



**Disneyland**  
RESORT

January 27, 2023

Law Offices of Natalia Foley  
Workers Defenders Law Group  
751 S. Weir Canyon Rd., Ste 157-455  
Anaheim, CA 92808

RE: Employee : Bhargav Shah  
Claim Number : DLRW2022095173  
DOI : 07/20/2022  
WCAB Case No. : ADJ16483391

Dear Esquire:

Enclosed for filing and serving is the following:

- Medical Reports (See Attachment A for Items listed)

If, you should have any questions, please contact me at number (714)928-6676

Sincerely,

*Daniel Monroy/sg*

Daniel Monroy  
Sr. Claims Examiner

DM/sg



RE: Employee : Bhargav Shah  
Claim Number : DLRW2022095173  
DOI : 07/20/2022  
WCAB Case No. : ADJ16483391

**PROOF OF SERVICE**  
1013a (3) CCP Revised 5/1/88

STATE OF CALIFORNIA, COUNTY OF ORANGE

I am employed in the county aforesaid, I am over the age of 18 and not a party to the within action; my business address is:

Walt Disney Parks and Resorts U.S., Inc.  
Workers' Compensation Department  
P.O. Box 3909  
Anaheim, CA 92803

On **01/27/23** I served the foregoing document described as:

- **Medical Reports (See Attachment A for Items listed)**


served on the parties listed below in this action by placing a true copy thereof enclosed in a sealed envelope addressed as follows:

**Law Offices of Natalia Foley**  
**Workers Defenders Law Group**  
**751 S. Weir Canyon Rd., Ste 157-455**  
**Anaheim, CA 92808**

I am "readily familiar" with the Company's practice of collection and processing correspondence for mailing. Under the practice it would be deposited with the U.S. Postal Service on that same day with postage thereon fully prepaid at Anaheim, California in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit.

Executed on **01/27/23** at Anaheim, California.

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

  
\_\_\_\_\_  
Signature

Sonia Granados

Chart Notes  
Bhargav Shah

Bryant, Kurt M., DC  
206 S Placentia Ave  
Placentia, CA 92870-5710  
Phone: 714-572-9555  
Fax: (714) 986-9600

MAC

11/21/2022

Patient: Shah, Bhargav K

Acct #: 16819

DOB: 05/01/1956

Ins Co: RISING MEDICAL SOLUTIONS Pol #:  
INC

Insured ID: DLRW2022095173

Date 09/30/2022

Provider Kurt Michael Bryant, DC

**Subjective:**

Bhargav Shah presented today due to a non auto related workplace injury. He completed the patient intake questionnaire which was reviewed by the examining provider and is available in the patient's permanent digital file for review. Bhargav signed consent for evaluation and possible treatment of injuries sustained as a result of a work related injury that occurred on or around 7/20/2022. Bhargav was injured as a result of lifting.

**Mechanism of Injury:**

Bhargav relayed he did not receive a head injury and did not lose consciousness.

Police did not arrive at the scene and an accident report was not completed. EMS was at the scene. Bhargav was transported to the hospital or ER by emergency service from the scene and the following has occurred: hospitalization, injection therapy, primary care physician visit, over-the-counter medications, heat or cold therapy, and other. Patient complains at the time of the accident he felt discomfort at the left lower extremity and has supplemental complaints of depression, sleeping difficulty, stress, loss of appetite and anxiety. Bhargav states that since the date of the accident the overall condition and complaints have not changed and stayed the same.

**HISTORY:**

**Chief Complaint:** Reports an acute complaint in the back of right thigh, back of right knee, back of right calf and back of right ankle region due to the accident on 7/20/2022.

- **Frequency/Quality:** On and off discomfort described as intolerable and stiffness
  - **Radiation of Symptoms:** Currently radiating to front of left lower leg and radiating to front of left thigh
  - **Change in Complaint/VAS:** Complaint has stayed the same since the onset and the pain scale is presently rated 8/10 (10 being most severe)
  - **Modifying Factors:** Relieved by: nothing, cold packs, rest and massage and aggravated by: any movement, bending, carrying or lifting, standing and walking or running
  - **Previous Episodes:** Denies past episodes
  - **Previous Care:** Since the onset of this condition he has received no medical or chiropractic service for this condition.
  - **Recent Diagnostic Tests:** Denies recent diagnostic testing
  - **ADL/Functional Deficits:** Explains walking has become difficult when ambulating short distances when he does this for more than 30 minutes
  - **Patient subjective goal(s):** Explains personal goal for starting treatment is to have no functional limitations while walking.
- No additional concerns relayed by patient.

**Systems Review:** Bhargav reports status of condition(s) below which may relate to

**Chart Notes**  
**Bhargav Shah**

Bryant, Kurt M., DC  
206 S Placentia Ave  
Placentia, CA 92870-6710  
Phone: 714-572-9555  
Fax: (714) 986-9600

MAC

11/21/2022

Patient: Shah, Bhargav K

Acct #: 16819

DOB: 05/01/1956

Ins Co: RISING MEDICAL SOLUTIONS Pol #:  
INC

Insured ID: DLRW2022095173

Date 09/30/2022

Provider Kurt Michael Bryant, DC

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complaint(s):

- **Musculoskeletal:** Other than presenting musculoskeletal complaints, no musculoskeletal concerns.
- **Neurological:** Other than presenting complaints, no neurological concerns.
- **Head & ENT:** Reports no head and/or ENT concerns
- **Cardiovascular:** Reports no cardiovascular concerns
- **Respiratory:** Reports no respiratory concerns
- **Gastrointestinal:** Reports TO BE DISCUSSED WITH PROVIDER
- **Genitourinary:** Reports no genitourinary concerns
- **Endocrine:** Reports no endocrine concerns
- **Derma./Hemo:** Reports no dermatological / hemopoietic concerns
- **Allergy/Sensitivity:** Reports no allergies or sensitivity concerns

**Past, Family and Social History:**

- **Past Health History:**
  - **Surgery:** None
  - **Medications:** None
  - **Illnesses:** Denies personal history of diabetes, cancer, hypertension and progressive neurological disorders
  - **Accidents:** None
- **Family and Social History:**
  - **Family History:** Denies family history of diabetes, cancer, hypertension and progressive neurological disorders
  - **Employment Status:** cannot work
  - **Social Habits:** does not smoke, drink alcohol, or take rec. drugs
  - **Exercise Habits:** no exercise
  - **Diet and Nutrition:** vegan or vegetarian, and no daily supplements

**Objective:**

Bhargav Shah is a 66 year old Male. He was born 5/1/1956. Today Bhargav would be described as; in pain.

**Spinal Palpation:**

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; knee and leg.

He tested positive for myofascitis. This is an inflammation of muscle and fascia, particularly of the fascial insertion of muscle to bone.

Palpation of the muscles revealed severe spasm in the following areas; left anterior knee.

Due to restrictions demonstrated in one or more extremities, active range of motion testing procedures were performed today. These restrictions are ratable impairments set by the AMA Guides to the Evaluation of Permanent Impairment, 5th Ed., 2001. The individual test

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MAC

11/21/2022

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<b>Patient:</b> Shah, Bhargav K	<b>Acct #:</b> 16819	<b>DOB:</b> 05/01/1956
<b>Ins Co:</b> RISING MEDICAL SOLUTIONS INC	<b>Pol #:</b>	<b>Insured ID:</b> DLRW2022095173

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**Date** 09/30/2022

**Provider** Kurt Michael Bryant, DC

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will be repeated periodically to demonstrate/monitor progress or lack there of and to help us determine if there is permanent loss of function.

Today's examination revealed a significant decrease of normal range of motion of the following:

knee flexion was recorded as 15 degrees.

knee extension was recorded as 5 degrees.

An increase in pain was noted with knee in extension.

An increase in pain was noted with knee in flexion.

Knee orthopedic exams were down.

Anterior and posterior drawer were negative for laxity, but caused pain in super knee.

Varus and Valgus stress tests produced pain but no ligament laxity.

McMurray's was unable to be done due to pain with flexion.

Pain walked with a limp on left knee. Pain with step down and push off. Patient uses cane to walk. Knee feels like it will buckle. Wears a compression sleeve over knee when up and moving around.

Unable to do a full squat due to pain.

Reviewed x ray report and MRI report. MRI report shows deep radial tearing in medial meniscus. Will consult with ortho.

**Assessment:**

**Prognosis:**

Bhargav's prognosis is guarded and uncertain at this time. The following is a list of diagnostic impressions for Mr. Shah's current condition: (S83.8X2A) Sprain of other specified parts of left knee, init encntr, (M79.10) Myalgia, unspecified site.

**Plan:**

Our goals of continued treatment include the following; relief of symptoms, increase range of motion and improve function. During Mr. Shah visit today we performed the following, extra spinal manipulation, interferential stimulation, cryotherapy, ultrasound and myofascial release

Electric muscle stimulation in the form of interferential current will be applied to the knee. This procedure will be performed for 8 minutes each visit.

Ultrasound is used primarily to treat the soft tissue and ligamentous portions of the spine and paraspinal tissues. Ultrasound in this case will be performed over the following areas: knee. It was performed for 5 minutes.

Hypervolt to left quad, hamstring and calf for 5 minutes. Graston to left quad and IT band for 10 minutes.

**Chart Notes**  
**Bhargav Shah**

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206 S Placentia Ave  
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Fax: (714) 986-9600

MAC

11/21/2022

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Patient: Shah, Bhargav K                      Acct #: 16819                      DOB: 05/01/1956  
Ins Co: RISING MEDICAL SOLUTIONS Pol #:                      Insured ID: DLRW2022095173  
INC

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Date 09/30/2022

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Provider Kurt Michael Bryant, DC                      *\*\*\* continued from previous page \*\*\**  
I recommend that treatment be 2x per week for 6 weeks.

Diagnosis    S83.8X2A: Sprain of other specified parts of left knee, init encntr  
                  M79.10: Myalgia, unspecified site

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**Chart Notes**  
**Bhargav Shah**

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206 S Placentia Ave  
Placentia, CA 92870-5710  
Phone: 714-572-9555  
Fax: (714) 986-9600

MAC

11/21/2022

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**Patient:** Shah, Bhargav K

**Acct #:** 16819

**DOB:** 05/01/1956

**Ins Co:** RISING MEDICAL SOLUTIONS Pol #:  
INC

**Insured ID:** DLRW2022095173

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**Date:** 10/03/2022

**Provider:** Kurt Michael Bryant, DC

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**Subjective:**

The patient said that overall he is feeling the same since his last treatment. Bhargav sought treatment today complaining of discomfort and or paresthesia in the following areas; left anterior knee Has some cramping in calf at night. Instructed him to start range of motion exercises for knee.

**Objective:**

Bhargav Shah is a 66 year old Male. He was born 5/1/1956. Today Bhargav would be described as; in pain.

**Spinal Palpation:**

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; knee and leg.

He tested positive for myofascitis. This is an inflammation of muscle and fascia, particularly of the fascial insertion of muscle to bone.

Palpation of the muscles revealed severe spasm in the following areas; left anterior knee.

**Assessment:**

**Prognosis:**

Bhargav's prognosis is guarded and uncertain at this time. The following is a list of diagnostic impressions for Mr. Shah's current condition:(S83.8X2A) Sprain of other specified parts of left knee, init encntr, (M79.10) Myalgia, unspecified site.

**Plan:**

Our goals of continued treatment include the following; relief of symptoms, increase range of motion and improve function. During Mr. Shah visit today we performed the following, extra spinal manipulation, interferential stimulation, cryotherapy, ultrasound and myofascial release

Electric muscle stimulation in the form of interferential current will be applied to the knee. This procedure will be performed for 8 minutes each visit.

Ultrasound is used primarily to treat the soft tissue and ligamentous portions of the spine and paraspinal tissues. Ultrasound in this case will be performed over the following areas: knee. It was performed for 5 minutes.

Hypervolt to left quad, hamstring and calf for 5 minutes. Graston to left quad and IT band for 10 minutes.

I recommend that treatment be 2x per week for 6 weeks.



**Chart Notes**  
**Bhargav Shah**

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206 S Placentia Ave  
Placentia, CA 92870-5710  
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MAC

11/21/2022

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<b>Patient:</b> Shah, Bhargav K	<b>Acct #:</b> 16819	<b>DOB:</b> 05/01/1956
<b>Ins Co:</b> RISING MEDICAL SOLUTIONS INC	<b>Pol #:</b>	<b>Insured ID:</b> DLRW2022095173
<b>Date:</b> 10/03/2022		
<b>Provider:</b> Kurt Michael Bryant, DC		<b>*** continued from previous page ***</b>
<b>Diagnosis:</b>	S83.8X2A: Sprain of other specified parts of left knee, init encntr M79.10: Myalgia, unspecified site	

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**Chart Notes**

**Bhargav Shah**

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206 S Placentia Ave  
Placentia, CA 92870-5710  
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Fax: (714) 986-9600

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11/21/2022

<b>Patient:</b> Shah, Bhargav K	<b>Acct #:</b> 16819	<b>DOB:</b> 05/01/1956
<b>Ins Co:</b> RISING MEDICAL SOLUTIONS INC	<b>Pol #:</b>	<b>Insured ID:</b> DLRW2022095173
<b>Date</b> 10/10/2022		
<b>Provider</b> Kurt Michael Bryant, DC		

**Subjective:**

The patient said that overall he is feeling better since his last treatment. Bhargav sought treatment today complaining of discomfort and or paresthesia in the following areas; left anterior knee and left posterior knee Just had neck surgery. On Norco and that is not helping leg. Pain is not as bad. Less tender, but still feels like going to give out when walking.

**Objective:**

Bhargav Shah is a 66 year old Male. He was born 5/1/1956. Today Bhargav would be described as; in pain.

**Spinal Palpation:**

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; knee and leg.

He tested positive for myofascitis. This is an inflammation of muscle and fascia, particularly of the fascial insertion of muscle to bone.

Palpation of the muscles revealed severe spasm in the following areas; left anterior knee.

**Assessment:**

**Prognosis:**

Bhargav's prognosis is guarded and uncertain at this time. The following is a list of diagnostic impressions for Mr. Shah's current condition:(S83.8X2A) Sprain of other specified parts of left knee, init encntr, (M79.10) Myalgia, unspecified site.

**Plan:**

Our goals of continued treatment include the following; relief of symptoms, increase range of motion and improve function. During Mr. Shah visit today we performed the following, extra spinal manipulation, interferential stimulation, cryotherapy, ultrasound and myofascial release

Electric muscle stimulation in the form of interferential current will be applied to the knee. This procedure will be performed for 8 minutes each visit.

Ultrasound is used primarily to treat the soft tissue and ligamentous portions of the spine and paraspinal tissues. Ultrasound in this case will be performed over the following areas; knee. It was performed for 5 minutes.

Hypervolt to left quad, hamstring and calf for 5 minutes. Graston to left quad and IT band for 10 minutes.

I recommend that treatment be 2x per week for 6 weeks.

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**Bhargav Shah**

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11/21/2022

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<b>Patient:</b> Shah, Bhargav K	<b>Acct #:</b> 16819	<b>DOB:</b> 05/01/1956
<b>Ins Co:</b> RISING MEDICAL SOLUTIONS INC	<b>Pol #:</b>	<b>Insured ID:</b> DLRW2022095173
<b>Date:</b> 10/10/2022		
<b>Provider:</b> Kurt Michael Bryant, DC	<b>*** continued from previous page ***</b>	
<b>Diagnosis:</b>	S83.8X2A: Sprain of other specified parts of left knee, init encntr	
	M79.10: Myalgia, unspecified site	

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**Chart Notes**

**Bhargav Shah**

**Bryant, Kurt M., DC**  
206 S Placentia Ave  
Placentia, CA 92870-5710  
Phone: 714-572-9555  
Fax: (714) 986-9600

MAC

11/29/2022

**Patient:** Shah, Bhargav K

**Acct #:** 16819

**DOB:** 05/01/1956

**Ins Co:** RISING MEDICAL SOLUTIONS Pol #:  
INC

**Insured ID:** DLRW2022095173

**Date** 11/04/2022

**Provider:** Kurt Michael Bryant, DC

**Subjective:**

The patient said that overall he is feeling worse since his last treatment. Bhargav sought treatment today complaining of discomfort and or paresthesia in the following areas; left anterior knee and left posterior knee Was walking at home and felt immediate pain in knee and fell to ground.

**Objective:**

Bhargav Shah is a 66 year old Male. He was born 5/1/1956. Today Bhargav would be described as; in pain.

**Spinal Palpation:**

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; knee and leg.

He tested positive for myofascitis. This is an inflammation of muscle and fascia, particularly of the fascial insertion of muscle to bone.

Palpation of the muscles revealed severe spasm in the following areas; left anterior knee.

**Assessment:**

**Prognosis:**

Bhargav's prognosis is guarded and uncertain at this time. The following is a list of diagnostic impressions for Mr. Shah's current condition:(S83.8X2A) Sprain of other specified parts of left knee, init encntr, (M79.10) Myalgia, unspecified site.

**Plan:**

Our goals of continued treatment include the following; relief of symptoms, increase range of motion and improve function. During Mr. Shah visit today we performed the following, extra spinal manipulation, interferential stimulation, cryotherapy, ultrasound and myofascial release

Electric muscle stimulation in the form of interferential current will be applied to the knee. This procedure will be performed for 8 minutes each visit.

Ultrasound is used primarily to treat the soft tissue and ligamentous portions of the spine and paraspinal tissues. Ultrasound in this case will be performed over the following areas: knee. It was performed for 5 minutes.

Hypervolt to left quad, hamstring and calf for 5 minutes. Graston to left quad and IT band for 10 minutes.

I recommend that treatment be 2x per week for 6 weeks.

**Chart Notes**

**Bhargav Shah**

**Bryant, Kurt M., DC**  
206 S Placentia Ave  
Placentia, CA 92870-5710  
Phone: 714-572-9655  
Fax: (714) 986-9600

MAC

11/29/2022

<b>Patient:</b> Shah, Bhargav K	<b>Acct #:</b> 16819	<b>DOB:</b> 05/01/1956
<b>Ins Co:</b> RISING MEDICAL SOLUTIONS INC	<b>Pol #:</b>	<b>Insured ID:</b> DLRW2022095173
<b>Date:</b> 11/07/2022		
<b>Provider:</b> Kurt Michael Bryant, DC		

**Subjective:**

The patient said that overall he is feeling better since his last treatment. Bhargav sought treatment today complaining of discomfort and or paresthesia in the following areas; left anterior knee and left posterior knee. Less tension over the weekend on knee, but also did not do much.

**Objective:**

Bhargav Shah is a 66 year old Male. He was born 5/1/1956. Today Bhargav would be described as; in pain.

**Spinal Palpation:**

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; knee and leg.

He tested positive for myofascitis. This is an inflammation of muscle and fascia, particularly of the fascial insertion of muscle to bone.

Palpation of the muscles revealed severe spasm in the following areas; left anterior knee.

**Assessment:**

**Prognosis:**

Bhargav's prognosis is guarded and uncertain at this time. The following is a list of diagnostic impressions for Mr. Shah's current condition:(S83.8X2A) Sprain of other specified parts of left knee, init encntr, (M79.10) Myalgia, unspecified site.

**Plan:**

Our goals of continued treatment include the following; relief of symptoms, increase range of motion and improve function. During Mr. Shah visit today we performed the following, extra spinal manipulation, interferential stimulation, cryotherapy, ultrasound and myofascial release

Electric muscle stimulation in the form of interferential current will be applied to the knee. This procedure will be performed for 8 minutes each visit.

Ultrasound is used primarily to treat the soft tissue and ligamentous portions of the spine and paraspinal tissues. Ultrasound in this case will be performed over the following areas: knee. It was performed for 5 minutes.

Hypervolt to left quad, hamstring and calf for 5 minutes. Graston to left quad and IT band for 10 minutes.

I recommend that treatment be 2x per week for 6 weeks.

**Chart Notes**

**Bhargav Shah**

Bryant, Kurt M., DC  
206 S Placentia Ave  
Placentia, CA 92870-5710  
Phone: 714-672-9555  
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MAC

11/29/2022

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<b>Patient:</b> Shah, Bhargav K	<b>Acct #:</b> 16819	<b>DOB:</b> 05/01/1956
<b>Ins Co:</b> RISING MEDICAL SOLUTIONS INC	<b>Pol #:</b>	<b>Insured ID:</b> DLRW2022095173
<b>Date</b> 11/10/2022		

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**Provider:** Kurt Michael Bryant, DC

**Subjective:**

The patient said that overall he is feeling the same since his last treatment. Bhargav sought treatment today complaining of discomfort and or paresthesia in the following areas; left anterior knee and left posterior knee. The colder weather has affected his knee. Muscles are very sore. Right leg been sore from walking differently. Overall he has improved but still has deficits and I recommend another 6-12 visits to continue to help him get back to full range of motion.

**Objective:**

Bhargav Shah is a 66 year old Male. He was born 5/1/1956. Today Bhargav would be described as; in pain.

**Spinal Palpation:**

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; knee and leg.

He tested positive for myofascitis. This is an inflammation of muscle and fascia, particularly of the fascial insertion of muscle to bone.

Palpation of the muscles revealed severe spasm in the following areas; left anterior knee.

**Assessment:**

**Prognosis:**

Bhargav's prognosis is guarded and uncertain at this time. The following is a list of diagnostic impressions for Mr. Shah's current condition:(S83.8X2A) Sprain of other specified parts of left knee, init encntr, (M79.10) Myalgia, unspecified site.

**Plan:**

Our goals of continued treatment include the following; relief of symptoms, increase range of motion and improve function. During Mr. Shah visit today we performed the following, extra spinal manipulation, interferential stimulation, cryotherapy, ultrasound and myofascial release

Electric muscle stimulation in the form of interferential current will be applied to the knee. This procedure will be performed for 8 minutes each visit.

Ultrasound is used primarily to treat the soft tissue and ligamentous portions of the spine and paraspinal tissues. Ultrasound in this case will be performed over the following areas: knee. It was performed for 5 minutes.

Hypervolt to left quad, hamstring and calf for 5 minutes. Graston to left quad and IT band for 10 minutes.

I recommend that treatment be 2x per week for 6 weeks.

**Chart Notes**

**Bhargav Shah**

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206 S Placentia Ave  
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Phone: 714-672-9555  
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MAC

11/29/2022

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<b>Patient:</b> Shah, Bhargav K	<b>Acct #:</b> 16819	<b>DOB:</b> 05/01/1956
<b>Ins Co:</b> RISING MEDICAL SOLUTIONS INC	<b>Pol #:</b>	<b>Insured ID:</b> DLRW2022095173
<b>Date:</b> 11/10/2022		
<b>Provider:</b> Kurt Michael Bryant, DC		<b>*** continued from previous page ***</b>

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Patient: Shah, Bhargav K	Acct #: 16819	DOB: 05/01/1956
Ins Co: RISING MEDICAL SOLUTIONS INC	Pol #:	Insured ID: DLRW2022095173
Date 09/30/2022		
Provider Kurt Michael Bryant, DC		

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**Subjective:**

Bhargav Shah presented today due to a non auto related workplace injury. He completed the patient intake questionnaire which was reviewed by the examining provider and is available in the patient's permanent digital file for review. Bhargav signed consent for evaluation and possible treatment of injuries sustained as a result of a work related injury that occurred on or around 7/20/2022. Bhargav was injured as a result of lifting.

**Mechanism of Injury:**

Bhargav relayed he did not receive a head injury and did not lose consciousness.

Police did not arrive at the scene and an accident report was not completed. EMS was at the scene. Bhargav was transported to the hospital or ER by emergency service from the scene and the following has occurred: hospitalization, injection therapy, primary care physician visit, over-the-counter medications, heat or cold therapy, and other. Patient complains at the time of the accident he felt discomfort at the left lower extremity and has supplemental complaints of depression, sleeping difficulty, stress, loss of appetite and anxiety. Bhargav states that since the date of the accident the overall condition and complaints have not changed and stayed the same.

**HISTORY:**

**Chief Complaint:** Reports an acute complaint in the back of right thigh, back of right knee, back of right calf and back of right ankle region due to the accident on 7/20/2022.

- **Frequency/Quality:** On and off discomfort described as intolerable and stiffness
  - **Radiation of Symptoms:** Currently radiating to front of left lower leg and radiating to front of left thigh
  - **Change in Complaint/VAS:** Complaint has stayed the same since the onset and the pain scale is presently rated 8/10 (10 being most severe)
  - **Modifying Factors:** Relieved by: nothing, cold packs, rest and massage and aggravated by: any movement, bending, carrying or lifting, standing and walking or running
  - **Previous Episodes:** Denies past episodes
  - **Previous Care:** Since the onset of this condition he has received no medical or chiropractic service for this condition.
  - **Recent Diagnostic Tests:** Denies recent diagnostic testing
  - **ADL/Functional Deficits:** Explains walking has become difficult when ambulating short distances when he does this for more than 30 minutes
  - **Patient subjective goal(s):** Explains personal goal for starting treatment is to have no functional limitations while walking.
- No additional concerns relayed by patient.

**Systems Review:** Bhargav reports status of condition(s) below which may relate to



**Chart Notes**  
**Bhargav Shah**

Bryant, Kurt M., DC  
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MAC

11/21/2022

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<b>Patient:</b> Shah, Bhargav K	<b>Acct #:</b> 16819	<b>DOB:</b> 05/01/1956
<b>Ins Co:</b> RISING MEDICAL SOLUTIONS INC	<b>Pol #:</b>	<b>Insured ID:</b> DLRW2022095173

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**Date** 09/30/2022

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**Provider** Kurt Michael Bryant, DC

\*\*\* continued from previous page \*\*\*

complaint(s):

- **Musculoskeletal:** Other than presenting musculoskeletal complaints, no musculoskeletal concerns.
- **Neurological:** Other than presenting complaints, no neurological concerns.
- **Head & ENT:** Reports no head and/or ENT concerns
- **Cardiovascular:** Reports no cardiovascular concerns
- **Respiratory:** Reports no respiratory concerns
- **Gastrointestinal:** Reports TO BE DISCUSSED WITH PROVIDER
- **Genitourinary:** Reports no genitourinary concerns
- **Endocrine:** Reports no endocrine concerns
- **Derma./Hemo:** Reports no dermatological / hemopoietic concerns
- **Allergy/Sensitivity:** Reports no allergies or sensitivity concerns

**Past, Family and Social History:**

- **Past Health History:**
  - **Surgery:** None
  - **Medications:** None
  - **Illnesses:** Denies personal history of diabetes, cancer, hypertension and progressive neurological disorders
  - **Accidents:** None
- **Family and Social History:**
  - **Family History:** Denies family history of diabetes, cancer, hypertension and progressive neurological disorders
  - **Employment Status:** cannot work
  - **Social Habits:** does not smoke, drink alcohol, or take rec. drugs
  - **Exercise Habits:** no exercise
  - **Diet and Nutrition:** vegan or vegetarian, and no daily supplements

**Objective:**

Bhargav Shah is a 66 year old Male. He was born 5/1/1956. Today Bhargav would be described as; in pain.

**Spinal Palpation:**

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; knee and leg.

He tested positive for myofasciitis. This is an inflammation of muscle and fascia, particularly of the fascial insertion of muscle to bone.

Palpation of the muscles revealed severe spasm in the following areas; left anterior knee. Due to restrictions demonstrated in one or more extremities, active range of motion testing procedures were performed today. These restrictions are ratable impairments set by the AMA Guides to the Evaluation of Permanent Impairment, 5th Ed., 2001. The individual test

**Chart Notes**  
**Bhargav Shah**

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206 S Placentia Ave  
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MAC

11/21/2022

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<b>Patient:</b> Shah, Bhargav K	<b>Acct #:</b> 16819	<b>DOB:</b> 05/01/1956
<b>Ins Co:</b> RISING MEDICAL SOLUTIONS INC	<b>Pol #:</b>	<b>Insured ID:</b> DLRW2022095173

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**Date** 09/30/2022

**Provider** Kurt Michael Bryant, DC

*\*\*\* continued from previous page \*\*\**

will be repeated periodically to demonstrate/monitor progress or lack there of and to help us determine if there is permanent loss of function.

Today's examination revealed a significant decrease of normal range of motion of the following:

knee flexion was recorded as 15 degrees.

knee extension was recorded as 5 degrees.

An increase in pain was noted with knee in extension.

An increase in pain was noted with knee in flexion.

Knee orthopedic exams were down.

Anterior and posterior drawer were negative for laxity, but caused pain in super knee.

Varus and Valgus stress tests produced pain but no ligament laxity.

McMurray's was unable to be done due to pain with flexion.

Pain walked with a limp on left knee. Pain with step down and push off. Patient uses cane to walk. Knee feels like it will buckle. Wears a compression sleeve over knee when up and moving around.

Unable to do a full squat due to pain.

Reviewed x ray report and MRI report. MRI report shows deep radial tearing in medial meniscus. Will consult with ortho.

**Assessment:**

**Prognosis:**

Bhargav's prognosis is guarded and uncertain at this time. The following is a list of diagnostic impressions for Mr. Shah's current condition:(S83.8X2A) Sprain of other specified parts of left knee, init encntr, (M79.10) Myalgia, unspecified site.

**Plan:**

Our goals of continued treatment include the following; relief of symptoms, increase range of motion and improve function. During Mr. Shah visit today we performed the following, extra spinal manipulation, interferential stimulation, cryotherapy, ultrasound and myofascial release

Electric muscle stimulation in the form of interferential current will be applied to the knee. This procedure will be performed for 8 minutes each visit.

Ultrasound is used primarily to treat the soft tissue and ligamentous portions of the spine and paraspinal tissues. Ultrasound in this case will be performed over the following areas: knee. It was performed for 5 minutes.

Hypervolt to left quad, hamstring and calf for 5 minutes. Graston to left quad and IT band for 10 minutes.

**Chart Notes**  
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11/21/2022

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Patient: Shah, Bhargav K

Acct #: 16819

DOB: 05/01/1956

Ins Co: RISING MEDICAL SOLUTIONS Pol #:  
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Insured ID: DLRW2022095173

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Date 09/30/2022

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Provider Kurt Michael Bryant, DC

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I recommend that treatment be 2x per week for 6 weeks.

**Diagnosis** S83.8X2A: Sprain of other specified parts of left knee, init encntr  
M79.10: Myalgia, unspecified site

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**Chart Notes**  
**Bhargav Shah**

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MAC

11/21/2022

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<b>Patient:</b> Shah, Bhargav K	<b>Acct #:</b> 16819	<b>DOB:</b> 05/01/1956
<b>Ins Co:</b> RISING MEDICAL SOLUTIONS INC	<b>Pol #:</b>	<b>Insured ID:</b> DLRW2022095173
<b>Date:</b> 10/03/2022		
<b>Provider:</b> Kurt Michael Bryant, DC		

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**Subjective:**

The patient said that overall he is feeling the same since his last treatment. Bhargav sought treatment today complaining of discomfort and or paresthesia in the following areas; left anterior knee Has some cramping in calf at night. Instructed him to start range of motion exercises for knee.

**Objective:**

Bhargav Shah is a 66 year old Male. He was born 5/1/1956. Today Bhargav would be described as; in pain.

**Spinal Palpation:**

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; knee and leg.

He tested positive for myofascitis. This is an inflammation of muscle and fascia, particularly of the fascial insertion of muscle to bone.

Palpation of the muscles revealed severe spasm in the following areas; left anterior knee.

**Assessment:**

**Prognosis:**

Bhargav's prognosis is guarded and uncertain at this time. The following is a list of diagnostic impressions for Mr. Shah's current condition:(S83.8X2A) Sprain of other specified parts of left knee, init encntr, (M79.10) Myalgia, unspecified site.

**Plan:**

Our goals of continued treatment include the following; relief of symptoms, increase range of motion and improve function. During Mr. Shah visit today we performed the following, extra spinal manipulation, interferential stimulation, cryotherapy, ultrasound and myofascial release

Electric muscle stimulation in the form of interferential current will be applied to the knee. This procedure will be performed for 8 minutes each visit.

Ultrasound is used primarily to treat the soft tissue and ligamentous portions of the spine and paraspinal tissues. Ultrasound in this case will be performed over the following areas: knee. It was performed for 5 minutes.

Hypervolt to left quad, hamstring and calf for 5 minutes. Graston to left quad and IT band for 10 minutes.

I recommend that treatment be 2x per week for 6 weeks.

**Chart Notes**  
**Bhargav Shah**

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MAC

11/21/2022

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<b>Patient:</b> Shah, Bhargav K	<b>Acct #:</b> 16819	<b>DOB:</b> 05/01/1956
<b>Ins Co:</b> RISING MEDICAL SOLUTIONS INC	<b>Pol #:</b>	<b>Insured ID:</b> DLRW2022095173
<b>Date:</b> 10/03/2022		
<b>Provider:</b> Kurt Michael Bryant, DC	<b>*** continued from previous page ***</b>	
<b>Diagnosis:</b>	S83.8X2A: Sprain of other specified parts of left knee, init encntr M79.10: Myalgia, unspecified site	

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**Chart Notes**  
**Bhargav Shah**

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MAC

11/21/2022

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<b>Patient:</b> Shah, Bhargav K	<b>Acct #:</b> 16819	<b>DOB:</b> 05/01/1956
<b>Ins Co:</b> RISING MEDICAL SOLUTIONS INC	<b>Pol #:</b>	<b>Insured ID:</b> DLRW2022095173
<b>Date:</b> 10/10/2022		
<b>Provider:</b> Kurt Michael Bryant, DC		

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**Subjective:**

The patient said that overall he is feeling better since his last treatment. Bhargav sought treatment today complaining of discomfort and or paresthesia in the following areas; left anterior knee and left posterior knee Just had neck surgery. On Norco and that is not helping leg. Pain is not as bad. Less tender, but still feels like going to give out when walking.

**Objective:**

Bhargav Shah is a 66 year old Male. He was born 5/1/1956. Today Bhargav would be described as; in pain.

**Spinal Palpation:**

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; knee and leg.

He tested positive for myofascitis. This is an inflammation of muscle and fascia, particularly of the fascial insertion of muscle to bone.

Palpation of the muscles revealed severe spasm in the following areas; left anterior knee.

**Assessment:**

**Prognosis:**

Bhargav's prognosis is guarded and uncertain at this time. The following is a list of diagnostic impressions for Mr. Shah's current condition:(S83.8X2A) Sprain of other specified parts of left knee, init encntr, (M79.10) Myalgia, unspecified site.

**Plan:**

Our goals of continued treatment include the following; relief of symptoms, increase range of motion and improve function. During Mr. Shah visit today we performed the following, extra spinal manipulation, interferential stimulation, cryotherapy, ultrasound and myofascial release

Electric muscle stimulation in the form of interferential current will be applied to the knee. This procedure will be performed for 8 minutes each visit.

Ultrasound is used primarily to treat the soft tissue and ligamentous portions of the spine and paraspinal tissues. Ultrasound in this case will be performed over the following areas: knee. It was performed for 5 minutes.

Hypervolt to left quad, hamstring and calf for 5 minutes. Graston to left quad and IT band for 10 minutes.

I recommend that treatment be 2x per week for 6 weeks.

**Chart Notes**  
**Bhargav Shah**

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11/21/2022

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**Patient:** Shah, Bhargav K

**Acct #:** 16819

**DOB:** 05/01/1956

**Ins Co:** RISING MEDICAL SOLUTIONS Pol #:  
INC

**Insured ID:** DLRW2022095173

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**Date** 10/10/2022

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**Provider** Kurt Michael Bryant, DC

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**Diagnosis** S83.8X2A: Sprain of other specified parts of left knee, init encntr  
M79.10: Myalgia, unspecified site

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**Chart Notes**  
**Bhargav Shah**

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MAC

11/09/2022

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<b>Patient:</b> Shah, Bhargav K	<b>Acct #:</b> 16819	<b>DOB:</b> 05/01/1956
<b>Ins Co:</b> RISING MEDICAL SOLUTIONS INC	<b>Pol #:</b>	<b>Insured ID:</b> DLRW2022095173
<b>Date:</b> 10/13/2022		
<b>Provider:</b> Kurt Michael Bryant, DC		

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**Subjective:**

The patient said that overall he is feeling the same since his last treatment. Bhargav sought treatment today complaining of discomfort and or paresthesia in the following areas; left anterior knee, left shin and left calf. Had some burning and cramping into left calf and left thigh this morning.

**Objective:**

Bhargav Shah is a 66 year old Male. He was born 5/1/1956. Today Bhargav would be described as; in pain.

**Spinal Palpation:**

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; knee and leg.

He tested positive for myofascitis. This is an inflammation of muscle and fascia, particularly of the fascial insertion of muscle to bone.

Palpation of the muscles revealed severe spasm in the following areas; left anterior knee.

**Assessment:**

**Prognosis:**

Bhargav's prognosis is guarded and uncertain at this time. The following is a list of diagnostic impressions for Mr. Shah's current condition: (S83.8X2A) Sprain of other specified parts of left knee, init encntr, (M79.10) Myalgia, unspecified site.

**Plan:**

Our goals of continued treatment include the following; relief of symptoms, increase range of motion and improve function. During Mr. Shah visit today we performed the following, extra spinal manipulation, interferential stimulation, cryotherapy, ultrasound and myofascial release

Electric muscle stimulation in the form of interferential current will be applied to the knee. This procedure will be performed for 8 minutes each visit.

Ultrasound is used primarily to treat the soft tissue and ligamentous portions of the spine and paraspinal tissues. Ultrasound in this case will be performed over the following areas: knee. It was performed for 5 minutes.

Hypervolt to left quad, hamstring and calf for 5 minutes. Graston to left quad and IT band for 10 minutes.

I recommend that treatment be 2x per week for 6 weeks.



**Chart Notes**  
**Bhargav Shah**

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11/09/2022

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Patient: Shah, Bhargav K                      Acct #: 16819                      DOB: 05/01/1956  
Ins Co: RISING MEDICAL SOLUTIONS Pol #:                      Insured ID: DLRW2022095173  
INC

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Date 10/13/2022

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Provider Kurt Michael Bryant, DC                      *\*\*\* continued from previous page \*\*\**  
Diagnosis S83.8X2A: Sprain of other specified parts of left knee, init encntr  
M79.10: Myalgia, unspecified site

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**Chart Notes**  
**Bhargav Shah**

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11/09/2022

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<b>Patient:</b> Shah, Bhargav K	<b>Acct #:</b> 16819	<b>DOB:</b> 05/01/1956
<b>Ins Co:</b> RISING MEDICAL SOLUTIONS INC	<b>Pol #:</b>	<b>Insured ID:</b> DLRW2022095173
<b>Date:</b> 10/17/2022		
<b>Provider:</b> Kurt Michael Bryant, DC		

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**Subjective:**

The patient said that overall he is feeling worse since his last treatment. Bhargav sought treatment today complaining of discomfort and or paresthesia in the following areas; left anterior knee and left posterior knee. Feels a little worse over the weekend. Soreness while sleeping and getting up.

**Objective:**

Bhargav Shah is a 66 year old Male. He was born 5/1/1956. Today Bhargav would be described as; in pain.

**Spinal Palpation:**

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; knee and leg.

He tested positive for myofascitis. This is an inflammation of muscle and fascia, particularly of the fascial insertion of muscle to bone.

Palpation of the muscles revealed severe spasm in the following areas; left anterior knee.

**Assessment:**

**Prognosis:**

Bhargav's prognosis is guarded and uncertain at this time. The following is a list of diagnostic impressions for Mr. Shah's current condition:(S83.8X2A) Sprain of other specified parts of left knee, init encntr, (M79.10) Myalgia, unspecified site.

**Plan:**

Our goals of continued treatment include the following; relief of symptoms, increase range of motion and improve function. During Mr. Shah visit today we performed the following, extra spinal manipulation, interferential stimulation, cryotherapy, ultrasound and myofascial release

Electric muscle stimulation in the form of interferential current will be applied to the knee. This procedure will be performed for 8 minutes each visit.

Ultrasound is used primarily to treat the soft tissue and ligamentous portions of the spine and paraspinal tissues. Ultrasound in this case will be performed over the following areas: knee. It was performed for 5 minutes.

Hypervolt to left quad, hamstring and calf for 5 minutes. Graston to left quad and IT band for 10 minutes.

I recommend that treatment be 2x per week for 6 weeks.

**Chart Notes**  
**Bhargav Shah**

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MAC

11/09/2022

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Patient: Shah, Bhargav K                      Acct #: 16819                      DOB: 05/01/1956  
Ins Co: RISING MEDICAL SOLUTIONS Pol #:                      Insured ID: DLRW2022095173  
INC

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Date 10/17/2022

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Provider Kurt Michael Bryant, DC

*\*\*\* continued from previous page \*\*\**

Diagnosis S83.8X2A: Sprain of other specified parts of left knee, init encntr  
M79.10: Myalgia, unspecified site

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**Chart Notes**

**Bhargav Shah**

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MAC

11/09/2022

<b>Patient:</b> Shah, Bhargav K	<b>Acct #:</b> 16819	<b>DOB:</b> 05/01/1956
<b>Ins Co:</b> RISING MEDICAL SOLUTIONS INC	<b>Pol #:</b>	<b>Insured ID:</b> DLRW2022095173
<b>Date</b> 10/20/2022		
<b>Provider</b> Kurt Michael Bryant, DC		

**Subjective:**

The patient said that overall he is feeling the same since his last treatment. Bhargav sought treatment today complaining of discomfort and or paresthesia in the following areas; left anterior knee, left shin, left posterior knee and left calf IT band is tight. On a daily basis not a lot of pain but if on feet for more than 45 minutes, the knee feels like it will give out and can get cramping in calf.

**Objective:**

Bhargav Shah is a 66 year old Male. He was born 5/1/1956. Today Bhargav would be described as; in pain.

**Spinal Palpation:**

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; knee and leg.

He tested positive for myofascitis. This is an inflammation of muscle and fascia, particularly of the fascial insertion of muscle to bone.

Palpation of the muscles revealed severe spasm in the following areas; left anterior knee.

**Assessment:**

**Prognosis:**

Bhargav's prognosis is guarded and uncertain at this time. The following is a list of diagnostic impressions for Mr. Shah's current condition:(S83.8X2A) Sprain of other specified parts of left knee, init encntr, (M79.10) Myalgia, unspecified site.

**Plan:**

Our goals of continued treatment include the following; relief of symptoms, increase range of motion and improve function. During Mr. Shah visit today we performed the following, extra spinal manipulation, interferential stimulation, cryotherapy, ultrasound and myofascial release

Electric muscle stimulation in the form of interferential current will be applied to the knee. This procedure will be performed for 8 minutes each visit.

Ultrasound is used primarily to treat the soft tissue and ligamentous portions of the spine and paraspinal tissues. Ultrasound in this case will be performed over the following areas: knee. It was performed for 5 minutes.

Hypervolt to left quad, hamstring and calf for 5 minutes. Graston to left quad and IT band for 10 minutes.

I recommend that treatment be 2x per week for 6 weeks.

**Chart Notes**  
**Bhargav Shah**

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11/09/2022

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<b>Patient:</b> Shah, Bhargav K	<b>Acct #:</b> 16819	<b>DOB:</b> 05/01/1956
<b>Ins Co:</b> RISING MEDICAL SOLUTIONS INC	<b>Pol #:</b>	<b>Insured ID:</b> DLRW2022095173
<b>Date</b> 10/20/2022		
<b>Provider</b> Kurt Michael Bryant, DC	<b>*** continued from previous page ***</b>	
<b>Diagnosis</b>	S83.8X2A: Sprain of other specified parts of left knee, init encntr M79.10: Myalgia, unspecified site	

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**Chart Notes**

**Bhargav Shah**

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Phone: 714-572-9655  
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11/09/2022

<b>Patient:</b> Shah, Bhargav K	<b>Acct #:</b> 16819	<b>DOB:</b> 05/01/1956
<b>Ins Co:</b> RISING MEDICAL SOLUTIONS INC	<b>Pol #:</b>	<b>Insured ID:</b> DLRW2022095173
<b>Date</b> 10/24/2022		
<b>Provider</b> Kurt Michael Bryant, DC		

**Subjective:**

The patient said that overall he is feeling better since his last treatment. Bhargav sought treatment today complaining of discomfort and or paresthesia in the following areas; left anterior knee and left posterior knee Cold weather over the weekend made the knee pain worse. Muscles do not feel as tight.

**Objective:**

Bhargav Shah is a 66 year old Male. He was born 5/1/1956. Today Bhargav would be described as; in pain.

**Spinal Palpation:**

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; knee and leg.

He tested positive for myofascitis. This is an inflammation of muscle and fascia, particularly of the fascial insertion of muscle to bone.

Palpation of the muscles revealed severe spasm in the following areas; left anterior knee.

**Assessment:**

**Prognosis:**

Bhargav's prognosis is guarded and uncertain at this time. The following is a list of diagnostic impressions for Mr. Shah's current condition:(S83.8X2A) Sprain of other specified parts of left knee, init encntr, (M79.10) Myalgia, unspecified site.

**Plan:**

Our goals of continued treatment include the following; relief of symptoms, increase range of motion and improve function. During Mr. Shah visit today we performed the following, extra spinal manipulation, interferential stimulation, cryotherapy, ultrasound and myofascial release

Electric muscle stimulation in the form of interferential current will be applied to the knee. This procedure will be performed for 8 minutes each visit.

Ultrasound is used primarily to treat the soft tissue and ligamentous portions of the spine and paraspinal tissues. Ultrasound in this case will be performed over the following areas: knee. It was performed for 5 minutes.

Hypervolt to left quad, hamstring and calf for 5 minutes. Graston to left quad and IT band for 10 minutes.

I recommend that treatment be 2x per week for 6 weeks.

**Chart Notes**  
**Bhargav Shah**

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11/09/2022

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<b>Patient:</b> Shah, Bhargav K	<b>Acct #:</b> 16819	<b>DOB:</b> 05/01/1956
<b>Ins Co:</b> RISING MEDICAL SOLUTIONS INC	<b>Pol #:</b>	<b>Insured ID:</b> DLRW2022095173
<b>Date:</b> 10/24/2022		
<b>Provider:</b> Kurt Michael Bryant, DC	<b>*** continued from previous page ***</b>	
<b>Diagnosis:</b>	S83.8X2A: Sprain of other specified parts of left knee, init encntr M79.10: Myalgia, unspecified site	

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**Chart Notes**  
**Bhargav Shah**

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MAC

11/09/2022

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Patient: Shah, Bhargav K	Acct #: 16819	DOB: 05/01/1956
Ins Co: RISING MEDICAL SOLUTIONS INC	Pol #:	Insured ID: DLRW2022095173
Date 10/27/2022		
Provider Kurt Michael Bryant, DC		

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**Subjective:**

The patient said that overall he is feeling the same since his last treatment. Bhargav sought treatment today complaining of discomfort and or paresthesia in the following areas; left anterior knee, left posterior knee and left calf. Colder weather has caused some more stiffness in leg and hip.

**Objective:**

Bhargav Shah is a 66 year old Male. He was born 5/1/1956. Today Bhargav would be described as; in pain.

**Spinal Palpation:**

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; knee and leg.

He tested positive for myofascitis. This is an inflammation of muscle and fascia, particularly of the fascial insertion of muscle to bone.

Palpation of the muscles revealed severe spasm in the following areas; left anterior knee.

**Assessment:**

**Prognosis:**

Bhargav's prognosis is guarded and uncertain at this time. The following is a list of diagnostic impressions for Mr. Shah's current condition:(S83.8X2A) Sprain of other specified parts of left knee, init encntr, (M79.10) Myalgia, unspecified site.

**Plan:**

Our goals of continued treatment include the following; relief of symptoms, increase range of motion and improve function. During Mr. Shah visit today we performed the following, extra spinal manipulation, interferential stimulation, cryotherapy, ultrasound and myofascial release

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Hypervolt to left quad, hamstring and calf for 5 minutes. Graston to left quad and IT band for 10 minutes.

I recommend that treatment be 2x per week for 6 weeks.



**Chart Notes**  
**Bhargav Shah**

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11/09/2022

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<b>Patient:</b> Shah, Bhargav K	<b>Acct #:</b> 16819	<b>DOB:</b> 05/01/1956
<b>Ins Co:</b> RISING MEDICAL SOLUTIONS INC	<b>Pol #:</b>	<b>Insured ID:</b> DLRW2022095173
<b>Date:</b> 10/27/2022		
<b>Provider:</b> Kurt Michael Bryant, DC	<b>*** continued from previous page ***</b>	
<b>Diagnosis:</b>	S83.8X2A: Sprain of other specified parts of left knee, init encntr M79.10: Myalgia, unspecified site	

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**Chart Notes**  
**Bhargav Shah**

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Phone: 714-572-9555  
Fax: (714) 986-9600

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11/09/2022

<b>Patient:</b> Shah, Bhargav K	<b>Acct #:</b> 16819	<b>DOB:</b> 05/01/1956
<b>Ins Co:</b> RISING MEDICAL SOLUTIONS INC	<b>Pol #:</b>	<b>Insured ID:</b> DLRW2022095173
<b>Date</b> 10/31/2022		
<b>Provider</b> Kurt Michael Bryant, DC		

**Subjective:**

The patient said that overall he is feeling the same since his last treatment. Bhargav sought treatment today complaining of discomfort and or paresthesia in the following areas; left anterior knee and left posterior knee Pain has moved more to inferior knee cap. Worse with walking more than 45 minutes.

**Objective:**

Bhargav Shah is a 66 year old Male. He was born 5/1/1956. Today Bhargav would be described as; in pain.

**Spinal Palpation:**

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; knee and leg.

He tested positive for myofascitis. This is an inflammation of muscle and fascia, particularly of the fascial insertion of muscle to bone.

Palpation of the muscles revealed severe spasm in the following areas; left anterior knee.

**Assessment:**

**Prognosis:**

Bhargav's prognosis is guarded and uncertain at this time. The following is a list of diagnostic impressions for Mr. Shah's current condition:(S83.8X2A) Sprain of other specified parts of left knee, init encntr, (M79.10) Myalgia, unspecified site.

**Plan:**

Our goals of continued treatment include the following; relief of symptoms, increase range of motion and improve function. During Mr. Shah visit today we performed the following, extra spinal manipulation, interferential stimulation, cryotherapy, ultrasound and myofascial release

Electric muscle stimulation in the form of interferential current will be applied to the knee. This procedure will be performed for 8 minutes each visit.

Ultrasound is used primarily to treat the soft tissue and ligamentous portions of the spine and paraspinal tissues. Ultrasound in this case will be performed over the following areas: knee. It was performed for 5 minutes.

Hypervolt to left quad, hamstring and calf for 5 minutes. Graston to left quad and IT band for 10 minutes.

I recommend that treatment be 2x per week for 6 weeks.

**Chart Notes**

**Bhargav Shah**

Bryant, Kurt M., DC  
206 S Placentia Ave  
Placentia, CA 92870-5710  
Phone: 714-572-9555  
Fax: (714) 986-9600

MAC

11/09/2022

---

**Patient:** Shah, Bhargav K

**Acct #:** 16819

**DOB:** 05/01/1956

**Ins Co:** RISING MEDICAL SOLUTIONS Pol #:  
INC

**Insured ID:** DLRW2022095173

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**Date** 10/31/2022

---

**Provider** Kurt Michael Bryant, DC

*\*\*\* continued from previous page \*\*\**

**Diagnosis** S83.8X2A: Sprain of other specified parts of left knee, init encntr  
M79.10: Myalgia, unspecified site

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**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**

September 23, 2022

Workers Defenders Law Group  
8018 E. Santa Ana Cyn., Ste. 100-215  
Anahcim Hills, CA 92808  
Attn: Natalia Foley, Esq.

# 00726029

Re: Patient:	Shah, Bhargav K.
SSN:	Unavailable
EMP:	Disneyland Resort
INS:	Disny Anaheim
Claim #:	DI.RW2022095173
WCAB #:	ADJ16483391
DOI:	July 20, 2022
D.O.E./Consultation:	September 23, 2022

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

<b>Time Spent Face to face:</b>	<b>10 minutes</b>
<b>Time Spent on Report Preparation</b>	<b>10 minutes</b>

Dear Gentlepersons:

The above-named patient was seen for a Primary Treating Physician's Follow up Evaluation on September 23, 2022, 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. **Dr. Gofnung is the PTP and the patient was examined by Dr. Kravchenko.**

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

Re: Patient: Shah, Bhargav K.  
 DOI: July 20, 2022  
 Date of Exam: September 23, 2022

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.

### Interim History:

Please note, the patient was initially seen in my office on August 8, 2022, and returns today following that visit. The patient did not return prior to today for the treatment recommended as the patient reports he was out of the country in India due to a recent death in the family as well as for dental procedures which the patient underwent in India. The patient reports his pains are unchanged from when he was here last time. He reports significant pain in his left knee. He utilizes a one-point cane during ambulation, which the patient presents with today, and he reports his back pain persists with radiation to lower extremities.

### Current Complaints (September 23, 2022):

1. Low back pain with radiation to lower extremities, more so to the left, frequent and moderate.
2. Left knee pain, moderate to severe and frequent, with episodes of buckling. The patient utilizes a one-point walking cane for ambulation.
3. Anxiety and depression, sleeping problems.

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 2

Re: Patient: Shah, Bhargav K.  
 DOI: July 20, 2022  
 Date of Exam: September 23, 2022

**Physical Evaluation (September 23, 2022) – Positive Findings:**

**Lumbar Spine:**

Examination revealed tenderness to palpation with muscle guarding of bilateral paralumbar musculature. Tenderness at left sacroiliac joint. Tenderness and hypomobility is noted at L4 to L5 vertebral regions.

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

Straight Leg Raising Test performed seated was positive bilaterally.

Right: 70 degrees

Left: 45 degrees

Lumbar spine ranges of motion were decreased and painful, measured as follows:

<i>Lumbar Spine Range of Motion Testing</i>		
Movement	Normal	Actual
Flexion	60	30
Extension	25	10
Right Lateral Flexion	25	10
Left Lateral Flexion	25	15

**Knees & Lower Legs:**

Examination revealed tenderness to palpation at left knee infrapatellar tendon, medial and lateral joint lines. Tenderness at left lower leg musculature including gastrocnemius, tibialis anterior and peroneal musculature.

McMurray's test is positive at the left knee. Anterior drawer test is positive at the left knee.

Range of motion for the knees, right normal, left decreased and painful.

Weakness and pain at the left knee during the squat. The patient is putting left leg in the antalgic position during squatting.

<i>Knee Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	135	60	135
Extension	0	0	0

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Re: Patient: Shah, Bhargav K.  
DOI: July 20, 2022  
Date of Exam: September 23, 2022

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

**Left knee extension and flexion 4/5, all other myotomes 5/5.**

**Squatting is performed one-fourth down with left knee pain.**

**Heel and toe walking was unable to be performed due to left knee pain.**

**Antalgic gait favoring left lower extremity. The patient ambulates with a one-point cane and a soft knee brace.**

**Sensory Testing:**

**Hypoesthesia at left L5-S1 dermatomal levels.**

**Diagnostic Impressions:**

1. Lumbar spine myofasciitis secondary to antalgic gait, M79.1.
2. Lumbar spine facet-induced versus discogenic pain, M47.816.
3. Lumbar radiculitis, M54.16.
4. Left knee and lower leg sprain/strain, S83.92XA. S86.112A.
5. Left knee meniscus tear, rule out, S83.282A.
6. Left cruciate ligament tear, rule out, S83.512A.
7. Insomnia, G47.00.

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**Discussion and Treatment 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, intersgmental spine traction and all other appropriate physiotherapeutic modalities for left knee and lower leg at once per week for six weeks with a followup in six weeks.

I recommend for the lumbar spine to be added to the claim form and the patient will then be recommended chiropractic manipulations and physiotherapy for lumbar spine

Re: Patient: Shah, Bhargav K.  
DOI: July 20, 2022  
Date of Exam: September 23, 2022

once a week for six weeks. Lumbar spine is a compensable consequence of the left knee injury.

I respectfully request MRI results for the left knee that were performed.

**Specialty evaluation recommended:**

- 1. The patient is recommended orthopedic surgical consultation.

**Permanent and Stationary Status:**

The patient's condition is not permanent and stationary.

**Work Status/Disability Status:**

TTD until reevaluation in six weeks.

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**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



Re: Patient: Shah, Bhargav K.  
 DOI: July 20, 2022  
 Date of Exam: September 23, 2022

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 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.

Sincerely,



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

Signed this 23<sup>rd</sup> day of September, 2022, in Los Angeles, California.

EEG:svl

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**ERIC E. GOFNUNG CHIROPRACTIC CORP.**

**SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION**

**6221 Wilshire Blvd., Suite 604 • Los Angeles, California 90048 • Tel. (323) 933-2444 • Fax (323) 933-2909**

**PROOF OF SERVICE BY MAIL**

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am a citizen of the United States. I am over the age of 18 years and not a party of the above-entitled action; my business address is 6221 Wilshire Blvd., Suite 604, Los Angeles, CA 90048. I am familiar with a Company's practice where the mail, after being placed in a designated area, is given the appropriate postage and is deposited in a U. S. mailbox in the City of Los Angeles, after the close of the day's business. On October 07, 2022, I served the within following letter / forms on all parties in this action by placing a true copy thereof enclosed in a sealed envelope in the designated area for out-going mail addressed as set forth above or electronically on the specified parties with email addresses as identified. I declare under the penalty of perjury that the foregoing is true and correct under the laws of the State of California and that this declaration was executed at 6221 Wilshire Blvd., Suite 604, Los Angeles, CA 90048.

On 07<sup>th</sup> day of October, 2022, I served the within concerning:

Patient's Name: **SHAH, BHARGAV K.**  
Claim Number: **DLRW2022095173**  
WCAB / EAMS case No: **ADJ16483391**

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- MPN Notice
- Designation of Primary Treating Physician & Authorization for Release of Medical Records
- Financial Disclosure
- Request for Authorization - 09/23/2022
- Itemized - (Billing) / HFCA - 09/23/2022
- PQME Appointment Notification
- Primary Treating Physician's Referral
- Initial Consultation Report - \_\_\_\_\_
- Re-Evaluation Report / Progress Report (PR-2) 09/23/2022
- Permanent & Stationary Evaluation Report - \_\_\_\_\_
- Post P&S Follow Up - \_\_\_\_\_
- Review of Records - \_\_\_\_\_
- PQME / Med Legal Report - \_\_\_\_\_
- Computerized Dynamic Range of Motion (Rom) And Functional Evaluation Report - \_\_\_\_\_

List all parties to whom documents were mailed to:

Workers Defenders Law Group  
8018 E. Santa Ana Cyn., Ste. 100-215  
Anaheim Hills, CA 92808  
Attn: Natalia Foley, Esq

Disneyland Resort  
P.O. Box 3909  
Anaheim, CA 92803

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 07<sup>th</sup> day of October, 2022.


  
\_\_\_\_\_  
**ILSE PONCE**

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

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10/31/2022

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.									
<b>Employee Information</b>									
Name (Last, First, Middle): Shah, Bhargav									
Date of Injury (MM/DD/YYYY): 07/20/2022					Date of Birth (MM/DD/YYYY): 05/01/1956				
Claim Number: DLRW2022095173					Employer: Disneyland Resort				
<b>Requesting Physician Information</b>									
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									
<b>Claims Administrator Information</b>									
Company Name: Walt Disney Park & Resort U.S. Inc.					Contact Name:				
Address: P.O. Box 3909					City: Anaheim			State: CA	
Zip Code:		Phone:			Fax Number:				
E-mail Address:									
<b>Requested Treatment (see instructions for guidance; attached additional pages if necessary)</b>									
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.)					
Knee Sprain	S83.92XD	Electrical Stimulation	G0283	1 x a week for 6 weeks					
Knee Meniscus Tear	S83.282D	Therapeutic Exercises	97110						
Lower Leg Sprain	S86.112D	Massage Therapy	97124						
Lumbar Myofasciitis	M79.1	CMT 3-4 regions	98941						
		Extraspinal Manipulation w/spinal	98943						
Requesting Physician Signature: 									
Date: 09/23/2022									
<b>Claims Administrator/Utilization Review Organization (URO) Response</b>									
<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:									


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

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10/31/2022

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.				
<b>Employee Information</b>				
Name (Last, First, Middle): Shah, Bhargav				
Date of Injury (MM/DD/YYYY): 07/20/2022		Date of Birth (MM/DD/YYYY): 05/01/1956		
Claim Number: DLRW2022095173		Employer: Disneyland Resort		
<b>Requesting Physician Information</b>				
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				
<b>Claims Administrator Information</b>				
Company Name: Walt Disney Park & Resort U.S. Inc.		Contact Name:		
Address: P.O. Box 3909		City: Anaheim	State: CA	
Zip Code:	Phone:	Fax Number:		
E-mail Address:				
<b>Requested Treatment (see instructions for guidance; attached additional pages if necessary)</b>				
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.)
Knee Sprain	S83.92XD	Orthopedic Surgical Consultation		<b>RECEIVED</b> <b>OCT 24 2022</b> <b>WORKERS' COMP</b>
Knee Meniscus Tear	S83.282D			
Lower Leg Sprain	S86.112D			
Lumbar Myofasciitis	M79.1			
Requesting Physician Signature: 		Date: 09/23/2022		
<b>Claims Administrator/Utilization Review Organization (URO) Response</b>				
<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:				



Review #5790307

Thursday, October 27, 2022

Daniel Monroy  
P.O. Box 3909  
Anaheim CA 92803

**Recommendation: CERTIFIED**

RE: Claimant: Bhargav Shah  
Claimant Address: 8785 E Cloudview Way, Anaheim, CA 92808  
Claimant Phone: 714-322-2674  
Claim: DLRW2022095173  
Date request was first received by Disneyland Resort: Monday, October 24, 2022  
Date request received by Genex: Monday, October 24, 2022  
Date additional information received, if applicable: N/A  
Decision date: Thursday, October 27, 2022

Dear Daniel Monroy,

We have been requested by Disneyland Resort, to perform utilization review to determine if the requested health care services are medically necessary and appropriate. This letter is to notify you that the following health care services are certified as medically necessary:

**Specific Treatment Plan Requested**

1. Prospective request for 1 initial consult
2. Prospective request for 12 sessions of extra spinal manipulation (2x/week x 6 weeks)
3. Prospective request for 12 sessions of myofascial release (2x/week x 6 weeks)
4. Prospective request for 12 sessions of muscle stimulation (2x/week x 6 weeks)
5. Prospective request for 12 sessions of ultrasound therapy (2x/week x 6 weeks)

**Provider Requesting Authorization**

Kurt Michael Bryant, D.C.  
206 South Placentia Avenue  
Placentia, CA 92870  
Phone: 714-572-9555 Fax: 714-986-9600

**UR Determination**

1. Recommend prospective request for 1 initial consult between 10/21/2022 and 2/24/2023 be certified.
2. Recommend prospective request for 12 sessions of extra spinal manipulation (2x/week x 6 weeks) between 10/21/2022 and 2/24/2023 be certified.
3. Recommend prospective request for 12 sessions of myofascial release (2x/week x 6 weeks) between 10/21/2022 and 2/24/2023 be certified.

4. Recommend prospective request for 12 sessions of muscle stimulation (2x/week x 6 weeks) between 10/21/2022 and 2/24/2023 be certified.
5. Recommend prospective request for 12 sessions of ultrasound therapy (2x/week x 6 weeks) between 10/21/2022 and 2/24/2023 be certified.

**While the medical necessity of the requested treatment/service may have been established, certification does not prevent generic substitution when clinically indicated, jurisdictionally required, and/or network negotiated.**

**Clinical Rationale**

**Criteria/Guidelines Applied**

Please feel free to contact us should you have any additional questions regarding this claim or if medical necessity substantiates further treatment. Our Utilization Review staff is available during normal business days from 9:00 AM to 5:30 PM.

**Disneyland Provider Network: [harborsys.com/wdpr](http://harborsys.com/wdpr)**

**Please forward all billing to: Disneyland Resort c/o Rising Medical Solutions PO Box 3205 Milwaukee, WI 53201.**

Respectfully,

Daniel Monroy

cc: Kurt Michael Bryant, D.C., Physician by Fax  
Natalia, Foley, Attorney by Fax  
Bhargav Shah, Patient by Mail  
One Call, Provider of Goods and Services by Fax  
Daniel Monroy, Claims Administrator by Email  
Disney Inbox, Client Appointed Personnel by Email

***Utilization Review strictly analyzes the medical necessity of treatment requests.  
Genex Services does not affirm the acceptance of this workers compensation claim.***

***Genex Services is URAC Accredited for Workers' Compensation Utilization Management.***



ACCREDITED

Workers'  
Compensation  
Utilization  
Management  
Expires 04/01/2024

***Genex Grievance Process***

***Non-clinically related oral or written complaints may be submitted to Genex at 626-585-1808 or mailed to the address provided in this letter. A written response will be provided within 30 calendar days. More information about the grievance process can be found on our website.***



Review #5786663

Wednesday, October 26, 2022

Daniel Monroy  
P.O. Box 3909  
Anaheim CA 92803

**Non-MPN Provider**

RE: Claimant: Bhargav Shah  
Claimant Address: 8785 E Cloudview Way, Anaheim, CA 92808  
Claimant Phone: 714-322-2674  
Claim: DLRW2022095173  
Date request received by Disneyland Resort: Monday, October 24, 2022  
Date request received by Genex: Monday, October 24, 2022

Dear Daniel Monroy,

We have received your DWC RFA dated 10/21/2022 for the below mentioned treatment. At this time we are unable to proceed with a review due to the fact you are **NOT** part of Disneyland Resort's Medical Provider Network.

**Physician requesting authorization:**

Kurt Michael Bryant, D.C.  
206 South Placentia Avenue  
Placentia, CA 92870  
Phone: 714-572-9555 Fax: 714-986-9600

**Specific Treatment Plan Requested**

1. Prospective request for 1 initial consult
2. Prospective request for 12 sessions of extra spinal manipulation (2x/week x 6 weeks)
3. Prospective request for 12 sessions of myofascial release (2x/week x 6 weeks)
4. Prospective request for 12 sessions of muscle stimulation (2x/week x 6 weeks)
5. Prospective request for 12 sessions of ultrasound therapy (2x/week x 6 weeks)

You have a right to disagree with decisions affecting your claim. If you have any questions about the information in this notice, please call your claims examiner, Daniel Monroy, at 714-781-7988. However, if you are represented by an attorney, please contact your attorney instead of them.

For information about the workers' compensation claims process and your rights and obligations, go to [www.dwc.ca.gov](http://www.dwc.ca.gov) or contact an information and assistance (I&A) officer of the state Division of Workers' Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.



**Review #5786663**

Any dispute concerning coverage of the injury or recommended treatment for anything other than medical necessity shall be resolved either by agreement of the recipients of this letter or through the dispute resolution process of the Workers' Compensation Appeals Board.

Please feel free to contact us with any questions. Our Utilization Review staff is available during normal business days from 9:00 AM to 5:30 PM.

**Disneyland Provider Network: [harborsys.com/wdpr](http://harborsys.com/wdpr)**

Respectfully,  
Genex Services

cc: Kurt Michael Bryant, D.C., Physician by Fax  
Disney Inbox, Client Appointed Personnel by Email  
Daniel Monroy, Claims Administrator by Email and by Edi  
Bhargav Shah, Patient by Mail  
Natalia, Foley, Attorney by Fax

***Utilization Review strictly analyzes the medical necessity of treatment requests.  
Genex Services does not affirm the acceptance of this workers compensation claim.***



Review #5786663

Wednesday, October 26, 2022

Daniel Monroy  
P.O. Box 3909  
Anaheim CA 92803

**In Progress Notification**

RE: Claimant: Bhargav Shah  
Claimant Address: 8785 E Cloudview Way, Anaheim, CA 92808  
Claimant Phone: 714-322-2674  
Claim: DLRW2022095173  
Date request was first received by Disneyland Resort: Monday, October 24, 2022  
Date request received by Genex: Monday, October 24, 2022

Dear Daniel Monroy,

We have received a request for authorization for the above referenced claim.

**Specific Treatment Plan Requested**

1. Prospective request for 1 initial consult
2. Prospective request for 12 sessions of extra spinal manipulation (2x/week x 6 weeks)
3. Prospective request for 12 sessions of myofascial release (2x/week x 6 weeks)
4. Prospective request for 12 sessions of muscle stimulation (2x/week x 6 weeks)
5. Prospective request for 12 sessions of ultrasound therapy (2x/week x 6 weeks)

**Provider Requesting Authorization**

Kurt Michael Bryant, D.C.,  
206 S Placentia Ave  
Placentia, CA 92870  
Phone: 714-572-9555 Fax: 714-986-9600

Listed below is the applicant attorney we have on file. If this information is correct, no further action is necessary. If this information is incorrect, please notify us immediately so we can update our records. Please note if the fields below are listed as N/A then we have no attorney on file.

Applicant Attorney: Natalia, Foley  
Address: 751 S. Weir Canyon Rd. Ste. 15 Anaheim, CA 92808  
Phone: 714-948-5054  
Fax: 310-626-9632

Please feel free to contact us should you have any additional questions regarding this review. Our Utilization Review staff is available during normal business days from 9:00 AM to 5:30 PM.

**Review #5786663**

Respectfully,  
Genex Services

cc: Disney Inbox, Client Appointed Personnel by Email  
Daniel Monroy, Claims Administrator by Email

***Utilization Review strictly analyzes the medical necessity of treatment requests.  
Genex Services does not affirm the acceptance of this workers compensation claim.***

**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**

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September 23, 2022

Workers Defenders Law Group  
8018 E. Santa Ana Cyn., Ste. 100-215  
Anaheim Hills, CA 92808  
Attn: Natalia Foley, Esq.

# 00726029

Re: Patient: Shah, Bhargav K. ✓  
SSN: Unavailable  
EMP: Disneyland Resort  
INS: Disney Anaheim  
Claim #: DLRW2022095173 ✓  
WCAB #: ADJ16483391 ✓  
DOI: July 20, 2022 ✓  
D.O.E./Consultation: September 23, 2022 ✓

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

<b>Time Spent Face to face:</b>	<b>10 minutes</b>
<b>Time Spent on Report Preparation</b>	<b>10 minutes</b>

Dear Gentlepersons:

The above-named patient was seen for a Primary Treating Physician's Follow up Evaluation on September 23, 2022, 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. Dr. Gofnung is the PTP and the patient was examined by Dr. Kravchenko.

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

Re: Patient: Shah, Bhargav K.  
DOI: July 20, 2022  
Date of Exam: September 23, 2022

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.

**Interim History:**

Please note, the patient was initially seen in my office on August 8, 2022, and returns today following that visit. The patient did not return prior to today for the treatment recommended as the patient reports he was out of the country in India due to a recent death in the family as well as for dental procedures which the patient underwent in India. The patient reports his pains are unchanged from when he was here last time. He reports significant pain in his left knee. He utilizes a one-point cane during ambulation, which the patient presents with today, and he reports his back pain persists with radiation to lower extremities.

**Current Complaints (September 23, 2022):**

1. Low back pain with radiation to lower extremities, more so to the left, frequent and moderate.
2. Left knee pain, moderate to severe and frequent, with episodes of buckling. The patient utilizes a one-point walking cane for ambulation.
3. Anxiety and depression, sleeping problems.

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2

Rc: Patient: Shah, Bhargav K.  
DOI: July 20, 2022  
Date of Exam: September 23, 2022

**Physical Evaluation (September 23, 2022) – Positive Findings:**

**Lumbar Spine:**

Examination revealed tenderness to palpation with muscle guarding of bilateral paralumbar musculature. Tenderness at left sacroiliac joint. Tenderness and hypomobility is noted at L4 to L5 vertebral regions.

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

Straight Leg Raising Test performed seated was positive bilaterally.

Right: 70 degrees

Left: 45 degrees

Lumbar spine ranges of motion were decreased and painful, measured as follows:

<i>Lumbar Spine Range of Motion Testing</i>		
Movement	Normal	Actual
Flexion	60	30
Extension	25	10
Right Lateral Flexion	25	10
Left Lateral Flexion	25	15

**Knees & Lower Legs:**

Examination revealed tenderness to palpation at left knee infrapatellar tendon, medial and lateral joint lines. Tenderness at left lower leg musculature including gastrocnemius, tibialis anterior and peroneal musculature.

McMurray's test is positive at the left knee. Anterior drawer test is positive at the left knee.

Range of motion for the knees, right normal, left decreased and painful.

Weakness and pain at the left knee during the squat. The patient is putting left leg in the antalgic position during squatting.

<i>Knee Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	135	60	135
Extension	0	0	0

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Re: Patient: Shah, Bhargav K.  
DOI: July 20, 2022  
Date of Exam: September 23, 2022

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

**Left knee extension and flexion 4/5, all other myotomes 5/5.**

**Squatting is performed one-fourth down with left knee pain.**

**Heel and toe walking was unable to be performed due to left knee pain.**

**Antalgic gait favoring left lower extremity. The patient ambulates with a one-point cane and a soft knee brace.**

**Sensory Testing:**

**Hypoesthesia at left L5-S1 dermatomal levels.**

**Diagnostic Impressions:**

1. Lumbar spine myofasciitis secondary to antalgic gait, M79.1.
2. Lumbar spine facet-induced versus discogenic pain, M47.816.
3. Lumbar radiculitis, M54.16.
4. Left knee and lower leg sprain/strain, S83.92XA. S86.112A.
5. Left knee meniscus tear, rule out, S83.282A.
6. Left cruciate ligament tear, rule out, S83.512A.
7. Insomnia, G47.00.

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**Discussion and Treatment 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 left knee and lower leg at once per week for six weeks with a followup in six weeks.

I recommend for the lumbar spine to be added to the claim form and the patient will then be recommended chiropractic manipulations and physiotherapy for lumbar spine

Re: Patient: Shah, Bhargav K.  
DOI: July 20, 2022  
Date of Exam: September 23, 2022

once a week for six weeks. Lumbar spine is a compensable consequence of the left knee injury.

I respectfully request MRI results for the left knee that were performed.

**Specialty evaluation recommended:**

1. The patient is recommended orthopedic surgical consultation.

**Permanent and Stationary Status:**

The patient's condition is not permanent and stationary.

**Work Status/Disability Status:**

TTD until reevaluation in six weeks.

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**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



Re: Patient: Shah, Bhargav K.  
DOI: July 20, 2022  
Date of Exam: September 23, 2022

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 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.

Sincerely,



---

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

Signed this 23<sup>rd</sup> day of September, 2022, in Los Angeles, California.

EEG:svl

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**ERIC E. GOFNUNG CHIROPRACTIC CORP.**

**SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION**

**6221 Wilshire Blvd., Suite 604 • Los Angeles, California 90048 • Tel. (323) 933-2444 • Fax (323) 933-2909**

**PROOF OF SERVICE BY MAIL**

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am a citizen of the United States. I am over the age of 18 years and not a party of the above-entitled action; my business address is 6221 Wilshire Blvd., Suite 604, Los Angeles, CA 90048. I am familiar with a Company's practice where the mail, after being placed in a designated area, is given the appropriate postage and is deposited in a U. S. mailbox in the City of Los Angeles, after the close of the day's business. On October 07, 2022, I served the within following letter / forms on all parties in this action by placing a true copy thereof enclosed in a sealed envelope in the designated area for out-going mail addressed as set forth above or electronically on the specified parties with email addresses as identified. I declare under the penalty of perjury that the foregoing is true and correct under the laws of the State of California and that this declaration was executed at 6221 Wilshire Blvd., Suite 604, Los Angeles, CA 90048.

On 07<sup>th</sup> day of October, 2022, I served the within concerning:

**Patient's Name:** **SHAH, BHARGAV K.**  
**Claim Number:** **DLRW2022095173**  
**WCAB / EAMS case No:** **ADJ16483391**

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- MPN Notice
- Designation of Primary Treating Physician & Authorization for Release of Medical Records
- Financial Disclosure
- Request for Authorization - 09/23/2022
- Itemized - (Billing) / HFCA - 09/23/2022
- QME Appointment Notification
- Primary Treating Physician's Referral
- Initial Consultation Report - \_\_\_\_\_
- Re-Evaluation Report / Progress Report (PR-2) 09/23/2022
- Permanent & Stationary Evaluation Report - \_\_\_\_\_
- Post P&S Follow Up - \_\_\_\_\_
- Review of Records - \_\_\_\_\_
- PQME / Med Legal Report - \_\_\_\_\_
- Computerized Dynamic Range of Motion (Rom) And Functional Evaluation Report - \_\_\_\_\_

List all parties to whom documents were mailed to:

Workers Defenders Law Group  
8018 E. Santa Ana Cyn., Ste. 100-215  
Anaheim Hills, CA 92808  
Attn: Natalia Foley, Esq

Disneyland Resort  
P.O. Box 3909  
Anaheim, CA 92803

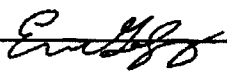
I declare under penalty and perjury under the laws of the State of California, that the foregoing is true and correct, and that this Declaration was executed at Los Angeles, California on 07<sup>th</sup> day of October, 2022.



**ILSE PONCE**

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

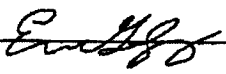
Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<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.				
<b>Employee Information</b>				
Name (Last, First, Middle): Shah, Bhargav				
Date of Injury (MM/DD/YYYY): 07/20/2022		Date of Birth (MM/DD/YYYY): 05/01/1956		
Claim Number: DLRW2022095173		Employer: Disneyland Resort		
<b>Requesting Physician Information</b>				
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				
<b>Claims Administrator Information</b>				
Company Name: Walt Disney Park & Resort U.S. Inc.		Contact Name:		
Address: P.O. Box 3909		City: Anaheim	State: CA	
Zip Code:	Phone:	Fax Number:		
E-mail Address:				
<b>Requested Treatment (see instructions for guidance; attached additional pages if necessary)</b>				
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.)
Knee Sprain	S83.92XD	Electrical Stimulation	G0283	1 x a week for 6 weeks
Knee Meniscus Tear	S83.282D	Therapeutic Exercises	97110	
Lower Leg Sprain	S86.112D	Massage Therapy	97124	
Lumbar Myofasciitis	M79.1	CMT 3-4 regions	98941	
		Extraspinal Manipulation w/spinal	98943	
Requesting Physician Signature: 		Date: 09/23/2022		
<b>Claims Administrator/Utilization Review Organization (URO) Response</b>				
<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:				

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**OCT 24 2022**  
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**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"/> <b>New Request</b>		<input type="checkbox"/> <b>Resubmission – Change in Material Facts</b>		
<input type="checkbox"/> <b>Expedited Review: Check box if employee faces an imminent and serious threat to his or her health</b>				
<input type="checkbox"/> <b>Check box if request is a written confirmation of a prior oral request.</b>				
<b>Employee Information</b>				
Name (Last, First, Middle): Shah, Bhargav				
Date of Injury (MM/DD/YYYY): 07/20/2022		Date of Birth (MM/DD/YYYY): 05/01/1956		
Claim Number: DLRW2022095173		Employer: Disneyland Resort		
<b>Requesting Physician Information</b>				
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				
<b>Claims Administrator Information</b>				
Company Name: Walt Disney Park & Resort U.S. Inc.		Contact Name:		
Address: P.O. Box 3909		City: Anaheim	State: CA	
Zip Code:	Phone:	Fax Number:		
E-mail Address:				
<b>Requested Treatment (see instructions for guidance; attached additional pages if necessary)</b>				
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.)
Knee Sprain	S83.92XD	Orthopedic Surgical Consultation		
Knee Meniscus Tear	S83.282D			
Lower Leg Sprain	S86.112D			
Lumbar Myofasciitis	M79.1			
Requesting Physician Signature: 			Date: 09/23/2022	
<b>Claims Administrator/Utilization Review Organization (URO) Response</b>				
<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied or Modified (See separate decision letter)</b> <input type="checkbox"/> <b>Delay (See separate notification of delay)</b>				
<input type="checkbox"/> <b>Requested treatment has been previously denied</b> <input type="checkbox"/> <b>Liability for treatment is disputed (See separate letter)</b>				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:	E-mail Address:		
Comments:				

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**OCT 24 2022**

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**Chart Notes**

Bhargav Shah

Bryant, Kurt M., DC  
206 S Placentia Ave  
Placentia, CA 92870-5710  
Phone: 714-572-9555  
Fax: (714) 986-9600

---

**Patient:** Shah, Bhargav K**Acct #:** 16819**DOB:** 05/01/1956**Ins Co:** RISING MEDICAL SOLUTIONS  
INC**Pol #:****Insured ID:** DLRW2022095173

---

**Date** 09/30/2022

---

**Provider:** Kurt Michael Bryant, DC**Subjective:**

Bhargav Shah presented today due to a non auto related workplace injury. He completed the patient intake questionnaire which was reviewed by the examining provider and is available in the patient's permanent digital file for review. Bhargav signed consent for evaluation and possible treatment of injuries sustained as a result of a work related injury that occurred on or around 7/20/2022. Bhargav was injured as a result of lifting.

**Mechanism of Injury:**

Bhargav relayed he did not receive a head injury and did not lose consciousness.

Police did not arrive at the scene and an accident report was not completed. EMS was at the scene. Bhargav was transported to the hospital or ER by emergency service from the scene and the following has occurred: hospitalization, injection therapy, primary care physician visit, over-the-counter medications, heat or cold therapy, and other. Patient complains at the time of the accident he felt discomfort at the left lower extremity and has supplemental complaints of depression, sleeping difficulty, stress, loss of appetite and anxiety. Bhargav states that since the date of the accident the overall condition and complaints have not changed and stayed the same.

**HISTORY:**

**Chief Complaint:** Reports an acute complaint in the back of right thigh, back of right knee, back of right calf and back of right ankle region due to the accident on 7/20/2022.

- **Frequency/Quality:** On and off discomfort described as intolerable and stiffness

- **Radiation of Symptoms:** Currently radiating to front of left lower leg and radiating to front of left thigh

- **Change in Complaint/VAS:** Complaint has stayed the same since the onset and the pain scale is presently rated 8/10 (10 being most severe)

- **Modifying Factors:** Relieved by: nothing, cold packs, rest and massage and aggravated by: any movement, bending, carrying or lifting, standing and walking or running

- **Previous Episodes:** Denies past episodes

- **Previous Care:** Since the onset of this condition he has received no medical or chiropractic service for this condition.

- **Recent Diagnostic Tests:** Denies recent diagnostic testing

- **ADL/Functional Deficits:** Explains walking has become difficult when ambulating short distances when he does this for more than 30 minutes

- **Patient subjective goal(s):** Explains personal goal for starting treatment is to have no functional limitations while walking.

No additional concerns relayed by patient.

**Systems Review:** Bhargav reports status of condition(s) below which may relate to

**Chart Notes**

**Bhargav Shah**

Bryant, Kurt M., DC  
206 S Placentia Ave  
Placentia, CA 92870-5710  
Phone: 714-572-9555  
Fax: (714) 986-9600

Patient: Shah, Bhargav K

Acct #: 16819

DOB: 05/01/1956

Ins Co: RISING MEDICAL SOLUTIONS Pol #: INC

Insured ID: DLRW2022095173

Date 09/30/2022

Provider: Kurt Michael Bryant, DC

\*\*\* continued from previous page \*\*\*

complaint(s):

- **Musculoskeletal:** Other than presenting musculoskeletal complaints, no musculoskeletal concerns.
- **Neurological:** Other than presenting complaints, no neurological concerns.
- **Head & ENT:** Reports no head and/or ENT concerns
- **Cardiovascular:** Reports no cardiovascular concerns
- **Respiratory:** Reports no respiratory concerns
- **Gastrointestinal:** Reports TO BE DISCUSSED WITH PROVIDER
- **Genitourinary:** Reports no genitourinary concerns
- **Endocrine:** Reports no endocrine concerns
- **Derma./Hemo:** Reports no dermatological / hemopoietic concerns
- **Allergy/Sensitivity:** Reports no allergies or sensitivity concerns

**Past, Family and Social History:**

- **Past Health History:**
  - **Surgery:** None
  - **Medications:** None
  - **Illnesses:** Denies personal history of diabetes, cancer, hypertension and progressive neurological disorders
  - **Accidents:** None
- **Family and Social History:**
  - **Family History:** Denies family history of diabetes, cancer, hypertension and progressive neurological disorders
  - **Employment Status:** cannot work
  - **Social Habits:** does not smoke, drink alcohol, or take rec. drugs
  - **Exercise Habits:** no exercise
  - **Diet and Nutrition:** vegan or vegetarian, and no daily supplements

**Objective:**

Bhargav Shah is a 66 year old Male. He was born 5/1/1956. Today Bhargav would be described as; in pain.

**Spinal Palpation:**

Digital palpation of the patient's spine and extremities revealed the following areas of subluxations; knee and leg.

He tested positive for myofascitis. This is an inflammation of muscle and fascia, particularly of the fascial insertion of muscle to bone.

Palpation of the muscles revealed severe spasm in the following areas; left anterior knee.

Due to restrictions demonstrated in one or more extremities, active range of motion testing procedures were performed today. These restrictions are ratable impairments set by the AMA Guides to the Evaluation of Permanent Impairment, 5th Ed., 2001. The individual test

**Chart Notes**

**Bhargav Shah**

Bryant, Kurt M., DC  
206 S Placentia Ave  
Placentia, CA 92870-5710  
Phone: 714-572-9555  
Fax: (714) 986-9600

**Patient:** Shah, Bhargav K

**Acct #:** 16819

**DOB:** 05/01/1956

**Ins Co:** RISING MEDICAL SOLUTIONS Pol #:  
INC

**Insured ID:** DLRW2022095173

**Date** 09/30/2022

**Provider:** Kurt Michael Bryant, DC

**\*\*\* continued from previous page \*\*\***

will be repeated periodically to demonstrate/monitor progress or lack there of and to help us determine if there is permanent loss of function.

Today's examination revealed a significant decrease of normal range of motion of the following:

knee flexion was recorded as 15 degrees.

knee extension was recorded as 5 degrees.

An increase in pain was noted with knee in extension.

An increase in pain was noted with knee in flexion.

Knee orthopedic exams were down.

Anterior and posterior drawer were negative for laxity, but caused pain in super knee.

Varus and Valgus stress tests produced pain but no ligament laxity.

McMurray's was unable to be done due to pain with flexion.

Pain walked with a limp on left knee. Pain with step down and push off. Patient uses cane to walk. Knee feels like it will buckle. Wears a compression sleeve over knee when up and moving around.

Unable to do a full squat due to pain.

Reviewed x ray report and MRI report. MRI report shows deep radial tearing in medial meniscus. Will consult with ortho.

**Assessment:**

**Prognosis:**

Bhargav's prognosis is guarded and uncertain at this time. The following is a list of diagnostic impressions for Mr. Shah's current condition:(S83.8X2A) Sprain of other specified parts of left knee, init encntr, (M79.10) Myalgia, unspecified site.

**Plan:**

Our goals of continued treatment include the following; relief of symptoms, increase range of motion and improve function. During Mr. Shah visit today we performed the following, extra spinal manipulation, interferential stimulation, cryotherapy, ultrasound and myofascial release

Electric muscle stimulation in the form of interferential current will be applied to the knee. This procedure will be performed for 8 minutes each visit.

Ultrasound is used primarily to treat the soft tissue and ligamentous portions of the spine and paraspinal tissues. Ultrasound in this case will be performed over the following areas: knee. It was performed for 5 minutes.

Hypervolt to left quad, hamstring and calf for 5 minutes. Graston to left quad and IT band for 10 minutes.

**Chart Notes**

**Bhargav Shah**

Bryant, Kurt M., DC  
206 S Placentia Ave  
Placentia, CA 92870-5710  
Phone: 714-572-9555  
Fax: (714) 986-9600

---

**Patient: Shah, Bhargav K**

**Acct #: 16819**

**DOB: 05/01/1956**

**Ins Co: RISING MEDICAL SOLUTIONS Pol #:  
INC**

**Insured ID: DLRW2022095173**

---

**Date 09/30/2022**

---

**Provider: Kurt Michael Bryant, DC**

**\*\*\* continued from previous page \*\*\***

**I recommend that treatment be 2x per week for 6 weeks.**

---



**ANAHEIM FIRE AND RESCUE**

**PATIENT CARE REPORT**

MAC

10/14/2022

---

**Incident Info**      **Date:** 07/20/2022      **ICN#:** A2224496      **Miles:** 5.0  
**Incident Location:** 1501 S HARBOR BLVD ANAHEIM CA 92802  
**Destination:** 1100 W STEWART DR ORANGE CA 928683849

---

**Times**      **Dispatch:** 08:35      **At Patient:** 08:40      **Transport:** 08:56

---

**Patient Info**      **Last Name:** SHAH      **First Name:** BHARGAV      **MI:**  
**Address:** 8785 E CLOUDVIEW WAY  
**DOB:** 05/01/1956      **Age:** 66      **Gender:** M

---

**Narrative**      COMPLAINT REPORTED BY DISPATCH: TRAUMATIC INJURY...Y92.838...SUBJECTIVE : CALLED FOR A REPORTED TRAUMATIC INJURY WITH AT3 AT 1501 S HARBOR BL IN THE CITY OF ANAHEIM. ON ARRIVAL, FOUND A 66 YEAR MALE PATIENT WEIGHING 61 KG. CHIEF COMPLAINT OF LEFT KNEE PAIN. THE PATIENTS MEDICAL HISTORY, MEDICATIONS AND ALLERGIES ARE NOTED BELOW. MEDICAL/SURGICAL HISTORY: NONE REPORTED / PATIENT DENIES. MEDICATION ALLERGIES: NO KNOWN DRUG ALLERGY . CURRENT MEDICATIONS: CELEBREX. OBJECTIVE: AT , THE PATIENT WAS FOUND. INITIAL ASSESSMENT REVEALED THE PATIENT HAD A GCS OF 15 (EYE EQUALS 4 - OPENS EYES SPONTANEOUSLY, VERBAL EQUALS 5 - ORIENTED, MOTOREQUALS 6 - OBEYS COMMANDS), WITH V/S OF 168/78, P - 98 RR, R - 16 RR. ASSESSMENT: THE FIELD IMPRESSION OF THE PATIENT WAS TRAUMATIC INJURY. AT 08:45, PATIENT RECEIVED ASSESSMENTS; EYE, 3-MM; CHEST, NORMAL; SKIN, NORMAL, WARM AT 08:55, PATIENT RECEIVED ASSESSMENTS; SKIN, NORMAL, WARM PLAN: TREATMENTS WERE ADMINISTERED AS FOLLOWS: 08:54: SPLINTING WAS PERFORMED UNSUCCESSFULLY. PT WAS SECURED TO GURNEY WITH SAFETY STRAPS AFTER BEING LIFTED TO THE GURNEY VIA 3 MAN CARRY WHILE SUPPORTING THE INJURED KNEE. PT PROVIDED SSN AND VERBAL CONSENT FOR TRANSPORT. THE PATIENT WAS TRANSPORTED TO ST. JOSEPH HOSPITAL CODE 2....INCIDENT/PATIENT DISPOSITION: PATIENT TREATED, TRANSPORTED BY THIS EMS UNIT...



City of Anaheim  
**ANAHEIM FIRE & RESCUE**



MAC

10/14/2022

February 12, 2019

To Whom It May Concern:

Please be advised that pay to and mailing address for the City of Anaheim, Tax ID# 95-6000666, NPI #1720129430, has changed from:

Old Address: **City of Anaheim**  
**1517 W Braden Ct**  
**Orange, Ca 92868**

To:

New Address: **City of Anaheim**  
**PO Box 269110**  
**Sacramento, CA 95826-9110**

Please remit all correspondence and payments to the above new address.

Sincerely,

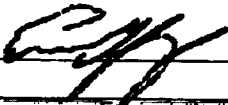
**Dave Barry**  
**EMS Director**

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

MAC

09/02/2022

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.									
<b>Employee Information</b>									
Name (Last, First, Middle): Shah, Bhargav									
Date of Injury (MM/DD/YYYY): 07/20/2022					Date of Birth (MM/DD/YYYY): 05/01/1956				
Claim Number: DLRW2022095173					Employer: Disneyland Resort				
<b>Requesting Physician Information</b>									
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									
<b>Claims Administrator Information</b>									
Company Name: Walt Disney Park & Resort U.S. Inc.					Contact Name:				
Address: P.O. Box 3909					City: Anaheim			State: CA	
Zip Code:		Phone:			Fax Number:				
E-mail Address:									
<b>Requested Treatment (see instructions for guidance; attached additional pages if necessary)</b>									
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.)					
Knee Sprain	S83.92XA	Chiro Initial Consultation	99204	1 Time					
Knee Meniscus Tear	S83.282A	Progress Report	WC002	RECEIVED					
Lumbar Myofasciitis	M79.1	Transcription	99199	DATE 2-9-2022					
WORKERS' COMP									
Requesting Physician Signature: 							Date: 08/08/2022		
<b>Claims Administrator/Utilization Review Organization (URO) Response</b>									
<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**

MAC

09/02/2022

**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.**

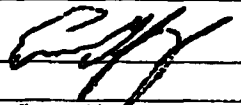
<input checked="" type="checkbox"/> New Request		<input type="checkbox"/> Resubmission – Change in Material Facts		
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
<b>Employee Information</b>				
Name (Last, First, Middle): Shah, Bhargav				
Date of Injury (MM/DD/YYYY): 07/20/2022		Date of Birth (MM/DD/YYYY): 05/01/1956		
Claim Number: DLRW2022095173		Employer: Disneyland Resort		
<b>Requesting Physician Information</b>				
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				
<b>Claims Administrator Information</b>				
Company Name: Walt Disney Park & Resort U.S. Inc.		Contact Name:		
Address: P.O. Box 3909		City: Anaheim	State: CA	
Zip Code:	Phone:	Fax Number:		
E-mail Address:				
<b>Requested Treatment (see instructions for guidance; attached additional pages if necessary)</b>				
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.)
Knee Sprain	S83.92XD	Electrical Stimulation	G0283	1 x a week for 6 weeks
Knee Meniscus Tear	S83.282D	Therapeutic Exercises	97110	
Lower Leg Sprain	S86.112D	Massage Therapy	97124	
Lumbar Myofasciitis	M79.1	Extraspinal Manipulation w/spinal	98943	
Requesting Physician Signature: 			Date: 08/08/2022	
<b>Claims Administrator/Utilization Review Organization (URO) Response:</b>				
<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: RECEIVED	
Phone:	Fax Number:	E-mail Address:		
Comments: AUG 29 2022				

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

MAC

09/02/2022

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.				
<b>Employee Information</b>				
Name (Last, First, Middle): Shah, Bhargav				
Date of Injury (MM/DD/YYYY): 07/20/2022			Date of Birth (MM/DD/YYYY): 05/01/1956	
Claim Number: DLRW2022095173			Employer: Disneyland Resort	
<b>Requesting Physician Information</b>				
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				
<b>Claims Administrator Information</b>				
Company Name: Walt Disney Park & Resort U.S. Inc.			Contact Name:	
Address: P.O. Box 3909			City: Anaheim	State: CA
Zip Code:	Phone:		Fax Number:	
E-mail Address:				
<b>Requested Treatment (see instructions for guidance; attached additional pages if necessary)</b>				
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.)
Knee Sprain	S83.92XD	Orthopedic Surgical Consultation		
Knee Meniscus Tear	S83.282D			
Lower Leg Sprain	S86.112D			
Lumbar Myofasciitis	M79.1			
				
Requesting Physician Signature:			Date: 08/08/2022	
<b>Claims Administrator/Utilization Review Organization (URO) Response</b>				
<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: RECEIVED	
Phone:	Fax Number:		E-mail Address:	
Comments: AUG 29 2022				

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

MAC

09/02/2022

Employer and/or Workers' Compensation Insurance Carrier:

Disneyland Resort  
1313 S Harbor Blvd.  
Anaheim, CA 92802

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

Bhargav Shah  
7/20/22  
Disneyland Resort  
DLW 2022-095173

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

To Whom It May Concern:

I, Bhargav Shah, 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.

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AUG 29 2022

WORKERS' COMP

With Kind Regards,

Signature: Bhargav Shah

Printed: BHARGAV SHAH

Date: 8-8-22

**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**

MAC

09/02/2022

August 8, 2022

Workers Defenders Law Group  
8018 E. Santa Ana Cyni., Ste. 100-215  
Anaheim Hills, CA 92808  
Attn: Natalia Foley, Esq.

Re: Patient: Shah, Bhargav K.  
SSN: Unavailable  
EMP: Disneyland Resort  
INS: Disney Anaheim  
Claim #: DLRW2022095173  
WCAB #: ADJ16483391  
DOI: July 20, 2022  
D.O.E./Consultation: August 8, 2022

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

<b>Time Spent Face to face:</b>	<b>40 minutes</b>
<b>Time Spent on Report Preparation</b>	<b>30 minutes</b>

Dear Gentlepersons:

The above-named patient was seen for a Primary Treating Physician's Initial Evaluation on August 8, 2022, 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.

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

Re: Patient: Shah, Bhargav K.  
DOI: July 20, 2022  
Date of Exam: August 8, 2022

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AUG 29 2022

WORKERS' COMP

MAC

09/02/2022

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.

This medical history was obtained with the assistance of medical historian Maria E. Salazar

**JOB DESCRIPTION:**

Mr. Bhargav K. Shah was employed by Disneyland Resort as a Food Preparer at the time of the injury. They began working for this employer June 2012. The patient worked full time.

Job activities included operating commercial kitchen equipment, preparing food, cleaning/sanitizing the food preparation area, stocking food supplies and taking out trash.

The physical requirements consisted of walking, standing, flexing, twisting, and side-bending and extending the neck, bending and twisting at the waist, squatting, stooping and kneeling.

The patient is a right-hand dominant male, and they would use the bilateral upper extremities repetitively for simple grasping, power grasping, fine manipulation, pushing, and pulling, reaching at shoulder level, reaching above shoulder level, and reaching below shoulder level.

The patient was required to lift and carry objects while at work. The patient was required to lift and carry objects weighing up to 25 pounds.



Rè: Patient: Shah, Bhargav K.  
DOI: July 20, 2022  
Date of Exam: August 8, 2022

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The patient was exposed to cooking fumes.

The patient worked eight hours per day and five days a week. Normal work hours were 6:30 a.m. to 3:00 p.m. Lunch break was thirty minutes. Rest break was fifteen minutes. The job involved working 100% indoors.

The last day the patient worked for Disneyland Resort was on July 20, 2022, at which time the patient was placed on temporary disability by a doctor. There was no concurrent employment at the time of the injury. The patient denies working for any new employer.

**PRIOR WORK HISTORY:**

Regarding prior employment, the patient worked in the Motel Industry for ten years as a front desk manager.

**HISTORY OF INJURY AND TREATMENT AS PRESENTED BY PATIENT:**

The patient states that while working at the usual and customary occupation as a Food Preparer for Disneyland Resort, they sustained a work-related injury to their left knee. The patient explains that he while placing a tray of food in the refrigerator, he twisted his body and left leg and felt a popping sensation in the left knee followed immediately by intense pain. He yelled out in pain and for help and was starting to fall but coworkers came to help him and helped him sit on the ground. The supervisor was advised of the injury and on-site medics were called. He was evaluated and the paramedics transported him by ambulance to St. Jude Hospital in City of Orange.

The patient was examined by the emergency room physician on call. X-rays were obtained, pain control medication was prescribed, the left knee was immobilized in a brace and crutches were dispensed. He was placed on TTD.

The patient had follow up evaluation at the industrial clinic. He has had two follow up evaluations and underwent a left knee MRI. The results have not been provided to the patient to date. He developed low back pain due to antalgic gait.

The patient initially reported their injury to the employer on July 20, 2022. After reporting the injury to the employer, the patient was provided with an Employee Workers' Compensation Claim Form. He was provided with medical attention. Information regarding Medical Provider Networks and their rights if they are injured was posted in their place of work on the walls in a common area. Upon being hired, they were provided information relating to Medical Provider Networks and their rights if injured at work. Upon reporting their injury, they were provided information relating to Medical Provider Networks and their rights if injured at work.

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

Re: Patient: Shah, Bhargav K.  
DOI: July 20, 2022  
Date of Exam: August 8, 2022

**CURRENT COMPLAINTS:**

**Low back:**

Pain is frequent and moderate.

**Left Knee:**

The pain is moderate to severe, and the symptoms occur constantly in the left knee. 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 the patient experiences weakness and buckling episodes. The patient has lost balance as a result of the buckling. The patient has episodes of swelling in the knee. The patient is unable to kneel and squat. The patient has difficulty ascending and descending stairs and walks with an uneven gait. Patient uses a knee brace and uses a cane to ambulate.

**Psyche:**

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

The patient has difficulty sleeping, often obtaining a few hours of sleep at a time. The patient feels fatigued through the day and finds herself lacking concentration and memory at times. The patient worries about medical condition and the future.

The patient's condition has persisted due to and activities of daily living.

**PAST MEDICAL HISTORY:**

**Illnesses:**

The patient reports a two-year history of pre-diabetes.

**Injuries:**

The patient injured both shoulders in 2018, working for Disneyland Resort and received conservative treatment. He improved but surgery was recommended. He had cortisone injections, takes pain meds.

The patient denied any non-work-related injuries.

The patient denied any new injuries.

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Re: Patient: Shah, Bhargav K.  
DOI: July 20, 2022  
Date of Exam: August 8, 2022

**Allergies:**

The patient denied any known allergies.

**Medications:**

The patient is taking Celebrex 200 mg.

**Surgeries:**

The patient denied any surgical procedures.

**Hospitalization:**

The patient denied any hospitalization.

The patient was asymptomatic and without any disability or impairment prior to the specific injury on July 20, 2022, as to the left knee.

**REVIEW OF SYSTEMS:**

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

**ACTIVITIES OF DAILY LIVING:**

Self-Care - Personal Hygiene: As a result of the industrially related injury, the patient states: Difficulty with bathing by self, dressing by self with a rating of 3/5.

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.

Travel: As a result of the industrially related injury, the patient states: Difficulty with riding in a car, bus, etc., driving a car, traveling by plane, restful night sleep pattern, and sexual function, with a rating of 3/5.

**FAMILY HISTORY:**

Mother is 92 years old and is in good health.

Father is deceased and passed away from natural causes.

The patient has five brothers and two sisters. They are well and in good health.

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Re: Patient: Shah, Bhargav K.  
DOI: July 20, 2022  
Date of Exam: August 8, 2022

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

**SOCIAL HISTORY:**

Mr. Shah is a 66-year-old married male with one son.

The patient completed the high school.

The patient does not drink alcohol and does not smoke.

The patient walked for exercise prior to his injury.

The patient does not participate in any sports activities.

The patient has no hobbies.

**Physical Evaluation (August 8, 2022) – Positive Findings:**

**General Appearance:**

The patient is a 66-year-old, right-handed male who appeared reported age, well-developed, well-nourished, well-proportioned, alert, cooperative and oriented x3.

**Vital Signs:**

Pulse: 80  
Blood Pressure: 126/82  
Height: 5'3"  
Weight: 163

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**Lumbar Spine:**

**Examination revealed tenderness to palpation with muscle guarding of bilateral paralumbar musculature. Tenderness at left sacroiliac joint. Tenderness and hypomobility is noted at L4 to L5 vertebral regions.**

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

**Straight Leg Raising Test performed seated was positive bilaterally.**

**Right: 60 degrees  
Left: 30 degrees**

**Lumbar spine ranges of motion were decreased and painful, measured as follows:**

Re: Patient: Shah, Bhargav K.  
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Date of Exam: August 8, 2022

<i>Lumbar Spine Range of Motion Testing</i>		
Movement	Normal	Actual
Flexion	60	30
Extension	25	10
Right Lateral Flexion	25	12
Left Lateral Flexion	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.

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

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Hip ranges of motion were performed without pain and spasm.

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<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 infrapatellar tendon, medial and lateral joint lines. Tenderness at left lower leg musculature including gastrocnemius, tibialis anterior and peroneal musculature.

McMurray's test is positive at the left knee. Anterior drawer test is positive at the left knee.

Range of motion for the knees, right normal, left decreased and painful.

Weakness and pain at the left knee during the squat. The patient is putting left leg in the antalgic position during squatting.

Re: Patient: Shah, Bhargav K.  
 DOI: July 20, 2022  
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<i>Knee Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	135	90	135
Extension	0	0	0

### Ankles & Feet:

Examination of ankles and feet did not demonstrate gross deformity, dislocation, amputation, edema, swelling, erythema, scars, lacerations, hallux valgus and hammertoes. The foot arch height is normal and without pes planus and pes cavus.

Tenderness is not present of digits 1 through 5, including metatarsals, cuneiforms, navicular, cuboid, talus and calcaneus. Tenderness is not present at the distal tibia, distal fibula, talonavicular joint, anterior talofibular ligament and deltoid ligament. There is no medial ankle instability or lateral ankle instability bilaterally. The Achilles tendon is intact. Tenderness is not present over the tarsal tunnel, sinus tarsi and tibialis posterior tendons (*medial ankle-plantarflexion & inversion*) bilaterally.

Anterior drawer test, posterior drawer test and Tinel's sign are negative bilaterally. The dorsalis pedis pulses are present and equal bilaterally.

Ankle ranges of motion were performed without pain, spasm, weakness, crepitus or instability bilaterally.

<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	20
Ankle Plantar Flexion	50	50	50
Inversion (Subtalar joint)	35	35	35
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, all other myotomes 5/5.

Squatting is performed one-fourth down with left knee pain.

Heel and toe walking was unable to be performed due to left knee pain.

Re: Patient: Shah, Bhargav K.  
DOI: July 20, 2022  
Date of Exam: August 8, 2022

**Antalgic gait favoring left lower extremity. The patient ambulates per history with the aid of crutches. He presented with the aid of his son without crutches.**

**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:**

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 hypoaesthesia at left L5-S1 dermatomal levels.

**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 &amp; Leg Length in Centimeters</i>		
Measurements (in cm)	Left	Right
Thigh - 10 cm above patella with knee extended	50	49.5
Calf - at the thickest point	34	34
Leg Length - Anterior Superior Iliac Spine To Medial Malleolus	97	97

**Diagnostic Impressions:**

1. Lumbar spine myofasciitis secondary to antalgic gait, M79.1.
2. Left knee and lower leg sprain/strain, S83.92XA. S86.112A.
3. Left knee meniscus tear, rule out, S83.282A.
4. Left cruciate ligament tear, rule out, S83.512A.
5. Insomnia, G47.00.

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**Discussion and Treatment 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,

Re: Patient: Shah, Bhargav K.  
DOI: July 20, 2022  
Date of Exam: August 8, 2022

intersegmental spine traction and all other appropriate physiotherapeutic modalities for left knee and lower leg at once per week for six weeks with a followup in six weeks.

I recommend for the lumbar spine to be added to the claim form and the patient will then be recommended chiropractic manipulations and physiotherapy for lumbar spine once a week for six weeks. Lumbar spine is a compensable consequence of the left knee injury.

I respectfully request MRI results for the left knee that were performed.

**Specialty evaluation recommended:**

1. The patient is recommended orthopedic surgical consultation.

**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 left knee are industrially related and secondary to 7/20/2022 injury while working for Disneyland Resort as a Food Preparer.

Lumbar spine condition developed as the result of the antalgic gait favoring left lower extremity and therefore should be considered a compensable consequence of 7/20/2022 injury.

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:**

The patient's condition is not permanent and stationary.

**Work Status/Disability Status:**

TTD until reevaluation in six 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.

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Re: Patient: Shah, Bhargav K.  
DOI: July 20, 2022  
Date of Exam: August 8, 2022

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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 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 Manuel 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.

Re: Patient: Shah, Bhargav K.  
DOI: July 20, 2022  
Date of Exam: August 8, 2022

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

Sincerely,



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

Signed this 23 day of August, 2022, in Los Angeles, California.

EEG:svl

Sincerely,



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

Signed this 23 day of August, 2022, in Los Angeles, California.

MK:svl

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**ERIC E. GOFNUNG CHIROPRACTIC CORP.**

**SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION**

**6221 Wilshire Blvd., Suite 604 • Los Angeles, California 90048 • Tel. (323) 933-2444 • Fax (323) 933-2909**

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09/02/2022

**PROOF OF SERVICE BY MAIL**

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am a citizen of the United States. I am over the age of 18 years and not a party of the above-entitled action; my business address is 6221 Wilshire Blvd., Suite 604, Los Angeles, CA 90048. I am familiar with a Company's practice where the mail, after being placed in a designated area, is given the appropriate postage and is deposited in a U. S. mailbox in the City of Los Angeles, after the close of the day's business. On August 24, 2022, I served the within following letter / forms on all parties in this action by placing a true copy thereof enclosed in a sealed envelope in the designated area for out-going mail addressed as set forth above or electronically on the specified parties with email addresses as identified. I declare under the penalty of perjury that the foregoing is true and correct under the laws of the State of California and that this declaration was executed at 6221 Wilshire Blvd., Suite 604, Los Angeles, CA 90048.

On 24 day of August, 2022, I served the within concerning:

**Patient's Name:** **SHAH, BHARGAV K.**  
**Claim Number:** **DLRW2022095173**  
**WCAB / EAMS case No:** **ADJ16483391**

- MPN Notice
- Designation of Primary Treating Physician & Authorization for Release of Medical Records
- Financial Disclosure
- Request for Authorization - 8/8/2022
- Itemized - ( Billing) / HFCA - 8/8/2022
- QME Appointment Notification
- Primary Treating Physician's Referral
- Initial Consultation Report - 8/8/2022
- Re-Evaluation Report / Progress Report (PR-2)
- Permanent & Stationary Evaluation Report - \_\_\_\_\_
- Post P&S Follow Up - \_\_\_\_\_
- Review of Records - \_\_\_\_\_
- PQME / Med Legal Report - \_\_\_\_\_
- Computerized Dynamic Range of Motion (Rom) And Functional Evaluation Report - \_\_\_\_\_

List all parties to whom documents were mailed to:

Workers Defenders Law Group  
8018 E. Santa Ana Cyn., Ste. 100-215  
Anaheim Hills, CA 92808  
Attn: Natalia Foley, Esq

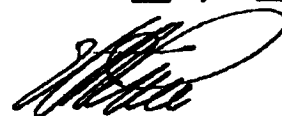
Disneyland Resort  
P.O. Box 3909  
Anaheim, CA 92803

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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 24 day of August, 2022.



**ILSE PONCE**

**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): Shah, Bhargav  
 Date of Injury (MM/DD/YYYY): 07/20/2022 Date of Birth (MM/DD/YYYY): 05/01/1956  
 Claim Number: DLRW2022095173 Employer: Disneyland Resort

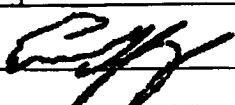
**Requesting Physician Information**  
 Name: Eric Gofnung, DC  
 Practice Name: Eric Gofnung Chiro Corp. Contact Name: Ilse Ponce  
 Address: 6221 Wilshire Blvd Suite 604 City: Los Angeles State: CA  
 Zip Code: 90048 Phone: (323) 933-2444 Fax Number: (323) 903-0301  
 Specialty: Chiropractor NPI Number: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

**Claims Administrator Information**  
 Company Name: Walt Disney Park & Resort U.S. Inc. Contact Name:  
 Address: P.O. Box 3909 City: Anaheim State: CA  
 Zip Code: Phone: Fax Number:  
 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.)
Knee Sprain	S83.92XA	Chiro Initial Consultation	99204	1 Time
Knee Meniscus Tear	S83.282A	Progress Report	WC002	<b>RECEIVED</b>
Lumbar Myofasciitis	M79.1	Transcription	99199	
				<b>AUG 29 2022</b>

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Requesting Physician Signature:  Date: 08/08/2022

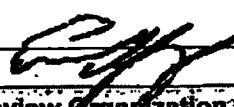
**Claims Administrator/Utilization Review Organization (URO) Response**  
 Approved  Denied or Modified (See separate decision letter)  Delay (See separate notification of delay)  
 Requested treatment has been previously denied  Liability for treatment is disputed (See separate letter)

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.									
<b>Employee Information</b>									
Name (Last, First, Middle): Shah, Bhargav									
Date of Injury (MM/DD/YYYY): 07/20/2022					Date of Birth (MM/DD/YYYY): 05/01/1956				
Claim Number: DLRW2022095173					Employer: Disneyland Resort				
<b>Requesting Physician Information</b>									
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									
<b>Claims Administrator Information</b>									
Company Name: Walt Disney Park & Resort U.S. Inc.					Contact Name:				
Address: P.O. Box 3909					City: Anaheim			State: CA	
Zip Code:			Phone:		Fax Number:				
E-mail Address:									
<b>Requested Treatment (see instructions for guidance; attached additional pages if necessary)</b>									
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.)					
Knee Sprain	S83.92XD	Electrical Stimulation	G0283	1 x a week for 6 weeks					
Knee Meniscus Tear	S83.282D	Therapeutic Exercises	97110						
Lower Leg Sprain	S86.112D	Massage Therapy	97124						
Lumbar Myofasciitis	M79.1	Extraspinal Manipulation w/spinal	98943						
Requesting Physician Signature: 					Date: 08/08/2022				
<b>Claims Administrator/Utilization Review Organization (URO) Response</b>									
<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: <b>RECEIVED</b>				
Phone:			Fax Number:		E-mail Address:				
Comments:								AUG 29 2022	

**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.				
<b>Employee Information</b>				
Name (Last, First, Middle): Shah, Bhargav				
Date of Injury (MM/DD/YYYY): 07/20/2022		Date of Birth (MM/DD/YYYY): 05/01/1956		
Claim Number: DLRW2022095173		Employer: Disneyland Resort		
<b>Requesting Physician Information</b>				
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				
<b>Claims Administrator Information</b>				
Company Name: Walt Disney Park & Resort U.S. Inc.		Contact Name:		
Address: P.O. Box 3909		City: Anaheim	State: CA	
Zip Code:	Phone:	Fax Number:		
E-mail Address:				
<b>Requested Treatment (see instructions for guidance; attached additional pages if necessary)</b>				
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.)
Knee Sprain	S83.92XD	Orthopedic Surgical Consultation		
Knee Meniscus Tear	S83.282D			
Lower Leg Sprain	S86.112D			
Lumbar Myofasciitis	M79.1			
Requesting Physician Signature: 		Date: 08/08/2022		
<b>Claims Administrator/Utilization Review Organization (URO) Response</b>				
<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: <b>RECEIVED</b>		
Phone:	Fax Number:	E-mail Address:		
Comments:		<b>AUG 29 2022</b>		

ERIC E. GOFNUNG, D.C., QME

SPORTS MEDICINE AND REHABILITATION

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

Employer and/or Workers' Compensation Insurance Carrier:

Disneyland Resort  
1313 S Harbor Blvd.  
Anaheim, CA 92802

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

Bhargav Shah  
7/20/22  
Disneyland Resort  
DLFW 2022-095173

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

To Whom It May Concern:

I, Bhargav Shah, 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.

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

AUG 29 2022

Thank you for your assistance with this claim.

WORKERS' COMP

With Kind Regards,

Signature: X Bhargav Shah

Printed: BHARGAV SHAH

Date: 8-8-22

**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**

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August 8, 2022

Workers Defenders Law Group  
8018 E. Santa Ana Cyn., Ste. 100-215  
Anaheim Hills, CA 92808  
Attn: Natalia Foley, Esq.

Re: Patient: Shah, Bhargav K.  
SSN: Unavailable  
EMP: Disneyland Resort  
INS: Disney Anaheim  
Claim #: DLRW2022095173  
WCAB #: ADJ16483391  
DOI: July 20, 2022  
D.O.E./Consultation: August 8, 2022

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

<b>Time Spent Face to face:</b>	<b>40 minutes</b>
<b>Time Spent on Report Preparation</b>	<b>30 minutes</b>

Dear Gentlepersons:

The above-named patient was seen for a Primary Treating Physician's Initial Evaluation on August 8, 2022, 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.

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



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Re: Patient: Shah, Bhargav K.  
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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.

This medical history was obtained with the assistance of medical historian Maria E. Salazar

**JOB DESCRIPTION:**

Mr. Bhargav K. Shah was employed by Disneyland Resort as a Food Preparer at the time of the injury. They began working for this employer June 2012. The patient worked full time.

Job activities included operating commercial kitchen equipment, preparing food, cleaning/sanitizing the food preparation area, stocking food supplies and taking out trash.

The physical requirements consisted of walking, standing, flexing, twisting, and side-bending and extending the neck, bending and twisting at the waist, squatting, stooping and kneeling.

The patient is a right-hand dominant male, and they would use the bilateral upper extremities repetitively for simple grasping, power grasping, fine manipulation, pushing, and pulling, reaching at shoulder level, reaching above shoulder level, and reaching below shoulder level.

The patient was required to lift and carry objects while at work. The patient was required to lift and carry objects weighing up to 25 pounds.

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The patient was exposed to cooking fumes.

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The patient worked eight hours per day and five days a week. Normal work hours were 6:30 a.m. to 3:00 p.m. Lunch break was thirty minutes. Rest break was fifteen minutes. The job involved working 100% indoors.

The last day the patient worked for Disneyland Resort was on July 20, 2022, at which time the patient was placed on temporary disability by a doctor. There was no concurrent employment at the time of the injury. The patient denies working for any new employer.

**PRIOR WORK HISTORY:**

Regarding prior employment, the patient worked in the Motel Industry for ten years as a front desk manager.

**HISTORY OF INJURY AND TREATMENT AS PRESENTED BY PATIENT:**

The patient states that while working at the usual and customary occupation as a Food Preparer for Disneyland Resort, they sustained a work-related injury to their left knee. The patient explains that he while placing a tray of food in the refrigerator, he twisted his body and left leg and felt a popping sensation in the left knee followed immediately by intense pain. He yelled out in pain and for help and was starting to fall but coworkers came to help him and helped him sit on the ground. The supervisor was advised of the injury and on-site medics were called. He was evaluated and the paramedics transported him by ambulance to St. Jude Hospital in City of Orange.

The patient was examined by the emergency room physician on call. X-rays were obtained, pain control medication was prescribed, the left knee was immobilized in a brace and crutches were dispensed. He was placed on TTD.

The patient had follow up evaluation at the industrial clinic. He has had two follow up evaluations and underwent a left knee MRI. The results have not been provided to the patient to date. He developed low back pain due to antalgic gait.

The patient initially reported their injury to the employer on July 20, 2022. After reporting the injury to the employer, the patient was provided with an Employee Workers' Compensation Claim Form. He was provided with medical attention. Information regarding Medical Provider Networks and their rights if they are injured was posted in their place of work on the walls in a common area. Upon being hired, they were provided information relating to Medical Provider Networks and their rights if injured at work. Upon reporting their injury, they were provided information relating to Medical Provider Networks and their rights if injured at work.

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

Re: Patient: Shah, Bhargav K.  
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**CURRENT COMPLAINTS:**

**Low back:**

Pain is frequent and moderate.

**Left Knee:**

The pain is moderate to severe, and the symptoms occur constantly in the left knee. 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 the patient experiences weakness and buckling episodes. The patient has lost balance as a result of the buckling. The patient has episodes of swelling in the knee. The patient is unable to kneel and squat. The patient has difficulty ascending and descending stairs and walks with an uneven gait. Patient uses a knee brace and uses a cane to ambulate.

**Psyche:**

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

The patient has difficulty sleeping, often obtaining a few hours of sleep at a time. The patient feels fatigued through the day and finds herself lacking concentration and memory at times. The patient worries about medical condition and the future.

The patient's condition has persisted due to and activities of daily living.

**PAST MEDICAL HISTORY:**

**Illnesses:**

The patient reports a two-year history of pre-diabetes.

**Injuries:**

The patient injured both shoulders in 2018, working for Disneyland Resort and received conservative treatment. He improved but surgery was recommended. He had cortisone injections, takes pain meds.

The patient denied any non-work-related injuries.

The patient denied any new injuries.

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**Allergies:**

The patient denied any known allergies.

**Medications:**

The patient is taking Celebrex 200 mg.

**Surgeries:**

The patient denied any surgical procedures.

**Hospitalization:**

The patient denied any hospitalization.

The patient was asymptomatic and without any disability or impairment prior to the specific injury on July 20, 2022, as to the left knee.

**REVIEW OF SYSTEMS:**

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

**ACTIVITIES OF DAILY LIVING:**

Self-Care - Personal Hygiene: As a result of the industrially related injury, the patient states: Difficulty with bathing by self, dressing by self with a rating of 3/5.

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.

Travel: As a result of the industrially related injury, the patient states: Difficulty with riding in a car, bus, etc., driving a car, traveling by plane, restful night sleep pattern, and sexual function, with a rating of 3/5.

**FAMILY HISTORY:**

Mother is 92 years old and is in good health.

Father is deceased and passed away from natural causes.

The patient has five brothers and two sisters. They are well and in good health.

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

**SOCIAL HISTORY:**

Mr. Shah is a 66-year-old married male with one son.

The patient completed the high school.

The patient does not drink alcohol and does not smoke.

The patient walked for exercise prior to his injury.

The patient does not participate in any sports activities.

The patient has no hobbies.

**Physical Evaluation (August 8, 2022) – Positive Findings:**

**General Appearance:**

The patient is a 66-year-old, right-handed male who appeared reported age, well-developed, well-nourished, well-proportioned, alert, cooperative and oriented x3.

**Vital Signs:**

Pulse: 80  
Blood Pressure: 126/82  
Height: 5'3"  
Weight: 163

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**Lumbar Spine:**

Examination revealed tenderness to palpation with muscle guarding of bilateral paralumbar musculature. Tenderness at left sacroiliac joint. Tenderness and hypomobility is noted at L4 to L5 vertebral regions.

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

Straight Leg Raising Test performed seated was positive bilaterally.

Right: 60 degrees

Left: 30 degrees

Lumbar spine ranges of motion were decreased and painful, measured as follows:

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<i>Lumbar Spine Range of Motion Testing</i>		
Movement	Normal	Actual
Flexion	60	30
Extension	25	10
Right Lateral Flexion	25	12
Left Lateral Flexion	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.

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

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Hip ranges of motion were performed without pain and spasm.

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<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 infrapatellar tendon, medial and lateral joint lines. Tenderness at left lower leg musculature including gastrocnemius, tibialis anterior and peroneal musculature.

McMurray's test is positive at the left knee. Anterior drawer test is positive at the left knee.

Range of motion for the knees, right normal, left decreased and painful.

Weakness and pain at the left knee during the squat. The patient is putting left leg in the antalgic position during squatting.

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<i>Knee Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	135	90	135
Extension	0	0	0

Ankles & Feet:

Examination of ankles and feet did not demonstrate gross deformity, dislocation, amputation, edema, swelling, erythema, scars, lacerations, hallux valgus and hammertoes. The foot arch height is normal and without pes planus and pes cavus.

Tenderness is not present of digits 1 through 5, including metatarsals, cuneiforms, navicular, cuboid, talus and calcaneus. Tenderness is not present at the distal tibia, distal fibula, talonavicular joint, anterior talofibular ligament and deltoid ligament. There is no medial ankle instability or lateral ankle instability bilaterally. The Achilles tendon is intact. Tenderness is not present over the tarsal tunnel, sinus tarsi and tibialis posterior tendons (*medial ankle-plantarflexion & inversion*) bilaterally.

Anterior drawer test, posterior drawer test and Tinel's sign are negative bilaterally. The dorsalis pedis pulses are present and equal bilaterally.

Ankle ranges of motion were performed without pain, spasm, weakness, crepitus or instability bilaterally.

<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	20
Ankle Plantar Flexion	50	50	50
Inversion (Subtalar joint)	35	35	35
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, all other myotomes 5/5.

Squatting is performed one-fourth down with left knee pain.

Heel and toe walking was unable to be performed due to left knee pain.

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Antalgic gait favoring left lower extremity. The patient ambulates per history with the aid of crutches. He presented with the aid of his son without crutches.

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:

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 hypoaesthesia at left L5-S1 dermatomal levels.

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 &amp; Leg Length in Centimeters</i>		
Measurements (in cm)	Left	Right
Thigh - 10 cm above patella with knee extended	50	49.5
Calf - at the thickest point	34	34
Leg Length - Anterior Superior Iliac Spine To Medial Malleolus	97	97

Diagnostic Impressions:

1. Lumbar spine myofasciitis secondary to antalgic gait, M79.1.
2. Left knee and lower leg sprain/strain, S83.92XA. S86.112A.
3. Left knee meniscus tear, rule out, S83.282A.
4. Left cruciate ligament tear, rule out, S83. 512A.
5. Insomnia, G47.00.

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Discussion and Treatment 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,



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intersegmental spine traction and all other appropriate physiotherapeutic modalities for left knee and lower leg at once per week for six weeks with a followup in six weeks.

I recommend for the lumbar spine to be added to the claim form and the patient will then be recommended chiropractic manipulations and physiotherapy for lumbar spine once a week for six weeks. Lumbar spine is a compensable consequence of the left knee injury.

I respectfully request MRI results for the left knee that were performed.

**Specialty evaluation recommended:**

1. The patient is recommended orthopedic surgical consultation.

**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 left knee are industrially related and secondary to 7/20/2022 injury while working for Disneyland Resort as a Food Preparer.

Lumbar spine condition developed as the result of the antalgic gait favoring left lower extremity and therefore should be considered a compensable consequence of 7/20/2022 injury.

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:**

The patient's condition is not permanent and stationary.

**Work Status/Disability Status:**

TTD until reevaluation in six 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.

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Re: Patient; Shah, Bhargav K.  
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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 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 Manuel 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.

Re: Patient: Shah, Bhargav K.  
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Should you have any questions with regard to this consultation please contact me at my office.

Sincerely,



---

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

Signed this 23 day of August, 2022, in Los Angeles, California.

EEG:svl

Sincerely,



---

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

Signed this 23 day of August, 2022, in Los Angeles, California.

MK:svl

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**ERIC E. GOFNUNG CHIROPRACTIC CORP.**

**SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION**

**6221 Wilshire Blvd., Suite 604 • Los Angeles, California 90048 • Tel. (323) 933-2444 • Fax (323) 933-2909**

**PROOF OF SERVICE BY MAIL**

**STATE OF CALIFORNIA, COUNTY OF LOS ANGELES**

I am a citizen of the United States. I am over the age of 18 years and not a party of the above-entitled action; my business address is 6221 Wilshire Blvd., Suite 604, Los Angeles, CA 90048. I am familiar with a Company's practice where the mail, after being placed in a designated area, is given the appropriate postage and is deposited in a U. S. mailbox in the City of Los Angeles, after the close of the day's business. On August 24, 2022, I served the within following letter / forms on all parties in this action by placing a true copy thereof enclosed in a sealed envelope in the designated area for out-going mail addressed as set forth above or electronically on the specified parties with email addresses as identified. I declare under the penalty of perjury that the foregoing is true and correct under the laws of the State of California and that this declaration was executed at 6221 Wilshire Blvd., Suite 604, Los Angeles, CA 90048.

On 24 day of August, 2022, I served the within concerning:

**Patient's Name:**           **SHAH, BHARGAV K.**  
**Claim Number:**           **DLRW2022095173**  
**WCAB / EAMS case No:**   **ADJ16483391**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> MPN Notice   | <input checked="" type="checkbox"/> Initial Consultation Report – <u>8/8/2022</u>                            |
| <input checked="" type="checkbox"/> Designation of Primary Treating Physician & Authorization for Release of Medical Records | <input type="checkbox"/> Re-Evaluation Report / Progress Report (PR-2)                                       |
| <input checked="" type="checkbox"/> Financial Disclosure   | <input type="checkbox"/> Permanent & Stationary Evaluation Report – _____                                    |
| <input checked="" type="checkbox"/> Request for Authorization – <u>8/8/2022</u>  | <input type="checkbox"/> Post P&S Follow Up - _____  |
| <input checked="" type="checkbox"/> Itemized – ( Billing) / HFCA – <u>8/8/2022</u>   | <input type="checkbox"/> Review of Records - _____   |
| <input type="checkbox"/> QME Appointment Notification  | <input type="checkbox"/> PQME / Med Legal Report - _____   |
| <input type="checkbox"/> Primary Treating Physician's Referral   | <input type="checkbox"/> Computerized Dynamic Range of Motion (Rom) And Functional Evaluation Report - _____ |

List all parties to whom documents were mailed to:

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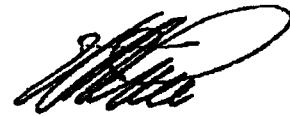
Workers Defenders Law Group  
8018 E. Santa Ana Cyn., Ste. 100-215  
Anaheim Hills, CA 92808  
Attn: Natalia Foley, Esq

Disneyland Resort  
P.O. Box 3909  
Anaheim, CA 92803

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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 24 day of August, 2022.



**ILSE PONCE**

**National Orthopedic Imaging Associates**  
PO Box 6102  
Novato, CA 94948  
(800)595-7173

**Patient Name:** Shah, Bhargav K  
**Date of Birth:** 05/01/1956  
**Account/ID:** 23-6064634  
**Study Date:** 08/04/2022  
**Referral By:** Calthness Rodriguez, M.D.

**PROCEDURE:** MR Left Knee (MRI EXT LOWER JOINT W/O CO)

**HISTORY:**

Knee pain since injury on 07/20/2022. Evaluate for internal derangement.

**TECHNIQUE:**

Fat-suppressed proton density spin echo and proton see spin echo sagittal and coronal images were obtained. Additional fat-suppressed proton density spin echo axial images were then performed. All images were obtained on a high field (1.5 Tesla) MRI scanner.

No prior studies were available for comparison.

**FINDINGS:**

**Medial compartment:** There is degeneration and high-grade radial tearing involving the medial meniscus extending into the region of the posterior tibial root attachment. Resultant mild to moderate medial prolapse (3 mm) of the body segment the medial meniscus from the medial joint compartment is noted. There is moderate (grade 2 to grade 3) cartilage thinning noted along the weight-bearing surfaces of the medial femoral condyle to a less read the medial tibial plateau. No focal full-thickness chondral defect is seen. No fracture is identified. There is mild scarring of the proximal medial colateral ligament, apparently related to more remote injuries. No acute tear of the medial colateral ligament is identified. Small to moderate-sized joint effusion is present. Trace fluid within a Baker cyst adjacent to the medial head of the gastrocnemius muscle is noted.

**Lateral compartment:** Free margin fraying irregularity the lateral meniscus is noted. Discrete surface tear is not identified. There is mild cartilage thinning. No focal full-thickness chondral defect is identified. The popliteus tendon and lateral collateral ligament are intact. Distal biceps femoris tendon is intact. No iliotibial band abnormalities are seen. Degenerative subcortical cyst/geode involving the posterior-lateral tibia, at the proximal tibial-fibular articulation is noted. Proximal fibula is intact with no evidence of fracture.

**Intercondylar notch and patellofemoral articulation:** The anterior and posterior cruciate ligaments are intact. There is and intrapatellar plica identified. There is minor distal quadriceps and proximal intrapatellar tendinopathy. Moderately advanced chondromalacia at the patellofemoral articulation is noted. Near full-thickness to full-thickness cartilage thinning and fissuring is noted predominant along the median ridge medial facet of the patella. Cartilage loss to lesser degree along the trochlear groove is noted. No fracture or osteochondral fragment is identified.

Shah, Bhargav K - MR Left Knee (MRI EXT LOWER JOINT W/O CO)

Continued:

Miscellaneous: Varicosities along the medial aspect of the knee are noted. The popliteal artery and vein appear unremarkable. The no abnormal soft tissue or cystic masses are seen.

**IMPRESSION:**

1. Degeneration deep radial tearing involving medial meniscus along the more lateral aspect of the posterior horn, extending into the region of the posterior tibial root attachment. Resultant mild to moderate (3 mm) prolapse of body segment of meniscus from the medial joint compartment is noted.
2. Moderate arthrosis along the medial joint compartment with grade 2 to grade 3 cartilage loss present predominant along the weight-bearing surface of medial femoral condyle to a less read the medial tibial plateau.
3. Small to moderate-sized joint effusion is present. There is trace fluid seen within a Baker cyst.
4. Moderately advanced chondromalacia at the patellofemoral articulation. Near full-thickness to full-thickness cartilage loss and fissuring is present predominant along the median ridge medial facet of the patella.
5. Scarring of proximal medial colateral ligament is noted, no acute tear is seen.

Interpreted By: Damon Sacco, M.D.

Electronically Signed By: Damon Sacco, M.D.

Electronically Signed On: 2022-08-09 10:21 -07:00 [ID:1770296][IL:94904-2009]

Shah, Bhargav K - MR Left Knee (MRI EXT LOWER JOINT W/O CO)

Page 2 of 2



P.O. BOX 86773  
ST. LOUIS, MO 63186

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August 11, 2022

WORKERS' COMP

2022131896 - 32 CID PCM-WC  
Dr. KAMRAN AFLATOON  
3700 CAMPUS DR  
NEWPORT BEACH, CA 92660-2601

Clinical Services  
Department  
P: 800.785.0881  
F: 813.868.1943  
clinical@mymatrixx.com

Patient:  
RE: BHARGAV SHAH  
DOB: 05/01/1956  
Group: GXSWCP002778426  
Claim#: DLRW2022095173

**THERAPEUTIC DUPLICATION**

**Intervention Notice: Request for Documentation or Discontinuation**

Dear Prescriber:

Disneyland Resort works with myMatrixx, an Express Scripts company, to manage its workers' compensation pharmacy benefit. During a recent medication review, it was identified that BHARGAV SHAH was prescribed multiple drugs from the same therapeutic class or may be receiving drugs that have similar pharmacologic effects (prescription history attached). To the extent possible, we try to exclude patients who are merely switching medications and may need to use both prescription drugs for a period of time. Please evaluate whether your patient is taking duplicative therapy and consider whether discontinuation is most appropriate.

Please review the following information and then provide feedback regarding the medication plan for this patient, sign, and return to us.

<b>Rationale:</b>		
<ul style="list-style-type: none"> <li>➤ Use of multiple drugs that have similar effects in the body or are from the same class may be considered a therapeutic duplication and can increase the risk of adverse drug events.</li> <li>➤ Multiple prescribers or recent changes to the medication regimen may result in therapy duplication. The attached profile can help you identify the number of physicians involved with this patient's care.</li> <li>➤ Resolving therapeutic duplication may improve patient safety and therapeutic outcomes, while avoiding unnecessary costs.</li> </ul>		
<b>Prescriber Feedback:</b>		
<input type="checkbox"/> Agree with recommendation (Prescribed medication will be discontinued.)	<input type="checkbox"/> Disagree with recommendation (Continued use of the medication is medically necessary.)	<input type="checkbox"/> Patient no longer under my care Current Provider (if referred): _____
<b>Comments:</b>		

We greatly value your response and would appreciate your feedback as soon as possible. Disneyland Resort may contact you directly for additional documentation if your response isn't received and/or indicates that continued use of the medication in question is medically necessary for the work-related injury.

Prescriber Signature

Date

Please fax response to: 813.868.1943 (no cover page needed)

Intervention ID#: 772240896





08/15/2022

1



DRW2022095173

DOI: 7-20-22

# 00726029

MAC

08/15/2022

CJO XRAY Emergency

Patient MRN: E20017156902

Patient Name: SHAH, BHARGAV ✓

Date of birth: 5/1/1956

Accession#: 35842011PRV

Rendering Provider: Kim, Paul S, MD,

Referring Provider: Reid, Craig N

Date of Service: 7/20/2022

\* \_ \_ \* \_ \_ \* \_ \_ \* \_ \_ \*

EXAM: XR KNEE LEFT 3 VW

History: Pain.

COMPARISON: None.

IMPRESSION: Minimal degenerative changes of the left knee. Probable joint effusion. No acute osseous pathology.

-/\* \_/\* \_/\* \_/\* \_/\* \_/\* \_

Electronically signed by: Paul Kim, MD on 7/20/2022 11:03 AM PDT

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Page:

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08/15/2022

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Claim Attachment Information

DLRW2022095173

Patient Name: SHAH, BHARGAV  
Attachment Control Number: 115308506

DOI: 7-20-22 #00126029

MAC

07/20/2022 - ED in PROVIDENCE ST JOSEPH HOSPITAL ORANGE EMERGENCY CENTER

Visit Account Information

Hospital Account

Name	Acct ID	Class	Status	Primary Coverage
Shah, Bhargav	3205003542 47	Emergency	Billed	WORKERS COMPENSATION - WORKMENS COMP OTHER WC

08/12/2022

Guarantor Account (for Hospital Account #320500354247)

Name	Relation to Pt	Service Area	Active?	Acct Type
Park, Sb07202022disneyland Resort- Disneyland Address	Self	PHSCA	Yes	Workers Comp
8785 E Cloudview Way Anaheim, CA 92828	714-446-8851(H)			

Coverage Information (for Hospital Account #320500354247)

F/O Payor/Plan	Subscriber	Subscriber #
WORKERS COMPENSATION/WORKMENS COMP OTHER WC	Shah, Bhargav Address	573692930
	PO Box 3909 Anaheim, CA 92803	

Reason for Visit

Chief Complaint

- Knee Pain

Visit Diagnoses

Name	Is ED?
Internal derangement of left knee (primary)	Yes
Knee strain, left, initial encounter	Yes

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ED Provider Note

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ED Provider Notes

Craig N Reid, PA-C at 7/20/2022 1034

Author: Craig N Reid, PA-C	Service: Emergency Medicine	Author Type: Physician Assistant
Filed: 07/20/22 1815	Date of Service: 07/20/22 1034	Status: Signed
Editor: Craig N Reid, PA-C (Physician Assistant)		

**PROVIDENCE ST JOSEPH'S HOSPITAL ORANGE EMERGENCY CENTER**

7/20/2022 10:34 AM PDT

**ED ATTENDING PHYSICIAN** Breelan Kear, MD

**Patient Name:** Bhargav Shah **DOB:** 5/1/1956 **Medical Record:** 20017152927 50596079292

**CHIEF COMPLAINT**

**Chief Complaint**  
Patient presents with  
• Knee Pain

**HPI**

08/12/2022



ED Provider Note (continued)

Bhargav Shah is a 66 y.o. male who presents with left knee pain after an injury at work today. Pt states that he was twisting around at work today, and when doing so, he felt a pop in his left knee. Pt states that he was unable to bear weight on the left leg due to pain after this pop in his knee. Injury occurred around 0820 this morning. Pt denies any hip pain, ankle pain, or any other injuries from the fall. He denies head injuries, or any chest pain/SOB prior to the fall.

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Onset: today, 0820 this morning  
Severity: Moderate  
Associated symptoms: None  
Alleviated by: Nothing. Exacerbated by: Weight bearing

HPI

**REVIEW OF SYSTEMS**

Review of Systems

All other systems have been reviewed and are negative except as documented in HPI.

**PAST MEDICAL HISTORY**

Past Medical History:

Diagnosis	Date
• Back pain	
• Neck pain	

**SURGICAL HISTORY**

Past Surgical History:

Procedure	Laterality	Date
• None reported		

**CURRENT MEDICATIONS**

No current outpatient medications on file prior to encounter.

**ALLERGIES**

Patient has no known allergies.

**SOCIAL HISTORY**

Social History

Tobacco Use

- Smoking status: Never
- Passive exposure: Never
- Smokeless tobacco: Never

Substance Use Topics

- Alcohol use: Never
- Drug use: Never

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**FAMILY HISTORY**

08/12/2022



ED Provider Note (continued)

Family History

Problem

• Diabetes

Relation

Mother

Age of Onset

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08/12/2022

**PHYSICAL EXAM**

Temp: 37.1 °C (98.7 °F) Pulse: 72 Resp: 20 BP: 127/82 SpO2: 98 %

Physical Exam

**General:** No acute distress, Non-toxic appearance.

**HENT:** Normocephalic, Atraumatic, oropharynx: moist mucus membranes.

**Eyes:** PERRL, EOMI, Conjunctiva normal.

**Neck:** Normal range of motion, No tenderness, Supple

**Cardiovascular:** Normal heart rate, Normal rhythm, No murmur

**Lungs:** Normal breath sounds, No respiratory distress, No wheezing

**Abdomen:** Soft, No tenderness, No distension

**Skin:** Warm, Dry, No rash.

**Back:** No tenderness, normal alignment

**Extremities:** pain to the left knee with valgus stress, no pain with varus stress, tenderness to palpation of the lateral and medial joint line, mild left knee effusion; tenderness to palpation of the left tibial tubercle; tenderness to palpation of the left quadriceps tendon; tenderness to palpation of the left hip and left thigh, no point tenderness; tenderness to palpation of the anterior left lower extremity; left medial malleolus tenderness; no left foot tenderness; left leg with good cap refill, distally neurovascularly intact; right leg with full ROM of the hip/knee/ankle, distally neurovascularly intact; weak dorsiflexion/plantarflexion due to pain

**Psychiatric:** Normal mood and affect.

**Neurologic:** GCS 15, Alert & oriented x 4, no focal deficits

Vital Sign	Current:	Last 24 Hours:
Temperature	Temp: 37.1 °C (98.7 °F)	Temp Min: 37.1 °C (98.7 °F) Max: 37.1 °C (98.7 °F)
Blood Pressure	BP: 127/82	BP Min: 127/82 Max: 127/82
Pulse	Pulse: 72	Pulse Min: 72 Max: 72
Respirations	Resp: 20	Resp Min: 20 Max: 20
Pain Rating Rest		No data recorded
Pain Rating Activity		No data recorded
O2 Sat	SpO2: 98 % on liters/minute	SpO2 Min: 98 % Max: 98 %

Current Wt	Current Wt:	
Admit Wt	Admit Wt:	There is no height or weight on file to calculate BMI.

Medications

ketorolac (TORADOL) injection 30 mg (30 mg Intramuscular Given 7/20/22 1142)

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No results found for this or any previous visit (from the past 24 hour(s)).

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08/12/2022

EKG

RADIOLOGY

XR Knee Left 3 Vw

**Final Result**

**IMPRESSION:**

Minimal degenerative changes of the left knee.

Probable joint effusion.

No acute osseous pathology.

Electronically signed by: Paul Kim, MD on 7/20/2022  
11:03 AM PDT

ED COURSE & MEDICAL DECISION MAKING

Pertinent Labs & Imaging studies reviewed. (See chart for details)

1100: Pt made aware of XR results.

QUALITY metrics

PROCEDURES

Procedures

Critical Care time:  31-74 minutes  75-104 minutes  \_\_\_ minutes. Excluding separately billable procedures.

Last Vitals: Temp: 37.1 °C (98.7 °F) Pulse: 72 Resp: 20 BP: 127/82 SpO2: 98 %

Final diagnoses:

Internal derangement of left knee

Knee strain, left, initial encounter

**Disposition**

- Discharge Home/Self Care
- ADMIT:  MEDSURG  Tele  DSU  ICU
- ADMIT to Psych
- Transfer to  other inpatient facility  SNF  CHOC
- Transfer to other provider:
- Left before treatment complete
- Left against medical advice
- Expired
- Other

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Condition:  stable  fair  critical

Follow-up Information

Disney Cast Health. Go today.  
Why: For wound re-check

Discharge Medication List as of 7/20/2022 11:28 AM

START taking these medications

Details

**ibuprofen (ADVIL,MOTRIN) 600 MG tablet** Take 1 tablet by mouth every 6 hours as needed for Pain for up to 5 days.Disp-20 tablet, R-0, Normal

Documentation prepared by Garrett Deiro, medical scribe.  
I, the supervising physician, reviewed & agree w/ documentation.

History, physical exam and medical decision-making was discussed and the plan of care was developed collaboratively with my supervising physician. Craig Reid PA-C, 7/20/2022 10:47 AM PDT

I personally saw & examined patient, I personally directed the diagnostic, therapeutic, and consultative decisions. I have reviewed the NPP documented history, exam and MDM. I performed the substantive portion of the medical decision making.  
Breelan Kear MD. , 7/20/2022 10:48 AM PDT

Craig N Reid, PA-C  
07/20/22 1815

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Electronically signed by Craig N Reid. PA-C at 07/20/22 1815

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ED Notes

ED Triage Notes

Nicholas R Barbosa, RN at 7/20/2022 1003

Author: Nicholas R Barbosa, RN  
Filed: 07/20/22 1006  
Editor: Nicholas R Barbosa, RN (Registered Nurse)

Service: Emergency Medicine  
Date of Service: 07/20/22 1003

Author Type: Registered Nurse  
Status: Signed

08/12/2022



**07/20/2022 - ED In PROVIDENCE ST JOSEPH HOSPITAL ORANGE EMERGENCY CENTER (continued)**

**ED Notes (continued)**

Pt bib bls ambulance from disneyland s/p twisting around while standing and working. Pt now c/o left knee pain that radiates up to his groin area. Pt reporting 4/10 pain, home med celebrex, pt didn't fall. Pt alert and oriented, cardboard splint placed by ems.

Electronically signed by Nicholas R Barbosa, RN at 07/20/22 1006

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08/12/2022

**ED Care Timeline**

**Patient Care Timeline (7/20/2022 09:20 to 7/20/2022 13:26)**

7/20/2022	Event	Details	User
09:20	Patient arrived in ED		Ivana K Hahling
09:20:28	Contact Start event		Ivana K Hahling
09:20:28	Emergency encounter created		Ivana K Hahling
09:20:59	Arrival Complaint	L knee pain	
09:20:59	ED FCC Start	Facility Charge Calculator start	Ivana K Hahling
10:02:51	Patient roomed in ED	To room ED24	Nicholas R Barbosa, RN
10:03	Risk of New Infection	Is the chief complaint likely related to infection? Infection likely: No	Nicholas R Barbosa, RN
10:03	Arrival Documentation	Triage Start Triage Start: Start Arrived From Arrived From: home or self-care	Nicholas R Barbosa, RN
10:03	Infectious Risk Screening	<b>Infectious Symptoms</b> Are you experiencing any of these symptoms?: None of these <b>Infectious Exposures</b> Have you had known exposure to anyone with the following?: None of these <b>Other Infectious Risks</b> Do the following apply: None of these	Nicholas R Barbosa, RN
10:03	Infectious Risk Audit	<b>Infectious Risk Audit Rows</b> Screening dep infection risk category: Emergency (8) Screening workflow: Clinical (4)	Nicholas R Barbosa, RN
10:03	Custom Formula Data	<b>Infectious Symptoms</b> Symptoms screened: Chills; Cough; Diarrhea; Fever; Headache; Muscle or body aches; New loss of taste or smell; Rash; Shortness of breath; Sore throat; Weakness/Fatigue <b>Infectious Exposures</b> Exposures screened: COVID-19 in the last 2 weeks <b>Other Infectious Risks</b> Other risks screened: Patient diagnosed w COVID-19 in past 20 days <b>Other flowsheet entries</b> Screening complete: Complete Syndromes screened: Bacterial Meningitis (30470007); COVID-19 (30470026); Clostridium difficile (30470024); Gastroenteritis, NOS (30470008); Respiratory Infection (30470009); Tuberculosis (30470025); Varicella/chickenpox (102250) Screening result: None	Nicholas R Barbosa, RN
10:03:10	Triage Started		Nicholas R Barbosa, RN
10:03:21	Chief Complaints Updated	Knee Pain	Nicholas R Barbosa, RN

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08/12/2022



**07/20/2022 - ED in PROVIDENCE ST JOSEPH HOSPITAL ORANGE EMERGENCY CENTER (continued)**

**ED Care Timeline (continued)**

10:03:38	<b>ED Triage Notes</b>	Pt bib bls ambulance from disneyland s/p twisting around while standing and working. Pt now c/o left knee pain that radiates up to his groin area. Pt reporting 4/10 pain, home med celebrex, pt didn't fall. Pt alert and oriented, cardboard splint placed by ems.	Nicholas R Barbosa, RN
10:04	<b>Assign Mid-level</b>	Craig N Reid, PA-C assigned as Physician Assistant	Craig N Reid, PA-C
10:04	<b>Assign Physician</b>		Craig N Reid, PA-C
10:04	<b>First Provider Contact</b>	PROVIDER CONTACT INITIATED	Craig N Reid, PA-C
10:04:34	<b>Orders Placed</b>	Imaging - XR Knee Left 3 Vw	Craig N Reid, PA-C
10:04:35	<b>XR Ordered</b>	XR KNEE LEFT 3 VW	Craig N Reid, PA-C
10:04:35	<b>Imaging Exam Ordered</b>		Craig N Reid, PA-C
10:06	<b>Acuity</b>	Acuity Patient Acuity: 3	Nicholas R Barbosa, RN
10:06:59	<b>History Reviewed</b>	Sections Reviewed: Medical, Family, Surgical, Alcohol, Drug Use	Nicholas R Barbosa, RN
10:07	<b>Brief Assessment</b>	<b>Airway</b> Airway WDL: WDL <b>Breathing</b> Respiratory WDL: WDL <b>Circulation</b> Cardiac WDL: WDL <b>Neuro Cognitive</b> Cognitive/Neuro/Behavioral WDL: WDL	Nicholas R Barbosa, RN
10:07	<b>Triage Complete</b>	Full Triage Completed Full Triage Completed: YES	Nicholas R Barbosa, RN
10:07:10	<b>PHS ASSIGN ATTENDING</b>	Breelan Kear, MD assigned as Attending	Breelan Kear, MD
10:07:10	<b>Assign Physician</b>		Breelan Kear, MD
10:07:29	<b>Home Medications Reviewed</b>		Nicholas R Barbosa, RN
10:07:45	<b>FULL TRIAGE COMPLETE</b>		Nicholas R Barbosa, RN
10:07:45	<b>Triage Completed</b>		Nicholas R Barbosa, RN

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08/12/2022



07/20/2022 - ED In PROVIDENCE ST JOSEPH HOSPITAL ORANGE EMERGENCY CENTER (continued)

ED Care Timeline (continued)

10:09	Vital Signs	<b>Vitals</b> Temp: 37.1 °C (98.7 °F) Pulse: 72 Resp: 20 BP: 127/82 SpO2: 98 % Temp Source: Oral Heart Rate Source: Monitor BP Method: Automatic BP Location: Left arm Patient Position: Lying T P R & BP Complete: Yes <b>Oxygen Therapy</b> SpO2: 98 % <b>Other flowsheet entries</b> Automatic Restart Vitals Timer: YES <b>Vitals Assessment</b> Restart Triage Pain & VS Reassess Timer: Yes	Marc A Cruz, PCT
10:09	ED qSOFA Calculation	<b>Other flowsheet entries</b> Calculated ED qSOFA Score: 0	Marc A Cruz, PCT
10:09	Custom Formula Data	<b>MEWS</b> MEWS Total Score: 1 MEWS SBP: 0 MEWS TEMP: 0 MEWS PULSE: 0 MEWS RESP: 1 <b>Other flowsheet entries</b> B2 Total Score: 0 NEWS SBP: 0 NEWS TEMP: 0 NEWS PULSE: 0 NEWS RESP: 0 NEWS SP02: 0 B1 Total Score: 0	Marc A Cruz, PCT
10:13:54	History Reviewed	Sections Reviewed: Medical, Surgical, Alcohol, Tobacco, Drug Use, Sexual Activity, Custom, Family	Nicholas R Barbosa, RN
10:14:42	Assign Nurse	Nicholas R Barbosa, RN assigned as Registered Nurse	Nicholas R Barbosa, RN
10:29:11	Registration Completed		Ivana K Hahling
11:03:10	Order Performed	XR Knee Left 3 Vw - ID: 35842011PRV	
11:03:33	XR Knee Left 3 Vw Resulted	Collected: 7/20/2022 11:03 Last updated: 7/20/2022 11:19 Status: Final result	Interface, Psr Ca
11:13:07	Imaging Exam Started	XR Knee Left 3 Vw	Yadira I Jimenez, Technologist
11:18:55	Imaging Exam Ended	XR Knee Left 3 Vw	Yadira I Jimenez, Technologist
11:19:09	Imaging Final Result	XR Knee Left 3 Vw	Edi, 772303
11:19:09	Xray Final Result	(Final result) XR KNEE LEFT 3 VW	Edi, 772303
11:28:15	Discharge Orders Placed	Medications - ibuprofen (ADVIL,MOTRIN) 600 MG tablet	Craig N Reid, PA-C
11:28:34	Orders Placed	Nursing - Apply ace wrap; Knee Immobilizer (Tech); Crutches and Teaching (Tech)	Craig N Reid, PA-C
11:28:43	AVS Printed	ED After Visit Summary	Craig N Reid, PA-C

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08/12/2022



**07/20/2022 - ED in PROVIDENCE ST JOSEPH HOSPITAL ORANGE EMERGENCY CENTER (continued)**

**ED Care Timeline (continued)**

11:29:05	<b>Discharge Disposition Selected</b>	ED Disposition set to Discharge	Craig N Reid, PA-C
11:29:05	<b>Disposition Selected</b>		Craig N Reid, PA-C
11:32:42	<b>Orders Acknowledged</b>	New - Apply ace wrap	Nicholas R Barbosa, RN
11:32:43	<b>Orders Acknowledged</b>	New - XR Knee Left 3 Vw	Nicholas R Barbosa, RN
11:32:44	<b>Orders Acknowledged</b>	New - Knee Immobilizer (Tech)	Nicholas R Barbosa, RN
11:32:45	<b>Orders Acknowledged</b>	New - Crutches and Teaching (Tech)	Nicholas R Barbosa, RN
11:32:46	<b>Orders Placed</b>	Medications - ketorolac (TORADOL) injection 30 mg	Craig N Reid, PA-C
11:32:47	<b>Orders Completed</b>	Apply ace wrap	Nicholas R Barbosa, RN
11:42	<b>Medication Given</b>	ketorolac (TORADOL) injection 30 mg - Dose: 30 mg ; Route: Intramuscular ; Site: Deltoid-Right ; Scheduled Time: 1135	Nicholas R Barbosa, RN
12:00	<b>SOFA</b>	<b>SOFA</b> SOFA Coagulation Score (Do Not Edit): (No Score) SOFA Liver Score (Do Not Edit): 0 SOFA Cardiovascular Score (Do Not Edit): 0 SOFA Neurological Score (Do Not Edit): 0 SOFA Renal Score (Do Not Edit): 0 SOFA Score (Do Not Edit): 0	Model, Batch Job
12:00	<b>Custom Formula Data</b>	<b>SOFA</b> SOFA Score Change (Delta): 0	Model, Batch Job
13:25	<b>Departure Condition</b>	<b>Departure Condition</b> Mobility at Departure: Ambulatory Patient Teaching: Discharge instructions reviewed; Follow-up care reviewed; Medications discussed; Patient verbalized understanding and agrees with discharge plan Departure Mode: By self	Nicholas R Barbosa, RN
13:26	<b>Patient discharged</b>		Nicholas R Barbosa, RN
13:26	<b>Readmission Risk</b>	<b>Other flowsheet entries</b> Readmission Risk: 37	Autofile, System
13:26:19	<b>Charting Complete</b>		Craig N Reid, PA-C

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08/12/2022

**Imaging w/o order details - Pert**

**Imaging**

**XR Knee Left 3 Vw (Final result)**

**XR Knee Left 3 Vw**

Resulted: 07/20/22 1103, Result status: Final result

Ordering provider: Craig N Reid, PA-C 07/20/22 1004  
 Resulted by: Paul S Kim, MD  
 Performed: 07/20/22 1035 - 07/20/22 1047  
 Resulting lab: PHS IMAGING  
 Narrative:  
 History: Pain.

Order status: Completed  
 Filed by: Edi, 772303 07/20/22 1119  
 Accession number: 35842011PRV

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COMPARISON: None.

Impression:  
**IMPRESSION:**

**WORKERS' COMP**

Minimal degenerative changes of the left knee.

08/12/2022



07/20/2022 - ED In PROVIDENCE ST JOSEPH HOSPITAL ORANGE EMERGENCY CENTER (continued)

Imaging w/o order details - Pert (continued)

KAC

08/12/2022

- Probable joint effusion.

No acute osseous pathology.

Electronically signed by: Paul Kim, MD on 7/20/2022 11:03 AM PDT

**XR Knee Left 3 Vw**

Resulted: 07/20/22 1113, Result status: In process

Ordering provider: Craig N Reid, PA-C 07/20/22 1004  
 Resulted by: Paul S Kim, MD  
 Performed: 07/20/22 1035 - 07/20/22 1047  
 Resulting lab: PHS IMAGING

Order status: Completed  
 Filed by: Yadira I Jimenez, Technologist 07/20/22 1113  
 Accession number: 35842011PRV

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
284 - PHS IMG	PHS IMAGING	Unknown	Unknown	04/06/20 1340 - Present

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08/12/2022

BUSINESS OFFICE - MVA, TPL & WC  
CLAIMS DEPT  
PO BOX 389668  
SEATTLE, WA 98138-9923

Page 1 of 1  
400230194

Customer Service  
866-747-2455  
Hours: Monday - Friday 8:00 A.M. - 6:00 P.M.

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WORKERS' COMP

**DISNEYLAND WORKER'S COMP**  
**PO BOX 3909**  
**ANAHEIM, CA 92802**

7/29/2022

The following items attached are to be used during the adjudication process:

- Account Number: 320500354247
  - Patient Name: Shah, Bhargav
  - Date of Service: 07/20/22
  - Claim#/Policy #: 573692930
  - OR WC Only – 827 Form: No
  - Medical Records/ Additional Items: Yes
- Business Office

Providence St. Joseph Health

**CONFIDENTIALITY NOTICE**

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If you have received this in error, please contact 866-747-2455 immediately and we will make arrangements to retrieve the documents sent in error at our expense.



**National Orthopedic Imaging Associates**

PO Box 6102  
Novato, CA 94948  
(800)595-7173

**Patient Name:** Shah, Bhargav K  
**Date of Birth:** 05/01/1956  
**Account/ID:** 23-6064634  
**Study Date:** 08/04/2022  
**Referral By:** Caithness Rodriguez, M.D.

**PROCEDURE:** MR Left Knee (MRI EXT LOWER JOINT W/O CO)

**HISTORY:**

Knee pain since injury on 07/20/2022. Evaluate for internal derangement.

**TECHNIQUE:**

Fat-suppressed proton density spin echo and proton see spin echo sagittal and coronal images were obtained. Additional fat-suppressed proton density spin echo axial images were then performed. All images were obtained on a high field (1.5 Tesla) MRI scanner.

No prior studies were available for comparison.

**FINDINGS:**

**Medial compartment:** There is degeneration and high-grade radial tearing involving the medial meniscus extending into the region of the posterior tibial root attachment. Resultant mild to moderate medial prolapse (3 mm) of the body segment the medial meniscus from the medial joint compartment is noted. There is moderate (grade 2 to grade 3) cartilage thinning noted along the weight-bearing surfaces of the medial femoral condyle to a less read the medial tibial plateau. No focal full-thickness chondral defect is seen. No fracture is identified. There is mild scarring of the proximal medial colateral ligament, apparently related to more remote injuries. No acute tear of the medial colateral ligament is identified. Small to moderate-sized joint effusion is present. Trace fluid within a Baker cyst adjacent to the medial head of the gastrocnemius muscle is noted.

**Lateral compartment:** Free margin fraying irregularity the lateral meniscus is noted. Discrete surface tear is not identified. There is mild cartilage thinning. No focal full-thickness chondral defect is identified. The popliteus tendon and lateral collateral ligament are intact. Distal biceps femoris tendon is intact. No iliotibial band abnormalities are seen. Degenerative subcortical cyst/geode involving the posterior-lateral tibia, at the proximal tibial-fibular articulation is noted. Proximal fibula is intact with no evidence of fracture.

**Intercondylar notch and patellofemoral articulation:** The anterior and posterior cruciate ligaments are intact. There is and infrapatellar plica identified. There is minor distal quadriceps and proximal infrapatellar tendinopathy. Moderately advanced chondromalacia at the patellofemoral articulation is noted. Near full-thickness to full-thickness cartilage thinning and fissuring is noted predominant along the median ridge medial facet of the patella. Cartilage loss to lesser degree along the trochlear groove is noted. No fracture or osteochondral fragment is identified.

Shah, Bhargav K - MR Left Knee (MRI EXT LOWER JOINT W/O CO)

Continued:

Miscellaneous: Varicosities along the medial aspect of the knee are noted. The popliteal artery and vein appear unremarkable. The no abnormal soft tissue or cystic masses are seen.

**IMPRESSION:**

1. Degeneration deep radial tearing involving medial meniscus along the more lateral aspect of the posterior horn, extending into the region of the posterior tibial root attachment. Resultant mild to moderate (3 mm) prolapse of body segment of meniscus from the medial joint compartment is noted.
2. Moderate arthrosis along the medial joint compartment with grade 2 to grade 3 cartilage loss present predominant along the weight-bearing surface of medial femoral condyle to a less read the medial tibial plateau.
3. Small to moderate-sized joint effusion is present. There is trace fluid seen within a Baker cyst.
4. Moderately advanced chondromalacia at the patellofemoral articulation. Near full-thickness to full-thickness cartilage loss and fissuring is present predominant along the median ridge medial facet of the patella.
5. Scarring of proximal medial colateral ligament is noted, no acute tear is seen.

Interpreted By: Damon Sacco, M.D.

Electronically Signed By: Damon Sacco, M.D.

Electronically Signed On: 2022-08-09 10:21 -07:00 [ID:1770296][IL:94904-2009]

Shah, Bhargav K - MR Left Knee (MRI EXT LOWER JOINT W/O CO)

Page 2 of 2

DLRW2022095173

DOI: 7-20-22

#00726029

CJO XRAY Emergency

Patient MRN: E20017156902

Patient Name: SHAH, BHARGAV ✓

Date of birth: 5/1/1956

Accession#: 35842011PRV

Rendering Provider: Kim, Paul S, MD,

Referring Provider: Reid, Craig N

Date of Service: 7/20/2022

\* \_ = \_ \*\* \_ = \_ \*\* \_ = \_ \*

EXAM: XR KNEE LEFT 3 VW

History: Pain.

COMPARISON: None.

IMPRESSION: Minimal degenerative changes of the left knee. Probable joint effusion. No acute osseous pathology.

-/\* \_ /\* \_ /\* \_ /\* \_ /\* \_ /\* \_

Electronically signed by: Paul Kim, MD on 7/20/2022 11:03 AM PDT

RECEIVED

AUG 09 2022

WORKERS' COMP

Shah, Bhargav (MRN 20017152927)

Encounter Date: 07/20/2022

**Patient Information**

<b>Name:</b>	SHAH,BHARGAV				<b>SSN:</b>	xxx-xx-2930	
<b>Baby band #:</b>		<b>Alias:</b>		<b>Religion:</b>	Hindu		
<b>DOB:</b>	05/01/56	<b>Age:</b>	66y	<b>Legal Sex:</b>	M	<b>Gender Identity:</b>	
<b>Marital:</b>	MA	<b>Ethnic group:</b>	Not Hispanic		<b>Sex Assigned at Birth:</b>		
<b>Address:</b>	8785 E Cloudview Way						
<b>City:</b>	Anaheim	<b>State:</b>	CA	<b>Zip:</b>	92828	<b>Phone:</b>	714-446-8851

**Patient Employment**

<b>Employer:</b>	DISNEYLAND RESORT- DISNEYLAND PARK						
<b>Address:</b>	1313 S Harbor Blvd						
<b>City:</b>	Anaheim	<b>State:</b>	CA	<b>Zip:</b>	92802	<b>Phone:</b>	714-781-4565
<b>Occupation:</b>		<b>Employee?:</b>	No				

**Guarantor Information**

<b>Name:</b>	SB07202022DISNEYLAND RESORT- DISNEYLAND PARK				<b>SSN:</b>	xxx-xx-2930	
<b>Address:</b>	8785 E Cloudview Way						
<b>City:</b>	Anaheim	<b>State:</b>	CA	<b>Zip:</b>	92828	<b>Phone:</b>	714-446-8851
<b>Employer:</b>	DISNEYLAND RESORT- DISNEYLAND PARK						
<b>Address:</b>	1313 S Harbor Blvd						
<b>City:</b>	Anaheim	<b>State:</b>	CA	<b>Zip:</b>	92802	<b>Phone:</b>	714-781-4565
<b>Guar DOB:</b>	05/01/56						

**Insurance Information**

<b>WORKERS COMPENSATION/WORKMENS COMP OTHER WC</b>	<b>Phone:</b>	-
<b>Subscriber:</b> Shah, Bhargav	<b>Subscriber#:</b>	573692930
<b>Group#:</b> -	<b>Precert#:</b>	-

**Admission Information**

<b>Unit/Bed:</b>	CJO EMERGENCY CENTER/ED24	<b>Service:</b>	Emergency Medicine
<b>Admitting provider:</b>		<b>Phone:</b>	
<b>Attending provider:</b>	Breelan Kear, MD	<b>Phone:</b>	54764
<b>PCP:</b>	Unknownpcp No	<b>Phone:</b>	000-000-0000
<b>Admission dx:</b>		<b>Patient class:</b>	Emergency
<b>Admission type:</b>	ER		

Shah, Bhargav (MRN 20017152927)

Encounter Date: 07/20/2022

## Visit Information

Arrival	Department	First Attending	Encounter #
07/20/2022 9:20 AM	Cjo Emergency Center	Breelan Kear, MD	50596079292

No incomplete reminders. The chart can be completed.

## ED Triage Notes from 7/20/22 09:20 to 7/20/22 13:26:00

Nicholas R Barbosa, RN 7/20/2022 10:06 AM

Pt bib bls ambulance from disneyland s/p twisting around while standing and working. Pt now c/o left knee pain that radiates up to his groin area. Pt reporting 4/10 pain, home med celebrex, pt didn't fall. Pt alert and oriented, cardboard splint placed by ems.

## ED Notes

No notes of this type exist within this time range.

## ED Provider Notes

## ED Provider Notes by Craig N Reid, PA-C

07/20/22 1034

Author: Craig N Reid, PA-C	Service: Emergency Medicine	Author Type: Physician Assistant
Filed: 07/20/22 1815	Date of Service: 07/20/22 1034	Creation Time: 07/20/22 1034
Status: Signed	Editor: Craig N Reid, PA-C (Physician Assistant)	

PROVIDENCE ST JOSEPH'S HOSPITAL ORANGE EMERGENCY CENTER

7/20/2022 10:34 AM PDT

ED ATTENDING PHYSICIAN<sup>[CR.1]</sup> Breelan Kear, MD<sup>[GD.1]</sup>

Patient Name<sup>[CR.1]</sup> Bhargav Shah<sup>[CR.2]</sup> DOB<sup>[CR.1]</sup> 5/1/1956<sup>[CR.2]</sup> Medical Record<sup>[CR.1]</sup> 20017152927  
50596079292<sup>[CR.2]</sup>

CHIEF COMPLAINT<sup>[CR.1]</sup>

## Chief Complaint

Patient presents with

- Knee Pain<sup>[CR.2]</sup>

HPI<sup>[CR.1]</sup>

Bhargav Shah<sup>[CR.2]</sup> is a<sup>[CR.1]</sup> 66 y.o. male<sup>[CR.2]</sup> who presents with<sup>[CR.1]</sup> left knee<sup>[GD.1]</sup> pain after an injury at work today. Pt states that he was twisting around at work today, and when doing so, he felt a pop in his left knee. Pt states that he was unable to bear weight on the left leg due to pain after this pop in his knee.<sup>[GD.2]</sup> Injury occurred around 0820 this morning. Pt denies any hip pain, ankle pain, or any other injuries from the fall.<sup>[GD.1]</sup> He denies head injuries, or any chest pain/SOB prior to the fall.<sup>[GD.2]</sup>

Onset:<sup>[CR.1]</sup> today, 0820 this morning<sup>[GD.1]</sup>Severity:<sup>[CR.1]</sup> Moderate<sup>[GD.1]</sup>Associated symptoms:<sup>[CR.1]</sup> None<sup>[GD.1]</sup>Alleviated by:<sup>[CR.1]</sup> Nothing<sup>[GD.1]</sup>. Exacerbated by:<sup>[CR.1]</sup> Weight bearing<sup>[GD.1]</sup>

HPI

REVIEW OF SYSTEMS

## Review of Systems

All other systems have been reviewed and are negative except as documented in HPI.

Shah, Bhargav (MRN 20017152927)

Encounter Date: 07/20/2022

ED Provider Notes (continued)

ED Provider Notes by Craig N Reid, PA-C (continued)

07/20/22 1034

**PAST MEDICAL HISTORY**<sup>[CR.1]</sup>

Past Medical History:

Diagnosis	Date
• Back pain	
• Neck pain <sup>[CR.2]</sup>	

**SURGICAL HISTORY**<sup>[CR.1]</sup>

Past Surgical History:

Procedure	Laterality	Date
• None reported <sup>[CR.2]</sup>		

**CURRENT MEDICATIONS**<sup>[CR.1]</sup>

No current outpatient medications on file prior to encounter.<sup>[CR.2]</sup>

**ALLERGIES**<sup>[CR.1]</sup>

Patient has no known allergies.<sup>[CR.2]</sup>

**SOCIAL HISTORY**<sup>[CR.1]</sup>

Social History

Tobacco Use	
• Smoking status:	Never
• Passive exposure:	Never
• Smokeless tobacco:	Never
Substance Use Topics	
• Alcohol use:	Never
• Drug use:	Never <sup>[CR.2]</sup>

**FAMILY HISTORY**<sup>[CR.1]</sup>

Family History

Problem	Relation	Age of Onset
• Diabetes	Mother <sup>[CR.2]</sup>	

**PHYSICAL EXAM**<sup>[CR.1]</sup>

Temp: 37.1 °C (98.7 °F) Pulse: 72 Resp: 20 BP: 127/82 SpO2: 98 %<sup>[CR.2]</sup>

Physical Exam

**General:** No acute distress, Non-toxic appearance.

**HENT:** Normocephalic, Atraumatic, oropharynx: moist mucus membranes.

Shah, Bhargav (MRN 20017152927)

Encounter Date: 07/20/2022

**ED Provider Notes (continued)**

ED Provider Notes by Craig N Reid, PA-C (continued)

07/20/22 1034

**Eyes:** PERRL, EOMI, Conjunctiva normal.

**Neck:** Normal range of motion, No tenderness, Supple

**Cardiovascular:** Normal heart rate, Normal rhythm, No murmur

**Lungs:** Normal breath sounds, No respiratory distress, No wheezing

**Abdomen:** Soft, No tenderness, No distension

**Skin:** Warm, Dry, No rash.

**Back:** No tenderness, normal alignment

**Extremities:**<sup>[CR.1]</sup> pain to the left knee with valgus stress, no pain with varus stress, tenderness to palpation of the lateral and medial joint line, mild left knee effusion; tenderness to palpation of the left tibial tubercle; tenderness to palpation of the left quadriceps tendon; tenderness to palpation of the left hip and left thigh<sup>[GD.2]</sup>, no point tenderness<sup>[GD.3]</sup>; tenderness to palpation of the anterior left lower extremity; left medial malleolus tenderness; no left foot tenderness; left leg with good cap refill, distally neurovascularly intact; right leg with full ROM of the hip/knee/ankle, distally neurovascularly intact; weak dorsiflexion/plantarflexion due to pain<sup>[GD.2]</sup>

**Psychiatric:** Normal mood and affect.

**Neurologic:** GCS 15, Alert & oriented x 4, no focal deficits

Vital Sign	Current:	Last 24 Hours:
Temperature <sup>[CR.1]</sup>	Temp: 37.1 °C (98.7 °F)	Temp Min: 37.1 °C (98.7 °F) Max: 37.1 °C (98.7 °F) <sup>[CR.2]</sup>
Blood Pressure <sup>[CR.1]</sup>	BP: 127/82	BP Min: 127/82 Max: 127/82 <sup>[CR.2]</sup>
Pulse <sup>[CR.1]</sup>	Pulse: 72	Pulse Min: 72 Max: 72 <sup>[CR.2]</sup>
Respirations <sup>[CR.1]</sup>	Resp: 20	Resp Min: 20 Max: 20 <sup>[CR.2]</sup>
Pain Rating Rest <sup>[CR.1]</sup>		No data recorded <sup>[CR.2]</sup>
Pain Rating Activity <sup>[CR.1]</sup>		No data recorded <sup>[CR.2]</sup>
O2 Sat <sup>[CR.1]</sup>	SpO2: 98 % <sup>[CR.2]</sup> on liters/minute <sup>[CR.1]</sup>	SpO2 Min: 98 % Max: 98 % <sup>[CR.2]</sup>

Current Wt	Current Wt:	
Admit Wt	Admit Wt: <sup>[CR.1]</sup>	There is no height or weight on file to calculate BMI.

**Medications**

ketorolac (TORADOL) injection 30 mg (30 mg Intramuscular Given 7/20/22 1142)

No results found for this or any previous visit (from the past 24 hour(s)).<sup>[CR.2]</sup>

**EKG**

Shah, Bhargav (MRN 20017152927)

Encounter Date: 07/20/2022

## ED Provider Notes (continued)

ED Provider Notes by Craig N Reid, PA-C (continued)

07/20/22 1034

**RADIOLOGY**<sup>[CR.1]</sup>

XR Knee Left 3 Vw

Final Result

**IMPRESSION:**

Minimal degenerative changes of the left knee.

Probable joint effusion.

No acute osseous pathology.

Electronically signed by: Paul Kim, MD on 7/20/2022

11:03 AM PDT<sup>[CR.2]</sup>**ED COURSE & MEDICAL DECISION MAKING**Pertinent Labs & Imaging studies reviewed. (See chart for details)<sup>[CR.1]</sup>1100: Pt made aware of XR results.<sup>[GD.2]</sup>**QUALITY metrics****PROCEDURES**

## Procedures

Critical Care time:  31-74 minutes  75-104 minutes  \_\_\_ minutes. Excluding separately billable procedures.Last Vitals:<sup>[CR.1]</sup> Temp: 37.1 °C (98.7 °F) Pulse: 72 Resp: 20 BP: 127/82 SpO2: 98 %

## Final diagnoses:

Internal derangement of left knee

Knee strain, left, initial encounter<sup>[CR.2]</sup>**Disposition**

- Discharge Home/Self Care  
 ADMIT:  MEDSURG  Tele  DSU  ICU  
 ADMIT to Psych  
 Transfer to  other inpatient facility  SNF  CHOC  
 Transfer to other provider:  
 Left before treatment complete  
 Left against medical advice  
 Expired



Shah, Bhargav (MRN 20017152927)

Encounter Date: 07/20/2022

ED Provider Notes (continued)

ED Provider Notes by Craig N Reid, PA-C (continued)

07/20/22 1034

Other

Condition:  stable  fair  critical<sup>[CR.1]</sup>

Follow-up Information

Disney Cast Health. Go today.

Why: For wound re-check

Discharge Medication List as of 7/20/2022 11:28 AM

START taking these medications

	Details
ibuprofen (ADVIL,MOTRIN) 600 MG tablet	Take 1 tablet by mouth every 6 hours as needed for Pain for up to 5 days.Disp-20 tablet, R-0, Normal <sup>[CR.2]</sup>

Documentation prepared by<sup>[CR.1]</sup> Garrett Deiro<sup>[GD.1]</sup>, medical scribe. I, the supervising physician, reviewed & agree w/ documentation.<sup>[CR.1]</sup>

History, physical exam and medical decision-making was discussed and the plan of care was developed collaboratively with my supervising physician. Craig Reid PA-C,<sup>[GD.1]</sup> 7/20/2022 10:47 AM PDT<sup>[GD.4]</sup>

I personally saw & examined patient, I personally directed the diagnostic, therapeutic, and consultative decisions. I have reviewed the NPP documented history, exam and MDM. I performed the substantive portion of the medical decision making.

Breelan Kear MD, <sup>[GD.1]</sup> 7/20/2022 10:48 AM PDT<sup>[GD.5]</sup>

Craig N Reid, PA-C

07/20/22 1815

[CR.2]

Attribution Key

- CR.1 - Craig N Reid, PA-C on 07/20/22 1034
- CR.2 - Craig N Reid, PA-C on 07/20/22 1815
- GD.1 - Garrett Deiro on 07/20/22 1046
- GD.2 - Garrett Deiro on 07/20/22 1100
- GD.3 - Garrett Deiro on 07/20/22 1132
- GD.4 - Garrett Deiro on 07/20/22 1047

Shah, Bhargav (MRN 20017152927)

Encounter Date: 07/20/2022

ED Provider Notes (continued)

ED Provider Notes by Craig N Reid, PA-C (continued)

07/20/22 1034

GD.5 - Garrett Deiro on 07/20/22 1048

ED PROGRESS NOTE

No notes of this type exist within this time range.

ED PROCEDURE NOTE

No notes of this type exist within this time range.

Chief Complaint

Complaint	Comment
Knee Pain	

ED Medication Orders (From 07/20/22 0920 through 07/20/22 1326)

Start	Ordered		Status	0
07/20/22 1135	07/20/22 1132	ketorolac (TORADOL) Injection 30 mg ONCE	Last MAR action: Given	

ED Imaging Orders (From 07/20/22 0920 through 07/20/22 1326)

Start	Ordered		Status	Ordering Provider
07/20/22 1005	07/20/22 1004	XR Knee Left 3 Vw 1 TIME IMAGING	Final result	REID, CRAIG N

ED All Other Orders (From 07/20/22 0920 through 07/20/22 1326)

Start	Ordered		Status	Ordering Provider
07/20/22 1127	07/20/22 1128	Knee Immobilizer (Tech) UNTIL DISCONTINUED Question: Right or Left? Answer Left	Canceled	REID, CRAIG N
07/20/22 1127	07/20/22 1128	Crutches and Teaching (Tech) UNTIL DISCONTINUED	Canceled	REID, CRAIG N
07/20/22 1126	07/20/22 1128	Apply ace wrap ONE TIME Comments: Apply ace wrap	Completed	REID, CRAIG N

ED Diagnoses

Diagnosis	Comment	Associated Orders
Final diagnoses		
Internal derangement of left knee	-	-
Knee strain, left, initial encounter	-	-

ED Disposition

ED Disposition	Condition	Comment
Discharge	Stable	Pt to follow up with PMD as soon as possible, obtain rx and take as directed, return to the er for any further concerns, or call 911 for any immediate concerns. Pt acknowledges all.

ED Treatment Team

Provider	Role	From	To	Phone	Pager
Breelan Kear, MD	Attending Provider	07/20/22 1007	--	54764	--
Craig N Reid, PA-C	Physician Assistant	07/20/22 1004	--	714-543-8911	--
Nicholas R Barbosa, RN	Registered Nurse	07/20/22 1014	--	--	--

ECG Results

None

ED Events

Shah, Bhargav (MRN 20017152927)

Encounter Date: 07/20/2022

## ED Events (continued)

Date/Time	Event	User	Comments
07/20/22 0920	Patient arrived in ED	HAHLING, IVANA K	--
07/20/22 0920	Emergency encounter created	HAHLING, IVANA K	--
07/20/22 1002	Patient roomed in ED	BARBOSA, NICHOLAS R	To room ED24
07/20/22 1003	Triage Started	BARBOSA, NICHOLAS R	--
07/20/22 1004	Assign Mid-level	REID, CRAIG N	Craig N Reid, PA-C assigned as Physician Assistant
07/20/22 1004	Assign Physician	REID, CRAIG N	--
07/20/22 1007	Assign Physician	KEAR, BREENAN	--
07/20/22 1007	Triage Completed	BARBOSA, NICHOLAS R	--
07/20/22 1029	Registration Completed	HAHLING, IVANA K	--
07/20/22 1326	Patient discharged	BARBOSA, NICHOLAS R	--
07/20/22 1326	ED Tracking End	BARBOSA, NICHOLAS R	--

Claim Attachment Information

Patient Name: SHAH, BHARGAV  
Attachment Control Number: 115308506

DLRW2022095173  
DOI: 7-20-22 #00126029

07/20/2022 - ED in PROVIDENCE ST JOSEPH HOSPITAL ORANGE EMERGENCY CENTER

Visit Account Information

Hospital Account

Name	Acct ID	Class	Status	Primary Coverage
Shah, Bhargav	3205003542 47	Emergency	Billed	WORKERS COMPENSATION - WORKMENS COMP OTHER WC

Guarantor Account (for Hospital Account #320500354247)

Name	Relation to Pt	Service Area	Active?	Acct Type
Park, Sb07202022disneyland Resort- Address	Self	PHSCA	Yes	Workers Comp
8785 E Cloudview Way Anaheim, CA 92828	714-446-8851(H)			

Coverage Information (for Hospital Account #320500354247)

F/O Payor/Plan	Precent #
WORKERS COMPENSATION/WORKMENS COMP OTHER WC	
Subscriber	Subscriber #
Shah, Bhargav Address	573692930
PO Box 3909 Anaheim, CA 92803	
Phone	

Reason for Visit

Chief Complaint

- Knee Pain

Visit Diagnoses

Name	Is ED?	
Internal derangement of left knee (primary)	Yes	AUG 08 2022
Knee strain, left, initial encounter	Yes	

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WORKERS' COMP

ED Provider Note

ED Provider Notes

Craig N Reid, PA-C at 7/20/2022 1034

Author: Craig N Reid, PA-C  
Filed: 07/20/22 1815  
Editor: Craig N Reid, PA-C (Physician Assistant)

Service: Emergency Medicine  
Date of Service: 07/20/22 1034

Author Type: Physician Assistant  
Status: Signed

PROVIDENCE ST JOSEPH'S HOSPITAL ORANGE EMERGENCY CENTER

7/20/2022 10:34 AM PDT

ED ATTENDING PHYSICIAN Breelan Kear, MD

Patient Name: Bhargav Shah DOB: 5/1/1956 Medical Record: 20017152927 50596079292

CHIEF COMPLAINT

Chief Complaint

Patient presents with

- Knee Pain

HPI

ED Provider Note (continued)

Bhargav Shah is a 66 y.o. male who presents with left knee pain after an injury at work today. Pt states that he was twisting around at work today, and when doing so, he felt a pop in his left knee. Pt states that he was unable to bear weight on the left leg due to pain after this pop in his knee. Injury occurred around 0820 this morning. Pt denies any hip pain, ankle pain, or any other injuries from the fall. He denies head injuries, or any chest pain/SOB prior to the fall.

Onset: today, 0820 this morning  
Severity: Moderate  
Associated symptoms: None  
Alleviated by: Nothing. Exacerbated by: Weight bearing

HPI

**REVIEW OF SYSTEMS**

Review of Systems

All other systems have been reviewed and are negative except as documented in HPI.

**PAST MEDICAL HISTORY**

Past Medical History:

Diagnosis	Date
• Back pain	
• Neck pain	

**SURGICAL HISTORY**

Past Surgical History:

Procedure	Laterality	Date
• None reported		

**CURRENT MEDICATIONS**

No current outpatient medications on file prior to encounter.

**ALLERGIES**

Patient has no known allergies.

**SOCIAL HISTORY**

Social History

Tobacco Use

- Smoking status: Never
- Passive exposure: Never
- Smokeless tobacco: Never

Substance Use Topics

- Alcohol use: Never
- Drug use: Never

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AUG 08 2022

WORKERS' COMP

**FAMILY HISTORY**

ED Provider Note (continued)

Family History

Problem	Relation	Age of Onset
• Diabetes	Mother	

**PHYSICAL EXAM**

Temp: 37.1 °C (98.7 °F) Pulse: 72 Resp: 20 BP: 127/82 SpO2: 98 %

Physical Exam

**General:** No acute distress, Non-toxic appearance.

**HENT:** Normocephalic, Atraumatic, oropharynx: moist mucus membranes.

**Eyes:** PERRL, EOMI, Conjunctiva normal.

**Neck:** Normal range of motion, No tenderness, Supple

**Cardiovascular:** Normal heart rate, Normal rhythm, No murmur

**Lungs:** Normal breath sounds, No respiratory distress, No wheezing

**Abdomen:** Soft, No tenderness, No distension

**Skin:** Warm, Dry, No rash.

**Back:** No tenderness, normal alignment

**Extremities:** pain to the left knee with valgus stress, no pain with varus stress, tenderness to palpation of the lateral and medial joint line, mild left knee effusion; tenderness to palpation of the left tibial tubercle; tenderness to palpation of the left quadriceps tendon; tenderness to palpation of the left hip and left thigh, no point tenderness; tenderness to palpation of the anterior left lower extremity; left medial malleolus tenderness; no left foot tenderness; left leg with good cap refill, distally neurovascularly intact; right leg with full ROM of the hip/knee/ankle, distally neurovascularly intact; weak dorsiflexion/plantarflexion due to pain

**Psychiatric:** Normal mood and affect.

**Neurologic:** GCS 15, Alert & oriented x 4, no focal deficits

Vital Sign	Current:	Last 24 Hours:
Temperature	Temp: 37.1 °C (98.7 °F)	Temp Min: 37.1 °C (98.7 °F) Max: 37.1 °C (98.7 °F)
Blood Pressure	BP: 127/82	BP Min: 127/82 Max: 127/82
Pulse	Pulse: 72	Pulse Min: 72 Max: 72
Respirations	Resp: 20	Resp Min: 20 Max: 20
Pain Rating Rest		No data recorded
Pain Rating Activity		No data recorded
O2 Sat	SpO2: 98 % on liters/minute	SpO2 Min: 98 % Max: 98 %

Current Wt	Current Wt:	
Admit Wt	Admit Wt:	There is no height or weight on file to calculate BMI.

Medications

ketorolac (TORADOL) injection 30 mg (30 mg Intramuscular Given 7/20/22 1142)

RECEIVED

AUG 08 2022

WORKERS' COMP

No results found for this or any previous visit (from the past 24 hour(s)).

ED Provider Note (continued)

**EKG**

**RADIOLOGY**

XR Knee Left 3 Vw

Final Result

IMPRESSION:

Minimal degenerative changes of the left knee.

Probable joint effusion.

No acute osseous pathology.

Electronically signed by: Paul Kim, MD on 7/20/2022

11:03 AM PDT

**ED COURSE & MEDICAL DECISION MAKING**

Pertinent Labs & Imaging studies reviewed. (See chart for details)

1100: Pt made aware of XR results.

**QUALITY metrics**

**PROCEDURES**

Procedures

Critical Care time: 31-74 minutes 75-104 minutes  \_\_\_minutes. Excluding separately billable procedures.

Last Vitals: Temp: 37.1 °C (98.7 °F) Pulse: 72 Resp: 20 BP: 127/82 SpO2: 98 %

Final diagnoses:

Internal derangement of left knee

Knee strain, left, initial encounter

**Disposition**

Discharge Home/Self Care

ADMIT:  MEDSURG  Tele  DSU  ICU

ADMIT to Psych

Transfer to  other inpatient facility  SNF  CHOC

Transfer to other provider:

Left before treatment complete

Left against medical advice

Expired

Other

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ED Provider Note (continued)

Condition:  stable  fair  critical

Follow-up Information

Disney Cast Health. Go today.  
Why: For wound re-check

Discharge Medication List as of 7/20/2022 11:28 AM

START taking these medications

	Details
ibuprofen (ADVIL,MOTRIN) 600 MG tablet	Take 1 tablet by mouth every 6 hours as needed for Pain for up to 5 days.Disp-20 tablet, R-0, Normal

Documentation prepared by Garrett Deiro, medical scribe.  
I, the supervising physician, reviewed & agree w/ documentation.

History, physical exam and medical decision-making was discussed and the plan of care was developed collaboratively with my supervising physician. Craig Reid PA-C, 7/20/2022 10:47 AM PDT

I personally saw & examined patient, I personally directed the diagnostic, therapeutic, and consultative decisions. I have reviewed the NPP documented history, exam and MDM. I performed the substantive portion of the medical decision making.

Breelan Kear MD. , 7/20/2022 10:48 AM PDT

Craig N Reid, PA-C  
07/20/22 1815

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Electronically signed by Craig N Reid, PA-C at 07/20/22 1815

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ED Notes

ED Triage Notes

Nicholas R Barbosa, RN at 7/20/2022 1003

Author: Nicholas R Barbosa, RN

Service: Emergency Medicine

Author Type: Registered Nurse

Filed: 07/20/22 1006

Date of Service: 07/20/22 1003

Status: Signed

Editor: Nicholas R Barbosa, RN (Registered Nurse)



**07/20/2022 - ED In PROVIDENCE ST JOSEPH HOSPITAL ORANGE EMERGENCY CENTER (continued)**

**ED Notes (continued)**

Pt bib bls ambulance from disneyland s/p twisting around while standing and working. Pt now c/o left knee pain that radiates up to his groin area. Pt reporting 4/10 pain, home med celebrex, pt didn't fall. Pt alert and oriented, cardboard splint placed by ems.

Electronically signed by Nicholas R Barbosa, RN at 07/20/22 1006

**ED Care Timeline**

**Patient Care Timeline (7/20/2022 09:20 to 7/20/2022 13:26)**

7/20/2022	Event	Details	User
09:20	Patient arrived in ED		Ivana K Hahling
09:20:28	Contact Start event		Ivana K Hahling
09:20:28	Emergency encounter created		Ivana K Hahling
09:20:59	Arrival Complaint	L knee pain	
09:20:59	ED FCC Start	Facility Charge Calculator start	Ivana K Hahling
10:02:51	Patient roomed in ED	To room ED24	Nicholas R Barbosa, RN
10:03	Risk of New Infection	Is the chief complaint likely related to infection? Infection likely: No	Nicholas R Barbosa, RN
10:03	Arrival Documentation	Triage Start Triage Start: Start Arrived From Arrived From: home or self-care	Nicholas R Barbosa, RN
10:03	Infectious Risk Screening	<b>Infectious Symptoms</b> Are you experiencing any of these symptoms?: None of these <b>Infectious Exposures</b> Have you had known exposure to anyone with the following?: None of these <b>Other Infectious Risks</b> Do the following apply: None of these	Nicholas R Barbosa, RN
10:03	Infectious Risk Audit	<b>Infectious Risk Audit Rows</b> Screening dep infection risk category: Emergency (8) Screening workflow: Clinical (4)	Nicholas R Barbosa, RN
10:03	Custom Formula Data	<b>Infectious Symptoms</b> Symptoms screened: Chills; Cough; Diarrhea; Fever; Headache; Muscle or body aches; New loss of taste or smell; Rash; Shortness of breath; Sore throat; Weakness/Fatigue <b>Infectious Exposures</b> Exposures screened: COVID-19 in the last 2 weeks <b>Other Infectious Risks</b> Other risks screened: Patient diagnosed w COVID-19 in past 20 days <b>Other flowsheet entries</b> Screening complete: Complete Syndromes screened: Bacterial Meningitis (30470007); COVID-19 (30470026); Clostridium difficile (30470024); Gastroenteritis, NOS (30470008); Respiratory Infection (30470009); Tuberculosis (30470025); Varticella/chickenpox (102250) Screening result: None	Nicholas R Barbosa, RN
10:03:10	Triage Started		Nicholas R Barbosa, RN
10:03:21	Chief Complaints Updated	Knee Pain	Nicholas R Barbosa, RN

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07/20/2022 - ED in PROVIDENCE ST JOSEPH HOSPITAL ORANGE EMERGENCY CENTER (continued)

ED Care Timeline (continued)

10:03:38	<b>ED Triage Notes</b>	Pt bib bls amblance from disneyland s/p twisting around while standing and working. Pt now c/o left knee pain that radiates up to his groin area. Pt reporting 4/10 pain, home med celebrex, pt didn't fall. Pt alert and oriented, cardboard splint placed by ems.	Nicholas R Barbosa, RN
10:04	<b>Assign Mid-level</b>	Craig N Reid, PA-C assigned as Physician Assistant	Craig N Reid, PA-C
10:04	<b>Assign Physician</b>		Craig N Reid, PA-C
10:04	<b>First Provider Contact</b>	PROVIDER CONTACT INITIATED	Craig N Reid, PA-C
10:04:34	<b>Orders Placed</b>	Imaging - XR Knee Left 3 Vw	Craig N Reid, PA-C
10:04:35	<b>XR Ordered</b>	XR KNEE LEFT 3 VW	Craig N Reid, PA-C
10:04:35	<b>Imaging Exam Ordered</b>		Craig N Reid, PA-C
10:06	<b>Acuity</b>	Acuity Patient Acuity: 3	Nicholas R Barbosa, RN
10:06:59	<b>History Reviewed</b>	Sections Reviewed: Medical, Family, Surgical, Alcohol, Drug Use	Nicholas R Barbosa, RN
10:07	<b>Brief Assessment</b>	Airway Airway WDL: WDL Breathing Respiratory WDL: WDL Circulation Cardiac WDL: WDL Neuro Cognitive Cognitive/Neuro/Behavioral WDL: WDL	Nicholas R Barbosa, RN
10:07	<b>Triage Complete</b>	Full Triage Completed Full Triage Completed: YES	Nicholas R Barbosa, RN
10:07:10	<b>PHS ASSIGN ATTENDING</b>	Breelan Kear, MD assigned as Attending	Breelan Kear, MD
10:07:10	<b>Assign Physician</b>		Breelan Kear, MD
10:07:29	<b>Home Medications Reviewed</b>		Nicholas R Barbosa, RN
10:07:45	<b>FULL TRIAGE COMPLETE</b>		Nicholas R Barbosa, RN
10:07:45	<b>Triage Completed</b>		Nicholas R Barbosa, RN

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07/20/2022 - ED in PROVIDENCE ST JOSEPH HOSPITAL ORANGE EMERGENCY CENTER (continued)

ED Care Timeline (continued)

10:09	<b>Vital Signs</b>	<b>Vitals</b> Temp: 37.1 °C (98.7 °F) Pulse: 72 Resp: 20 BP: 127/82 SpO2: 98 % Temp Source: Oral Heart Rate Source: Monitor BP Method: Automatic BP Location: Left arm Patient Position: Lying T P R & BP Complete: Yes <b>Oxygen Therapy</b> SpO2: 98 % <b>Other flowsheet entries</b> Automatic Restart Vitals Timer: YES <b>Vitals Assessment</b> Restart Triage Pain & VS Reassess Timer: Yes	Marc A Cruz, PCT
10:09	<b>ED qSOFA Calculation</b>	<b>Other flowsheet entries</b> Calculated ED qSOFA Score: 0	Marc A Cruz, PCT
10:09	<b>Custom Formula Data</b>	<b>MEWS</b> MEWS Total Score: 1 MEWS SBP: 0 MEWS TEMP: 0 MEWS PULSE: 0 MEWS RESP: 1 <b>Other flowsheet entries</b> B2 Total Score: 0 NEWS SBP: 0 NEWS TEMP: 0 NEWS PULSE: 0 NEWS RESP: 0 NEWS SP02: 0 B1 Total Score: 0	Marc A Cruz, PCT
<b>RECEIVED</b> <b>AUG 08 2022</b> <b>WORKERS' COMP</b>			
10:13:54	<b>History Reviewed</b>	Sections Reviewed: Medical, Surgical, Alcohol, Tobacco, Drug Use, Sexual Activity, Custom, Family	Nicholas R Barbosa, RN
10:14:42	<b>Assign Nurse</b>	Nicholas R Barbosa, RN assigned as Registered Nurse	Nicholas R Barbosa, RN
10:29:11	<b>Registration Completed</b>		Ivana K Hahling
11:03:10	<b>Order Performed</b>	XR Knee Left 3 Vw - ID: 35842011PRV	
11:03:33	<b>XR Knee Left 3 Vw Resulted</b>	Collected: 7/20/2022 11:03 Last updated: 7/20/2022 11:18 Status: Final result	Interface, Psr Ca
11:13:07	<b>Imaging Exam Started</b>	XR Knee Left 3 Vw	Yadira I Jimenez, Technologist
11:18:55	<b>Imaging Exam Ended</b>	XR Knee Left 3 Vw	Yadira I Jimenez, Technologist
11:19:09	<b>Imaging Final Result</b>	XR Knee Left 3 Vw	Edi, 772303
11:19:09	<b>Xray Final Result</b>	(Final result) XR KNEE LEFT 3 VW	Edi, 772303
11:28:15	<b>Discharge Orders Placed</b>	Medications - ibuprofen (ADVIL,MOTRIN) 600 MG tablet	Craig N Reid, PA-C
11:28:34	<b>Orders Placed</b>	Nursing - Apply ace wrap; Knee Immobilizer (Tech); Crutches and Teaching (Tech)	Craig N Reid, PA-C
11:28:43	<b>AVS Printed</b>	ED After Visit Summary	Craig N Reid, PA-C

**07/20/2022 - ED in PROVIDENCE ST JOSEPH HOSPITAL ORANGE EMERGENCY CENTER (continued)**

**ED Care Timeline (continued)**

11:29:05	<b>Discharge Disposition Selected</b>	ED Disposition set to Discharge	Craig N Reid, PA-C
11:29:05	<b>Disposition Selected</b>		Craig N Reid, PA-C
11:32:42	<b>Orders Acknowledged</b>	New - Apply ace wrap	Nicholas R Barbosa, RN
11:32:43	<b>Orders Acknowledged</b>	New - XR Knee Left 3 Vw	Nicholas R Barbosa, RN
11:32:44	<b>Orders Acknowledged</b>	New - Knee Immobilizer (Tech)	Nicholas R Barbosa, RN
11:32:45	<b>Orders Acknowledged</b>	New - Crutches and Teaching (Tech)	Nicholas R Barbosa, RN
11:32:46	<b>Orders Placed</b>	Medications - ketorolac (TORADOL) injection 30 mg	Craig N Reid, PA-C
11:32:47	<b>Orders Completed</b>	Apply ace wrap	Nicholas R Barbosa, RN
11:42	<b>Medication Given</b>	ketorolac (TORADOL) injection 30 mg - Dose: 30 mg ; Route: Intramuscular ; Site: Deltoid-Right ; Scheduled Time: 1135	Nicholas R Barbosa, RN
12:00	<b>SOFA</b>	SOFA SOFA Coagulation Score (Do Not Edit): (No Score) SOFA Liver Score (Do Not Edit): 0 SOFA Cardiovascular Score (Do Not Edit): 0 SOFA Neurological Score (Do Not Edit): 0 SOFA Renal Score (Do Not Edit): 0 SOFA Score (Do Not Edit): 0	Model, Batch Job
12:00	<b>Custom Formula Data</b>	SOFA SOFA Score Change (Delta): 0	Model, Batch Job
13:25	<b>Departure Condition</b>	Departure Condition Mobility at Departure: Ambulatory Patient Teaching: Discharge instructions reviewed; Follow-up care reviewed; Medications discussed; Patient verbalized understanding and agrees with discharge plan Departure Mode: By self	Nicholas R Barbosa, RN
13:26	<b>Patient discharged</b>		Nicholas R Barbosa, RN
13:26	<b>Readmission Risk</b>	Other flowsheet entries Readmission Risk: 37	Autofile, System
13:26:19	<b>Charting Complete</b>		Craig N Reid, PA-C

**Imaging w/o order details - Pert**

**Imaging**

**XR Knee Left 3 Vw (Final result)**

**XR Knee Left 3 Vw**

Resulted: 07/20/22 1103, Result status: Final result

Ordering provider: Craig N Reid, PA-C 07/20/22 1004  
 Resulted by: Paul S Kim, MD  
 Performed: 07/20/22 1035 - 07/20/22 1047  
 Resulting lab: PHS IMAGING  
 Narrative:  
 History: Pain.

Order status: Completed  
 Filed by: Edi, 772303 07/20/22 1119  
 Accession number: 35842011PRV

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COMPARISON: None.

**WORKERS' COMP**

Impression:  
 IMPRESSION:

Minimal degenerative changes of the left knee.

Probable joint effusion.

No acute osseous pathology.

Electronically signed by: Paul Kim, MD on 7/20/2022 11:03 AM PDT

**XR Knee Left 3 Vw**

Resulted: 07/20/22 1113, Result status: In process

Ordering provider: Craig N Reid, PA-C 07/20/22 1004  
Resulted by: Paul S Kim, MD  
Performed: 07/20/22 1035 - 07/20/22 1047  
Resulting lab: PHS IMAGING

Order status: Completed  
Filed by: Yadiria I Jimenez, Technologist 07/20/22 1113  
Accession number: 35842011PRV

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
284 - PHS IMG	PHS IMAGING	Unknown	Unknown	04/06/20 1340 - Present

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CLAIMS DEPT  
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SEATTLE, WA 98138-9923

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**DISNEYLAND WORKER'S COMP**  
**PO BOX 3909**  
**ANAHEIM, CA 92802**

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WORKERS' COMP

7/29/2022

The following items attached are to be used during the adjudication process:

- Account Number: 320500354247
  - Patient Name: Shah, Bhargav
  - Date of Service: 07/20/22
  - Claim#/Policy #: 573692930
  - OR WC Only – 827 Form: No
  - Medical Records/ Additional Items: Yes
- Business Office

Providence St. Joseph Health

#### CONFIDENTIALITY NOTICE

Protected Health Information is personal and sensitive information related to a person's healthcare. It is being sent to you after appropriate authorization from the patient or under circumstances that don't require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent is prohibited, except as permitted by law. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws.

If you have received this in error, please contact 866-747-2455 immediately and we will make arrangements to retrieve the documents sent in error at our expense.

## Subjective

---

### Encounter info

RE: Shah, Bhargav K 05-01-1956 66 y/o M (CAST-00726029)

Date: 07-20-2022 14:00:00

Nurse Visit

Provider: Nurse 2 CA

Location: Disneyland Health Services

Appointment: Occ Injury/Illness - Nurse Initial

Comment: Lt knee pain

### Chief complaint

L knee pain DOI 7/20/22

### HPI

What was the employee doing just before the incident occurred? Made 14 trays of Turkey sandwich

What happened? Tell us how the injury occurred. After finishing up with the sandwiches, cm went to put it away in the refer, CM tried to open the refer door and tried to move a little and then felt something in leg and heard a noise and couldn't move

Narrative (Personal/Private Additional): DOI 7/20/22

### Incident details

Case type: Injury

Date/time of injury or onset of illness: 07-20-2022 08:20:00

Time Patient began work on day of injury/illness: 06:30

Last date of work: 07-20-2022

Work related?: Yes

Injury/illness type: Injury

Date determined recordable: 07-20-2022 15:18:00

Date/time workers compensation forms were given: 07-20-2022 15:18:00

Regularly assigned to Supervisor: Adam W Buth

Reported

Date: 07-20-2022

Location

Onsite location: Jolly Holiday Bakery Cafe, Main Street, U.S.A., Disneyland Park, Disneyland Resort

Where the injury/illness occurred: BOH

What object or substance directly harmed the employee? Carrying tray, twisting LLE

Treatment

Treatment provided: First Aid

Location: Hospital/ER/Urgent care facility.

Hospital

Hospitalized overnight as an in-patient?: No.

Hospital/facility: St. Joseph's Hospital ER

Nature of injury or illness

Nature of injury: Sprain/Strain Body part: Knee - Left

Doc ID: 120405108 Revision # 1

Author: Nurse 2 CA,

Type: Nurse Visit

D.O.S: 07-20-2022

Create Date: 07-20-2022

Location: Disneyland Health Services

Name: Shah, Bhargav K

Sex: M

DOB: 05-01-1956

Age: 66

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Printed 21 Jul 2022

## Past medical history

- Bruise 03-02-2020 , right (Concluded on 05-08-2020)
- Cervicalgia 07-03-2018 (Concluded)
- Thoracic back pain 07-03-2018 , upper and mid back and bilateral shoulders. (Inactivated)
- High cholesterol 2018-00-00 00:00:00 (Inactivated)
- Diabetes mellitus 2018-00-00 00:00:00 (Inactivated)
- Degenerative disc disease (Inactivated)

## Past procedures

- No Known Past Procedure

## Presenting medications

- Celebrex 200 mg capsule 1 po qd
- medication for high cholesterol

## Allergies / Intolerances

- NKDA

## Presenting Restrictions

- OCC WC, No Lifting/Pushing/Pulling more than 15 lbs. with left arm. from: 07-15-2022 11:14 to: 07-28-2022 23:59:00 by Ghalambor, Navid, Affecting Work

## Objective

---

### Nurse physical exam

#### Constitutional

---

General Appearance: Well developed, well nourished, in no acute distress.  
Respiratory: Normal respiratory effort with symmetrical lung expansion. No audible wheezes.

#### Musculoskeletal

---

Gait/Station: Using crutches provided by hospital  
Muscle Strength/Tone: Muscle strength and tone are normal.

#### Lower Extremities

---

Knee: L knee: Ace wrap and brace applied by the hospital are on at this time. CM unable to perform ROM of L knee. Unable to bear weight on LLE due to pain  
Ankle: Left: No tenderness, no swelling, no ecchymosis, no erythema and no obvious deformity. Normal ROM. Distal pulses present.

#### Neurological

---

Orientation: Oriented to person, place, time and general circumstances.  
Mood/Affect: Mood and affect appropriate.  
Neurological: Follows command.

## Assessment

---

### Assessment

- Degenerative disc disease , ICD-10: M51.9

Doc ID: 120405108 Revision # 1  
Author: Nurse 2 CA,  
Type: Nurse Visit  
D.O.S: 07-20-2022  
Create Date: 07-20-2022  
Location: Disneyland Health Services

Name: Shah, Bhargav K  
Sex: M  
DOB: 05-01-1956  
Age: 66

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- Knee pain , ICD-10: M25.56

## Plan

### Plan Narrative

Documentation from hospital provided by CM. Temp restrictions processed. Email sent. Prescriptions given by hospital were picked up by CM at Disney Pharm.  
 CM transported home by taxi. DWC completed. Provider initial appt scheduled.  
 Spoke with Ronnie A Vargas re: temp restrictions. Unable to accommodate. Nurse called CM to notify of Lost Time. CM in agreement with plan.

### Restrictions

OCC.	DIS.	AFF.	RESTRICTION TYPE	REST. START	REST. END	PERM	PROVIDER	USER	CASE/PROBLEM
Y	N	Y	No Walking more than 15 min. per hour. No stooping, bending, pushing, pulling. Must use splint and crutches. Work at ground level only. Must not work, use, or come into contact with solvents, acids, detergents, or chemicals. Sedentary work only.	07-20-2022 15:21	07-24-2022 23:59:00	N	External Provider	Swanson, Jenelle	S2022-8270 - 2022-07-20 08:20:00

### Accommodations

#### Accommodations

WHERE ACCOMMODATED	ACCOMMODATION DETAILS	ACCOMMODATION START	ACCOMMODATION END	USER	CASE
Lost Time/Occ	S2022-8270 - Unable to accommodate per Ronnie A. Vargas	07-20-2022 15:21	07-24-2022 23:59:00	Swanson, Jenelle	S2022-8270 - 2022-07-20 08:20:00

### Charges

- (99212) Office Visit - Moderate

### Future Appointments

- Sun 07-24-2022 14:15 with Caithness A Rodriguez, MD (Disneyland Health Services), L knee pain
- [Add Provider Work-In Initial Visit](#)
- [Add Provider Work-In Follow-Up Visit](#)
- [Add Provider Work-In FTW Visit](#)

### Depart Instructions

Doc ID: 120405108 Revision # 1  
 Author: Nurse 2 CA,  
 Type: Nurse Visit  
 D.O.S: 07-20-2022  
 Create Date: 07-20-2022  
 Location: Disneyland Health Services

Name: Shah, Bhargav K  
 Sex: M  
 DOB: 05-01-1956  
 Age: 66

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 Printed 21 Jul 2022

**Depart Summary:**

- Use ice pack as needed for 20 minutes on and 20 minutes off with barrier between skin and ice.
- Take ibuprofen as prescribed.
- Elevate extremity above heart level when at rest. Use pillow for support.
- Use wrap for support and compression.

## Summary

### Final Medications

- Celebrex (200mg); 1 po qd
- medication for high cholesterol

### Final Allergies

**Allergies**

- NKDA

### Final Restrictions & Accommodations

OCC.	DIS.	AFF.	RESTRICTION TYPE	REST. START	REST. END	PERM	PROVIDER	USER	CASE/PROBLEM
Y	N	Y	No Lifting/Pushing/Pulling more than 15 lbs. with left arm.	07-15-2022 11:14	07-28-2022 23:59:00	N	Ghalembor, Navid	Young, Katharine J	S2018-12716 - 2018-07-03 13:43:00

#### Work Status

WHERE ACCOMMODATED	START DATE	END DATE	DETAILS	DURATION
Work Location	07-15-2022 11:17:00	07-28-2022 23:59:00		6 Days

DISPLAYING 1-1 / 1

Work Location