm extensor muscle group.

Valgus Stress Test is positive at the left elbow.

Ranges of motion for the elbows were within normal limits with pain at the left elbow.

<i>Elbow Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	140	140	140
Extension	0	0	0
Supination	80	80	80
Pronation	80	80	80

Wrists & Hands:

Examination revealed tenderness to palpation at left carpals, distal ulna, distal radius, TFCC. Tenderness at left thenar region.

Tinel's sign is positive at the left. Finkelstein's and Phalen's test were positive at the left.

Ranges of motion for both wrists were within normal limits with pain at the left.

<i>Wrist Range of Motion Testing</i>

Re: Patient: CHANEY, Anisa
 DOI: 07/06/2019 – 07/05/2020
 Date of Exam: October 5, 2020

Movement	Normal	Left Actual	Right Actual
Flexion	60	60	60
Extension	60	60	60
Ulnar Deviation	30	30	30
Radial Deviation	20	20	20

Finger:

Examination of the fingers revealed digital painful ranges of motion of digits one and five on the left hand. Tenderness at the left thumb was noted during palpation.

Ranges of motion for the fingers were within normal limits with pain at the left first and fifth digits.

Grip Strength Testing:

Grip strength testing was performed utilizing the Jamar Dynamometer at the third notch, measured in kilograms, on 3 attempts and produced the following results:

Left: 18/32/32

Right: 34/34/34

The patient complained of increased pain at the left hand during the testing.

Motor Testing of the Cervical Spine and Upper Extremities:

Deltoid (C5), Biceps (C5), Triceps (C7), Wrist Extensor (C6), Wrist Flexor (C7), Finger Flexor (C8) and Finger Abduction (T1) motor testing is normal and 5/5 bilaterally **with the exception of deltoid left 4/5; wrist extensor left 4/5; finger flexor, finger abduction and wrist flexor 4/5 on the left; triceps left 4/5. All other myotomes 5/5.**

Deep Tendon Reflex Testing of the Cervical Spine and Upper Extremities:

Biceps (C5, C6), Brachioradial (C5, C6) and Triceps (C6, C7) deep tendon reflexes are normal and 2/2 bilaterally.

Sensory Testing:

C5 (deltoid), C6 (lateral forearm, thumb & index finger), C7 (middle finger), C8 (little finger & medial forearm), and T1 (medial arm) dermatomes are intact bilaterally as tested with a Whartenberg's pinwheel **with the exception of dysesthesia at left C6-C7 dermatomal levels, dysesthesia in left hand medial nerve distribution.**

Upper Extremity Measurements in Centimeters

Re: Patient: CHANEY, Anisa
 DOI: 07/06/2019 – 07/05/2020
 Date of Exam: October 5, 2020

Measurements	Left	Right
Biceps	27	27.5
Forearms	18	17.5

Thoracic Spine:

Examination revealed tenderness to palpation with myospasm of left parathoracic and left trapezius musculature. Tenderness and hypomobility were noted at T1 through T8 vertebral regions.

Kemp's test is positive on the left.

Ranges of motion for thoracic spine were decreased and painful, measured as follows.

<i>Thoracic Spine Range of Motion Testing</i>		
Movement	Normal	Actual
Flexion	45	40
Extension	0	0
Right Rotation	30	12
Left Rotation	30	15

Lumbosacral Spine:

Examination revealed tenderness to palpation with muscle guarding of bilateral paralumbar musculature. Tenderness at left sacroiliac joint. Tenderness and hypomobility at L3 through L5 vertebral regions.

Milgram's test is positive. Sacroiliac joint compression test is positive on the left.

Straight Leg Raising Test (supine) elicited increased low back pain with increased radiculopathy to left lower extremity:

Right: 45 degrees.

Left: 40 degrees.

Ranges of motion for the lumbar spine were decreased and painful, measured as follows.

<i>Lumbar Spine Range of Motion Testing</i>

Re: Patient: CHANEY, Anisa
 DOI: 07/06/2019 – 07/05/2020
 Date of Exam: October 5, 2020

Movement	Normal	Actual
Flexion	60	40
Extension	25	10
Right Lateral Bending	25	12
Left Lateral Bending	25	15

Hips & Thighs:

Deformity, dislocation, edema, swelling, erythema, scars and lacerations are not present upon visual examination of the hips and thighs.

Tenderness and spasm is not present over the greater trochanteric region, hip bursa, hip abductor, hip adductor, quadriceps, biceps femoris musculature and femoroacetabular joint bilaterally.

Patrick Fabere test and Hibb's test are negative bilaterally.

Hip ranges of motion were performed without pain and spasm.

<i>Hip Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	120	120	120
Extension	30	30	30
Abduction	45	45	45
Adduction	30	30	30
External rotation	45	45	45
Internal rotation	45	45	45

Knees & Lower Legs:

Examination revealed tenderness to palpation at left knee medial joint line.

Tenderness to palpation was noted at left lower leg musculature, including gastrocnemius and peroneal musculature.

McMurray's test was positive at the left knee.

Pain and weakness at the left knee during the squat.

Range of motion for the knees decreased with pain on the left, measured as follows.

<i>Knee Range of Motion Testing</i>

Re: Patient: CHANEY, Anisa
 DOI: 07/06/2019 – 07/05/2020
 Date of Exam: October 5, 2020

Movement	Normal	Left Actual	Right Actual
Flexion	135	100	120
Extension	0	0	0

Ankles & Feet:

Examination revealed tenderness to palpation at left talus, calcaneus, talonavicular joint, anterior talofibular ligament, Achilles tendon and tibialis posterior tendons.

Anterior drawer test was positive on the left.

Ranges of motion for the ankles, right normal and left decreased and painful, measured as follows.

<i>Ankle Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Metatarsophalangeal joint (MPJ) Extension	60	60	60
MPJ Flexion	20	20	20
Ankle Dorsiflexion	20	20	15
Ankle Plantar Flexion	50	50	30
Inversion (Subtalar joint)	35	35	20
Eversion (Subtalar joint)	15	15	15

Motor, Gait & Coordination Testing of The Lumbar Spine and Lower Extremities:

Ankle Dorsiflexion (L4), Great Toe Extension (L5), Ankle Plantar Flexion (L5/S1), Knee Extension (L3, L4), Knee Flexion, Hip Abductor and Hip Adductor motor testing was normal and 5/5 with the exception of knee extension left 4/5, ankle dorsiflexion left 4/5. All other myotomes 5/5.

Squatting is positive for back pain and left knee pain.

Heel and toe walking is positive for back pain and left knee and left ankle pain.

Antalgic gait favoring left lower extremity.

Deep Tendon Reflex Testing of The Lumbar Spine and Lower Extremities:

Ankle (Achilles-S1) and Knee (Patellar Reflex-L4) deep tendon reflexes are normal and 2/2.

Sensory Testing:

Re: Patient: CHANEY, Anisa
 DOI: 07/06/2019 – 07/05/2020
 Date of Exam: October 5, 2020

L3 (*anterior thigh*), L4 (*medial leg, inner foot*), L5 (*lateral leg and midfoot*) and S1 (*posterior leg and outer foot*) dermatomes are intact bilaterally upon testing with a pinwheel **with the exception of dysesthesia at left L5 dermatomal level.**

Girth & Leg Length (Anterior Superior Iliac Spine to Medial Malleoli) measurements were taken of the lower extremities, as follows in centimeters:

<i>Lower Extremity Measurements Circumferentially & Leg Length in Centimeters</i>		
Measurements (in cm)	Left	Right
Thigh - 10 cm above patella with knee extended	55	55.5
Calf - at the thickest point	35.5	36
Leg Length - Anterior Superior Iliac Spine To Medial Malleolus	97	97

Diagnostic Impressions:

1. Cervical spine myofasciitis, M79.1.
2. Cervical facet-induced versus discogenic pain, M53.82.
3. Cervical radiculitis left, rule out, M54.12.
4. Thoracic spine myofasciitis, M79.1
5. Thoracic facet-induced versus discogenic pain, M54.6.
6. Lumbar spine myofasciitis, M79.1.
7. Left sacroiliac joint dysfunction, sprain/strain, M53.3.
8. Lumbar facet-induced versus discogenic pain, M46.1.
9. Lumbar radiculitis left, rule out M54.16
10. Left shoulder tenosynovitis/bursitis, M75.52.
11. Left shoulder impingement syndrome, rule out, M75.42.
12. Left elbow medial epicondylitis, M77.02.
13. Left brachioradialis tendinitis, M75.22.
14. Left wrist tenosynovitis, M65.849.

Re: Patient: CHANEY, Anisa
DOI: 07/06/2019 – 07/05/2020
Date of Exam: October 5, 2020

15. Left carpal tunnel syndrome, rule out, G56.02.
16. Triangular fibrocartilage complex tear, left, rule out S63.592A.
17. Knee internal derangement, left, rule out, M23.92.
18. Tenosynovitis of left lower leg, M65.869.
19. Tenosynovitis of left ankle and foot, M65.872.
20. Left Achilles tendinitis, M76.62.
21. Anxiety and depression, sleeping difficulty, F41.9, F34.1.

Discussion and Recommendations:

The patient is recommended comprehensive treatment course consisting of chiropractic manipulations and adjunctive multimodality physiotherapy to include myofascial release, hydrocollator, infrared, cryotherapy, electrical stimulation, ultrasound, strengthening, range of motion (active / passive) joint mobilization, home program instruction, therapeutic exercise, intersegmental spine traction and all other appropriate physiotherapeutic modalities **for cervical, thoracic and lumbar spine, left shoulder, left elbow, left wrist and hand, left knee and lower leg, left ankle and foot at two times per week for four weeks with a followup in four weeks.**

The patient **requires x-rays for cervical, thoracic and lumbar spine, left shoulder, left elbow, left wrist, left knee and left ankle.**

Medical Causation Regarding AOE/COE:

In my opinion, it is within a reasonable degree of medical probability that the causation of this patient's injuries, resultant conditions, as well as need for treatment with regards to cervical, thoracic and lumbar spine, left upper extremity and left lower extremity are industrially related and secondary to continuous trauma from 07/06/2019 to 07/05/2020 while working for Sunbridge Hallmark Health Serv. DBA: Playa Del Rey Ctr as a registered nurse.

I concluded my opinion based on this patient's job description, history of injury as reported, medical records (if any provided), as well as the patient's complaints, my physical examination findings and diagnostic impressions, and absent evidence to the contrary.

Permanent and Stationary Status:

Re: Patient: CHANEY, Anisa
DOI: 07/06/2019 – 07/05/2020
Date of Exam: October 5, 2020

The patient's condition is not permanent and stationary.

Work Status/Disability Status:

No lifting in excess of 15 pounds. No repeated work with left arm above shoulder height. No repeated bending or twisting. No repeated or forceful grasping, torquing, pulling, and pushing with left hands. No repeated squatting, kneeling, or climbing. If modified duty as indicated is not provided, then the patient is considered temporarily totally disabled until reevaluation in four weeks.

Disclosure:

I derived the above opinions from the oral history as related by the patient, revealed by the available medical records, diagnostic testing, credibility of the patient, examination findings and my clinical experience. This evaluation was carried out at 6221 Wilshire Boulevard, Suite 604, Los Angeles, California 90048. I prepared this report, including any and all impressions and conclusions described in the discussion.

In compliance with recent Workers' Compensation legislation (Labor Code Section 4628)(b): "I declare that Dr. Kravchenko examined the patient and may have assisted with initial preparation and assembly of components of this report, and I, Dr. Gofnung, the primary treating physician, have reviewed the report, edited the document, reviewed the final draft and I am in agreement with the findings, including any and all impressions and conclusions as described in the this report."

I performed the physical examination, reviewed the document and reached a conclusion, of this report which was transcribed by Acu Trans Solution LLC and I proofread and edited the final draft prior to signing the report in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (J) of Section 139.2.

In compliance with recent Workers' Compensation legislation (Labor Code Section 4628(J)): "I declare under penalty of perjury that the information contained in this report and it's attachments, if any, is true and correct to the best of my knowledge and belief, except as to information 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."

In compliance with recent Workers' Compensation legislation (Labor Code Section 5703 under AB 1300): "I have not violated Labor Code Section 139.3 and the contents of this report are true and correct to the best of my knowledge. This statement is made under penalty of perjury and is consistent with WCAB Rule 10978."

The undersigned further declares that the charges for this patient are in excess of the RVS and the OMFS codes due to high office and staff costs incurred to treat this patient, that the charges are the same for all patients of this office, and that they are reasonable and necessary in the circumstances. Additionally, a medical practice providing treatment to injured workers experiences extraordinary expenses in the form of mandated paperwork and collection expenses, including the necessity of appearances before the Workers' Compensation Appeals Board. This office does not accept the Official Medical Fee Schedule as prima facie evidence to support the reasonableness of charges. I am a board-certified Doctor of Chiropractic, a state-appointed Qualified Medical Evaluator, a Certified Industrial Injury Evaluator and certified in manipulation under anesthesia. Based on the level of services provided and overhead expenses for services contained within my geographical area, I bill in accordance with the provisions set forth in Labor Code Section 5307.1.

NOTE: The carrier/employer is requested to immediately comply with 8 CCR Section 9784 by overnight delivery service to minimize duplication of testing/treatment. This office considers "all medical information relating to the claim" to include all information that either has, will, or could reasonably be provided to a medical practitioner for elicitation of medical or medical-legal opinion as to the extent and compensability of injury, including any issues regarding AOE/COE - to include, but not be limited to, all treating, evaluation, and testing reports, notes, documents, all sub rosa films, tapes, videos, reports; employer-level investigation documentation including statements of individuals; prior injury documentation; etc. This is a

Re: Patient: CHANEY, Anisa
DOI: 07/06/2019 – 07/05/2020
Date of Exam: October 5, 2020

continuing and ongoing request to immediately comply with 8 CCR Section 9784 by overnight delivery service should such information become available at any time in the future. Obviously, time is of the essence in providing evaluation and treatment. Delay in providing information can only result in an unnecessary increase of treatment and testing costs to the employer.

I will assume the accuracy of any self-report of the examinee's employment activities, until and unless a formal Job Analysis or Description is provided. Should there be any concern as to the accuracy of the said employment information, please provide a Job Analysis/Description as soon as possible.

I request to be added to the Address List for Service of all Notices of Conferences, Mandatory Settlement Conferences and Hearings before the Workers' Compensation Appeals Board. I am advising the Workers' Compensation Appeals Board that I may not appear at hearings or Mandatory settlement Conferences for the case in chief. Therefore, in accordance with Procedures set forth in Policy and Procedural Manual Index No. 6.610, effective February 1, 1995, I request that defendants, with full authority to resolve my lien, telephone my office and ask to speak with me.

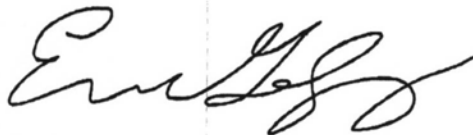
The above report is for medicolegal assessment and is not to be construed as a report on a complete physical examination for general health purposes. Only those symptoms which I believe have been involved in the injury, or might relate to the injury, have been assessed. Regarding the general health of the patient, the patient has been advised to continue under the care of and/or to get a physical examination for general purposes with a personal physician.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Should you have any questions with regard to this consultation please contact me at my office.

Re: Patient: CHANEY, Anisa
DOI: 07/06/2019 – 07/05/2020
Date of Exam: October 5, 2020

Sincerely,



Eric E. Gofnung, D.C.
Manipulation Under Anesthesia Certified
State Appointed Qualified Medical Evaluator
Certified Industrial Injury Evaluator

Signed this 12th day of October, 2020, in Los Angeles, California.

EEG:svl

Sincerely,



Mayya Kravchenko, D.C., QME
State Appointed Qualified Medical Evaluator
Certified Industrial Injury Evaluator

Signed this 12th day of October, 2020, in Los Angeles, California.

MK:svl

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

- New Request Resubmission – Change in Material Facts
 Expedited Review: Check box if employee faces an imminent and serious threat to his or her health
 Check box if request is a written confirmation of a prior oral request.

Employee Information

Name (Last, First, Middle): Chaney, Anisa
 Date of Injury (MM/DD/YYYY): 07/05/2020 Date of Birth (MM/DD/YYYY): 09/06/1973
 Claim Number: 2080381794 Employer: Sunbridge Hallmark Health Services DBA Playa De

Requesting Physician Information

Name: Eric Gofnung, DC
 Practice Name: Eric Gofnung Chiro Corp. Contact Name: Ilse Ponce
 Address: 6221 Wilshire Blvd Suite 604 City: Los Angeles State: CA
 Zip Code: 90048 Phone: (323) 933-2444 Fax Number: (323) 903-0301
 Specialty: Chiropractor NPI Number: 1821137134
 E-mail Address: ilse.ponce@att.net

Claims Administrator Information

Company Name: Zurich Contact Name:
 Address: PO Box 968005 City: Schaumburg State: IL
 Zip Code: Phone: (800) 338-3160 Fax Number: (818) 227-1740
 E-mail Address:

Requested Treatment (see instructions for guidance; attached additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Sacroiliac Joint Sprain	S33.6XXA	Chiro Initial Consultation	99204	1 Time
Cervical Facet	M53.82	Progress Report	WC002	
Thoracic Facet	M41.34	Transcription	99199	
Shoulder Tenosynovitis	M65.812			
Elbow Medial Epicondyliti	M77.02			

Requesting Physician Signature:  Date: 10/05/2020

Claims Administrator/Utilization Review Organization (URO) Response

- Approved Denied or Modified (See separate decision letter) Delay (See separate notification of delay)
 Requested treatment has been previously denied Liability for treatment is disputed (See separate letter)

Authorization Number (if assigned): Date:
 Authorized Agent Name: Signature:
 Phone: Fax Number: E-mail Address:

Comments:

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
 DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request	<input type="checkbox"/> Resubmission – Change in Material Facts
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health	
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.	

Employee Information

Name (Last, First, Middle): Chaney, Anisa	
Date of Injury (MM/DD/YYYY): 07/05/2020	Date of Birth (MM/DD/YYYY): 09/06/1973
Claim Number: 2080381794	Employer: Sunbridge Hallmark Health Services DBA Playa De

Requesting Physician Information

Name: Eric Gofnung, DC	
Practice Name: Eric Gofnung Chiro Corp.	Contact Name: Ilse Ponce
Address: 6221 Wilshire Blvd Suite 604	City: Los Angeles State: CA
Zip Code: 90048 Phone: (323) 933-2444	Fax Number: (323) 903-0301
Specialty: Chiropractor	NPI Number: 1821137134
E-mail Address: ilse.ponce@att.net	

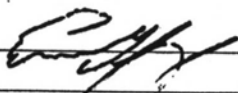
Claims Administrator Information

Company Name: Zurich	Contact Name:
Address: PO Box 968005	City: Schaumburg State: IL
Zip Code: Phone: (800) 338-3160	Fax Number: (818) 227-1740
E-mail Address:	

Requested Treatment (see instructions for guidance; attached additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Sacroiliac Joint Sprain	S33.6XXD	Electrical Stimulation	G0283	2 x a week for 4 weeks
Cervical Facet	M53.82	Therapeutic Exercises	97110	
Thoracic Facet	M41.34	Massage Therapy	97124	
Shoulder Tenosynovitis	M65.812	CMT 5 regions	98942	
Elbow Medial Epicondyliti	M77.02	Extraspinal Manipulation w/spinal	98943	

Requesting Physician Signature: 	Date: 10/05/2020
---	------------------

Claims Administrator/Utilization Review Organization (URO) Response

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied or Modified (See separate decision letter)	<input type="checkbox"/> Delay (See separate notification of delay)
<input type="checkbox"/> Requested treatment has been previously denied		
<input type="checkbox"/> Liability for treatment is disputed (See separate letter)		

Authorization Number (if assigned):	Date:
Authorized Agent Name:	Signature:
Phone:	Fax Number:
E-mail Address:	

Comments:

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
 DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

New Request Resubmission – Change in Material Facts
 Expedited Review: Check box if employee faces an imminent and serious threat to his or her health
 Check box if request is a written confirmation of a prior oral request.

Employee Information

Name (Last, First, Middle): Chaney, Anisa
 Date of Injury (MM/DD/YYYY): 07/05/2020 Date of Birth (MM/DD/YYYY): 09/06/1973
 Claim Number: 2080381794 Employer: Sunbridge Hallmark Health Services DBA Playa De

Requesting Physician Information

Name: Eric Gofnung, DC
 Practice Name: Eric Gofnung Chiro Corp. Contact Name: Ilse Ponce
 Address: 6221 Wilshire Blvd Suite 604 City: Los Angeles State: CA
 Zip Code: 90048 Phone: (323) 933-2444 Fax Number: (323) 903-0301
 Specialty: Chiropractor NPI Number: 1821137134
 E-mail Address: ilse.ponce@att.net

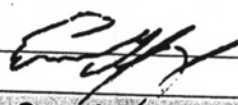
Claims Administrator Information

Company Name: Zurich Contact Name:
 Address: PO Box 968005 City: Schaumburg State: IL
 Zip Code: Phone: (800) 338-3160 Fax Number: (818) 227-1740
 E-mail Address:

Requested Treatment (see instructions for guidance; attached additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Carpal Tunnel Syndrome	G56.02	Electrical Stimulation	G0283	2 x a week for 4 weeks
Knee Internal Derangeme	M23.92	Therapeutic Exercises	97110	
Achilles Tendinitis	M76.62	Massage Therapy	97124	
		CMT 5 regions	98942	
		Extraspinal Manipulation w/spinal	98943	

Requesting Physician Signature:  Date: 10/05/2020

Claims Administrator/Utilization Review Organization (URO) Response

Approved Denied or Modified (See separate decision letter) Delay (See separate notification of delay)
 Requested treatment has been previously denied Liability for treatment is disputed (See separate letter)

Authorization Number (if assigned): Date:
 Authorized Agent Name: Signature:
 Phone: Fax Number: E-mail Address:

Comments:

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

New Request Resubmission – Change in Material Facts
 Expedited Review: Check box if employee faces an imminent and serious threat to his or her health
 Check box if request is a written confirmation of a prior oral request.

Employee Information

Name (Last, First, Middle): Chaney, Anisa
Date of Injury (MM/DD/YYYY): 07/05/2020 Date of Birth (MM/DD/YYYY): 09/06/1973
Claim Number: 2080381794 Employer: Sunbridge Hallmark Health Services DBA Playa De

Requesting Physician Information

Name: Eric Gofnung, DC
Practice Name: Eric Gofnung Chiro Corp. Contact Name: Ilse Ponce
Address: 6221 Wilshire Blvd Suite 604 City: Los Angeles State: CA
Zip Code: 90048 Phone: (323) 933-2444 Fax Number: (323) 903-0301
Specialty: Chiropractor NPI Number: 1821137134
E-mail Address: ilse.ponce@att.net

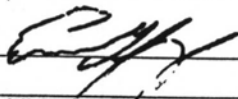
Claims Administrator Information

Company Name: Zurich Contact Name:
Address: PO Box 968005 City: Schaumburg State: IL
Zip Code: Phone: (800) 338-3160 Fax Number: (818) 227-1740
E-mail Address:

Requested Treatment (see instructions for guidance, attached additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Sacroiliac Joint Sprain	S33.6XXD	X-rays of cervical spine,		
Cervical Facet	M53.82	thoracic spine, lumbar spine		
Thoracic Facet	M41.34	left shoulder, left elbow		
Shoulder Tenosynovitis	M65.812	left wrist, left knee		
Elbow Medial Epicondyliti	M77.02	left ankle		

Requesting Physician Signature:  Date: 10/05/2020

Claims Administrator/Utilization Review Organization (URO) Response

Approved Denied or Modified (See separate decision letter) Delay (See separate notification of delay)
 Requested treatment has been previously denied Liability for treatment is disputed (See separate letter)

Authorization Number (if assigned): Date:
Authorized Agent Name: Signature:
Phone: Fax Number: E-mail Address:

Comments:

ERIC E. GOFNUNG, D.C., QME

SPORTS MEDICINE AND REHABILITATION

6221 Wilshire Boulevard, Suite 604 λ Los Angeles, California 90048 λ Tel. (323) 933-2444 λ Fax (323) 933-2909

Date: 10 05, 20

To Employer: Sunbridge Hallmark Health Svcs
RE: Employee/ Injured worker: Jyrki Chaney, Anisa
SS# and/or Date of birth: 09-06-1973
Date of Injury: 07-06-19
Claim #: CT: 716116-715120/2080381797
WCAB #:
EAMS Case #: AD513521436

The patient named above has designated: [] Eric Gofnung, D.C. [] Mayya Kravchenko, D.C. [] Jyrki Suutari, D.C. as their Primary Treating Physician. The patient is being scheduled to be seen in our office for evaluation and treatment of their industrially related injuries.

Please inform us if you have an established Medical Provider Network (MPN)? Please provide us with the following information so that we can inform and provide the injured worker with the proper information on how to select a treating physician from the employer's MPN.

Per Title 8 CCR 9767.5 an employer's MPN must have at least three (3) physicians in my area of specialty, of Chiropractic, to treat the injured worker. These three chiropractors must be within 30 minutes or 15 miles of a covered employee's residence or workplace.

Please list the names and phone numbers of these three (3) Chiropractors on the following lines:

_____, D.C.; () _____ - _____
_____, D.C.; () _____ - _____
_____, D.C.; () _____ - _____

If this list of three Chiropractors in the employer's MPN is not forwarded to our office within five (5) days, we will take this to mean that you do not have three chiropractors on your MPN list within 30 minutes or 15 miles of the covered employee's residence or workplace.

If so, then the patient has requested this office to evaluate and to treat his/her industrially related medical needs and we will proceed to evaluate and treat the injured worker as needed on an industrial basis.

If you, the insurance company/employer, fail or refuse to furnish treatment to the injured worker, then the expense incurred for medical services furnished will be due as per Section 5402, subdivision (b) and (c). Labor Code 5402 (b)(c), requires the employer to authorize all appropriate medical care up to \$10,000 until the liability for the claimed injury is accepted or rejected. If payment of this bill is denied; we will pursue provisions under L.C. 4603.2

As of 06/01/04, Labor code 5814 mandates a 25% penalty on the amount of payment unreasonably delayed (10% if self-imposed). Accordingly, it would be requested that the employer please provide immediate payment.

Patient's name: Anisa Chaney

Signature: Anisa Chaney