

RECORDS

Applicant/Plaintiff	Benetia Young
Case No.	ADJ12213522
Defendant	Starview Adolescent Center
Date of Injury	04/18/2019
File/Claim Num	Date Published 12/30/2019
Records of Location Copied	Athens Administrators 2552 Stanwell Dr CONCORD, CA 94520
Type of Records	Claims and Benefits

Records delivered to:

Control Num 19-25128-4 (93) C1

1 Customer

Natalia Foley, Esq
Workers Defenders Law Group
5753 E Santa Ana Cyn Rd Ste G #616
Anaheim, CA 92807
Attn: Natalia Foley, Esq.

Med-Legal, LLC

955 Overland Ct, Suite 200, San Dimas, CA 91773 (800) 244-3495

Corrected Location Form

The current facility has indicated that we need to contact another location to obtain the requested records.

Date: 11/26/2019

Employee: Sonia Rocha

Injured Person: Benetia Young

Social Security #: _____

Control #: 19-25128-2

Current location: Quality Comp Inc
255 Great Valley Parkway ste 200, Malvern, PA, 19355

Person contacted at facility: _____
Title: _____
Phone extension: _____

New location: Athens Administrators
2552 Stanwell Dr, CONCORD, CA, 94520

Reason:

- New location is the **Agent for Service**
- Previous location was the **Agent for Service**
- New location is the **corporate office** where all records are kept
- This company/facility has more than one location, the requested records are at the new address
- The facility has **moved** to a new address
- The previous facility was **purchased** by the new one
- The doctor is **deceased**, records are at a new location
- The doctor moved to a new facility and took records with him/her
- The physical address
- CORRECT CARRIER

Instructions: This form is to be filled out anytime we change facility locations. The form is to be kept with the Subpoena/Auth/Notice of Depo. and become part of the records or Certificate of No Records.

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

WORKERS' COMPENSATION APPEALS BOARD

Benetia Young
DOB: 01/08/65
AKA:
File: CLA#19006760

Claimant/Applicant,

vs.

Starview Adolescent Center

Employer/Insurance Carrier/Defendant.

Case No. ADJ12213522

(IF APPLICATION HAS BEEN FILED, CASE NUMBER
MUST BE INDICATED REGARDLESS OF DATE OF INJURY)

SUBPOENA DUCES TECUM

(When records are mailed, identify them by using above case number or attaching a copy of subpoena)

Where no application has been filed for injuries on or after January 1, 1990 and before January 1, 1994, subpoena will be valid without a case number, but subpoena must be served on claimant and employer and/or insurance carrier.

See instructions below.*

The People of the State of California Send Greetings to: Athens Administrators

WE COMMAND YOU to appear before A Deposition Officer – Med-Legal, LLC

at 1837 Whipple Road, Hayward, CA 94544, Phone 800-244-3495

on the 12/16/19 day of _____, at 10:00 o'clock AM., to testify in the above-entitled matter and to bring with you and produce the following described documents, papers, books and records.

See Attachment for a list of records to be produced subject to this subpoena, to make available for inspection and copying or transmit/transfer electronically.

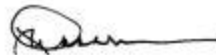
(Do not produce X-rays unless specifically mentioned above.)

For failure to attend as required, you may be deemed guilty of a contempt and liable to pay to the parties aggrieved all losses and damages sustained thereby and forfeit one hundred dollars in addition thereto.

This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy which is served herewith.

Date 11/26/19

WORKERS' COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA



Secretary, Assistant Secretary, Workers' Compensation Judge



***FOR INJURIES OCCURRING ON OR AFTER JANUARY 1, 1990,
AND BEFORE JANUARY 1, 1994**

If no Application for Adjudication of Claim has been filed, a declaration under penalty of perjury that the Employee's Claim for Workers' Compensation Benefits (Form DWC-1) has been filed pursuant to Labor Code Section 5401 must be executed properly.

**SEE REVERSE SIDE
[SUBPOENA INVALID WITHOUT DECLARATION]**

You may fully comply with this subpoena by mailing the records described (or authenticated copies, Evid. Code 1561) to the person and place stated above within ten (10) days of the date of service of this subpoena.

This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or city Police Department unless accompanied by notice from this Board that deposit of the witness fee has been made in accordance with Government Code 68097.2, et seq.

DWC WCAB 32 (Side 1) (REV. 06/18)

HIPAA Compliant Request

Control #: **19-25128-2**

Do not appear! Simply call (800) 244-3495 and somebody will copy the records for you at your office.

AA000003

DECLARATION FOR SUBPOENA DUCES TECUM

Case No. ADJ12213522

STATE OF CALIFORNIA, County of Los Angeles

The undersigned states: That Med-Legal, LLC has been authorized to obtain records by

Natalia Foley, Esq Workers Defenders Law Group

That he /she is (one of) the attorney(s) of record / representative(s) for the applicant/defendant in the action captioned on the reverse hereof. That Athens Administrators

has in his/her possession or under his/her control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reasons:

Based on the information and belief to resolve any dispute in the above referenced case.

Declaration for Injuries on or After January 1, 1990 and Before January 1, 1994

[X] That an Employee's Claim for Workers' Compensation Benefits (DWC Form 1) has been filed in accordance with Labor Code Section 5401 by the alleged injured worker whose records are sought, or if the worker is deceased, by the dependent(s) of the decedent, and that a true copy of the form filed is attached hereto. (Check box if applicable and part of declaration below. See instructions on front of subpoena.)

I declare under penalty of perjury that the foregoing is true and correct

Executed on 11/26/19, at San Dimas, California.

Handwritten signature of Victor Landero

955 Overland Court, Suite 200, San Dimas, CA 91773

(626) 653-5160

Signature

Address

Telephone

Victor Landero, Operations

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of Los Angeles

I, the undersigned, state that I served the foregoing subpoena by showing the original and delivering a true copy thereof, together with a copy of the Declaration in support thereof, to each of the following named persons, personally, at the date and place set forth opposite each name.

Table with 3 columns: Name of Person Served, Date, Place. Multiple rows for listing served parties.

I declare under penalty of perjury that the foregoing is true and correct

Executed on _____, at _____, California.

Signature

Attachment

Re:

Patient/Applicant: Benetia Young
AKA:

Social Security #: 547-08-0936
D.O.B.: 01/08/65

Ordered By:

Natalia Foley, Esq
Workers Defenders Law Group
5753 E Santa Ana Cyn Rd Ste G #616
Anaheim, CA 92807

Records to produce:

Deponent's file #: CLA#19006760
Exclusions (if any):

Date Range (if any):

For each injury alleged by the Applicant named on the Subpoena, produce the following:

A signed "Declaration of Custodian of Records" must accompany the records.

Record Copy Request

(1) Insurance Claims File AND (2) Benefit Notices

This demand to produce is not limited to the dates of injuries that are the subject of the case numbers listed on the attached Notice but includes all dates of occurrences and all periods of time for the specific documents demanded:

There are **TWO** types of records being requested, **Claims** and **Benefit** notices.

(1 of 2) Claims file:

All documents contained in any file however designated in any location under your the possession or control or under the possession or control of any employee or agent of the employer wherein Applicant is the subject including but not limited to any and all employment files, personnel files, claim files, injury files, medical files, investigation files, disciplinary files, and workers' compensation files.

All documents contained in all claims files and investigation files as defined by Title 8, California Code of Regulations §10101.1, §10103.1 and §10109 for all injuries claimed by applicant.

A printout of all electronic records such as notes and memos which are not duplicated in the claims file.

A copy of all Employee Notification documents required per Regulation 9767.12 (Medical Provider Network notification).

All documentation and evidence that you have complied with Labor Code Section 3550.

Notice: For Subpoenas of claim files, you are to send the claim file directly to Med-Legal only. Sending the claim file to other than Med-Legal will be considered to be in non-compliance of the subpoena.

If any of the documents described above that are in your possession or control are not being produced then a detailed list of each withheld document must be included with the records production or listed on your declaration.

Where used, the terms "writing", "record", "document" and other words of similar meaning include (but are not limited to) electronically maintained image files, documents, notes, faxes, emails and other similar types of electronically held information. If the subpoenaed records exist in paper they are to be provided for inspection and copying. If the subpoenaed records exist electronically then they are to be provided either electronically through our Internet portal at upload.getrecords.com or on CD.

All documentation related to utilization review performed in this matter.

(2 of 2) Benefit Notices

This demand includes:

1. A record of payment of compensation showing an accounting of benefits claimant has received as a result of this claim. The accounting is to show the date of each payment, the amount of each payment, the species of benefit of the payment, the period covered by the payment, and any related penalty or benefit increase paid. The accounting is to be in compliance with Title 8 of the California Code of Regulations section 9812(d). That section states: "(d) Notice that Benefits Are Ending (TD, SC, PD, VRTD, VRMA). With the last payment of temporary disability indemnity, permanent disability indemnity, salary continuation, or vocational rehabilitation temporary disability indemnity or maintenance allowance, the claims administrator shall advise the employee of the ending of indemnity payments and the reason, and shall make an accounting of all compensation paid to or on behalf of the employee in the species of benefit to which the notice refers, including the dates and amounts paid and any related penalties."
2. All benefit notices, including vocational rehabilitation notices required by Title 8, California Code of Regulations.
3. All documentation regarding the claimant's earning capacity, including documentation of any increase in earnings likely to have occurred but for the injury (such as periodic salary increases or increased earnings upon completion of training status) and of reasonable attempts to determine this information.
4. All notes, notices, letters, memorandum and documentation related to the provision, delay, or denial of benefits, including any electronically stored documentation.
5. All notes, correspondence and documentation evidencing the legal, factual, or medical basis for non-payment or delay in payment of compensation benefits or expenses.

This demand does NOT include:

1. Any documentation or correspondence between an attorney representing the deponent and any employee of the deponent.
2. Any documentation or correspondence between the designated spokesperson representing the employer and an attorney who represents that employer unless that documentation has been disclosed to a third party or an insurance company.
3. Any documents prepared by any attorney that are the attorney's impressions, conclusions, opinions or legal research or theories.
4. That portion of a report prepared by an investigator at the request of an attorney that contains the investigator's impressions, conclusions, opinions or theories.
5. Any surveillance video of claimant where the claimant's deposition has not been taken and the deponent intends to take the deposition of the claimant and that surveillance video has not been disclose to a third party or physician.

ClaBen.Doc

Notice: For Subpoenas of claim files, you are to send the claim file directly to Med-Legal only. Sending the claim file to other than Med-Legal will be considered to be in non-compliance of the subpoena.

If any of the documents described above that are in your possession or control are not being produced then a detailed list of each withheld document must be included with the records production or listed on your declaration.

Where used, the terms "writing", "record", "document" and other words of similar meaning include (but are not limited to) electronically maintained image files, documents, notes, faxes, emails and other similar types of electronically held information. If the subpoenaed records exist in paper they are to be provided for inspection and copying. If the subpoenaed records exist electronically then they are to be provided either electronically through our Internet portal at upload.getrecords.com or on CD.

Records Order Form

11/26/19

Notice of Copying to:

ATHENS ADMINISTRATORS
IRVINE
PO BOX 696
CONCORD, CA 94522

Case Information

Applicant: Benetia Young
Employer: Starview Adolescent Center
Case #: ADJ12213522
DOI: 04/18/19 **SS#:** 547-08-0936
Claim #: 19006760
Ordering party: Natalia Foley, Esq

Record Location: Athens Administrators

Records of the Injured Worker are being produced at the above record location and delivered to the opposing party. You may receive copies of the records by selecting one of the following:

Title 8, CCR § 9982 Allowable Services. (A)... services for records relevant to an injured worker's claim, except services under a contract between the employer and the copy service provider.

Electronic Set per Billing Codes WC026 or WC027
Fees set by § 9983 Fees for Copy and Related Services (f)(2)
Number of Sets _____

CD Set per Billing Codes WC026 or WC027
Fees set by § 9983 Fees for Copy and Related Services (f)(2)
Number of Sets _____

Send records:

Same as above

E-mail addresses required for the electronic sets:

_____@_____

_____@_____

Bill to My Office (Invoice will be sent to the address on this notice.)

Bill to the Insurance Carrier

_____ (Print your name)

_____ (Sign your name) Control #: 19-25128-2

(Signature required)

Med-Legal, LLC

Photocopy Reg #/County x-423/Los Angeles
Tax ID # 45-4424177

955 Overland Court, Suite 200, San Dimas, CA 91773, (800) 244-3495 FAX (800) 962-4896

There was no violation of California Labor Code Section 139.32 with respect to the services described herein.

AA000009

Records Order Form

08/14/19

Notice of Copying to:

Starview Adolescent Center
4025 W 226th
Torrance, CA 90505

Case Information

Applicant: Benetia Young
Employer: Starview Adolescent Center
Case #: ADJ12213522
DOI: 04/18/19 **SS#:** 547-08-0936
Claim #: Not Supplied by Carrier
Ordering party: Natalia Foley, Esq

Record Location:

Records of the Injured Worker are being produced at the above record location and delivered to the opposing party. You may receive copies of the records by selecting one of the following:

Title 8, CCR § 9982 Allowable Services. (A)... services for records relevant to an injured worker's claim, except services under a contract between the employer and the copy service provider.

Electronic Set per Billing Codes WC026 or WC027
Fees set by § 9983 Fees for Copy and Related Services (f)(2)
Number of Sets _____

CD Set per Billing Codes WC026 or WC027
Fees set by § 9983 Fees for Copy and Related Services (f)(2)
Number of Sets _____

Send records:

Same as above

E-mail addresses required for the electronic sets:

_____@_____

_____@_____

Bill to My Office (Invoice will be sent to the address on this notice.)

Bill to the Insurance Carrier

_____ (Print your name)

_____ (Sign your name) Control #: 19-25128-2

(Signature required)

Med-Legal, LLC

Photocopy Reg #/County x-423/Los Angeles
Tax ID # 45-4424177

955 Overland Court, Suite 200, San Dimas, CA 91773, (800) 244-3495 FAX (800) 962-4896

There was no violation of California Labor Code Section 139.32 with respect to the services described herein.

AA000010

Start of Records

AA000012

State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION



Estado de California
Departamento de Relaciones Industriales
DIVISION DE COMPENSACION AL TRABAJADOR

WORKERS' COMPENSATION CLAIM FORM (IWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACION DEL TRABAJADOR (IWC 1)

Employer: Complete the "Employer" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive for signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información grabada. En la hoja cubierta de esta forma está la explicación de los beneficios de compensación al trabajador.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felony".

Employee—complete this section and see note above Empleado—complete esta sección y note la notación arriba.

1. Name, Nombre: Berenita Ann Young James Today's Date, Fecha de Hoy: 05-10-2019

2. Home Address, Dirección Residencial: 20322 S. Arroyo Ave

3. City, Ciudad: Carson State, Estado: CA Zip, Código Postal: 90746

4. Date of Injury, Fecha de la lesión/accidente: April 11, 2019 Time of injury, Hora en que ocurrió: am 8:00 p.m.

5. Address and description of where injury happened, Dirección/lugar donde ocurrió el accidente: Adjacent Center 4025 W. 226th St. Torrance CA 90501

6. Describe injury and part of body affected, Describe la lesión y parte del cuerpo afectada: Neck, Shoulder, Back, accident on 4/18/19
Stress and strain due to repetitive movement over period of time

7. Social Security Number, Número de Seguro Social del Empleado: 547-08-0936

8. Signature of employer, Firma del empleado: X Berenita Ann Young James

Employer—complete this section and see note below, Empleador—complete esta sección y note la notación abajo.

9. Name of employer, Nombre del empleador: _____

10. Address, Dirección: _____

11. Date employer first knew of injury, Fecha en que el empleador supo por primera vez de la lesión o accidente: _____

12. Date claim form was provided to employee, Fecha en que se le entregó al empleado la petición: _____

13. Date employer received claim form, Fecha en que el empleado devolvió la petición al empleador: _____

14. Name and address of insurance carrier or adjusting agency, Nombre y dirección de la compañía de seguros o agencia administradora de seguros: _____

15. Insurance Policy Number, El número de la póliza de Seguro: _____

16. Signature of employer representative, Firma del representante del empleador: _____

17. Title, Título: _____ 18. Telephone, Teléfono: _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

Empleador: Se requiere que Ud. feche esta forma y que provea copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que haya presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

Employer copy/Copia del Empleador Employee only/Copia de Empleado Claims Administrator/Administrador de Reclamos Testimony Receipt/Recibo del Empleado

STATE OF CALIFORNIA
DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Within 5 days of your initial examination, for every occupational injury or illness, send two copies of this report to the employer's workers' compensation insurance carrier or the insured employer. Failure to file a timely doctor's report may result in assessment of a civil penalty. In the case of diagnosed or suspected pesticide poisoning, send a copy of the report to Department of Industrial Relations, P.O. Box 420603, San Francisco, CA 94142-0603, and notify your local health officer by telephone within 24 hours.

1. Insurer Name and Address

Athens Administrators PO Box 696 Concord, CA 94522

2. Employer Name

Star View Adolescent Cent

3. Address No. and Street

4025 W 226th St

City

Torrance

Zip Code

90505-2340

4. Nature of business (e.g. food manufacturing, building construction, retailer of women's clothes.)

Mental Health

5. Patient Name (first Name, middle initial, last name)

Benetia

A

Young-James

6. Sex

Female

7. Date of Birth

01-08-1965

8. Address No. and Street

20322 S. Amantha Ave

City

CARSON

Zip Code

90746

9. Phone Number

(310) 415-1029 (H)

10. Occupation (Specific job title)

Case Manager

11. Social Security Number

XXX-XX-0936

12. Address No. & Street Where Inj. Occurred

4025 W 226th St

City Where Injury Occ.

Torrance

County

Los Angeles

13. Date and hour of injury or onset of illness

04/18/2019 20:00 PM

14. Date last worked

4/18/2019

15. Date and hour of 1st exam or treatment

04/19/2019 01:01 AM

16. Have you or your office previously rendered treatment

Yes

Patient please complete this portion, if able to do so. Otherwise, doctor please complete immediately, inability or failure of patient to complete this portion shall not affect his/her rights to workers' compensation under the California Labor Code.

17. Describe how the accident or exposure happened. (Give specific object, machinery or chemical. Use reverse side if more space is required.)

head, neck, left shoulder injury, 10/10

18. SUBJECTIVE COMPLAINTS

SEE ATTACHED

19. Objective Findings

A. Physical Examination

SEE ATTACHED

B. X-ray and laboratory results (State if none or pending.)

None

04-30-2019

STATE OF CALIFORNIA **DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS**

20. **DIAGNOSES**(if occupational illness specify etiologic agent and duration of exposure.) Chemical or toxic compounds involved?

1. Cervical strain	ICD-10	S16.1XXA
2. _____	ICD-10	_____
3. _____	ICD-10	_____
4. _____	ICD-10	_____
5. _____	ICD-10	_____
6. _____	ICD-10	_____
7. _____	ICD-10	_____
8. _____	ICD-10	_____
9. _____	ICD-10	_____
10. _____	ICD-10	_____
11. _____	ICD-10	_____
12. _____	ICD-10	_____

21. Are your findings and diagnosis consistent with patient's account of injury or onset of illness? If "no," please explain below:

22. Is there any other current condition that will impede or delay patient's recovery? If "yes," please explain below:

23. **TREATMENT RENDERED** (Use reverse side if more space is required.)

24. If further treatment required, specify treatment plan/estimated duration.

25. If hospitalized as inpatient, give hospital name and location

Date admitted	Estimated length of stay
<input type="text"/>	<input type="text"/>

26. **WORK STATUS** - Is patient able to perform usual work? Yes No
 If "no", date when patient can return to

Regular work	Modified work
<input type="text"/>	<input type="text" value="04/19/2019"/>

Specify restrictions

04-30-2019

STATE OF CALIFORNIA
DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Physician Signature: (original signature, do not stamp)

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code section 139.3.

Physician signature Steve Stanford Cal. License Number: _____
Executed at: GMC - Torrance - Torrance, CA Date (mm/dd/yyyy): 04/19/2019
Physician Name: Steve Stanford, M.D. Specialty: Occupational Medicine
Physician address: 1149 W. 190th Street Torrance, CA 90248 Phone Number: (310) 324-5777

Any person who makes or causes to be made any knowingly fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

PRIVACY NOTICE: The Administrative Director is authorized to maintain the records of the Division of Workers' Compensation (DWC). (Cal. Lab. Code § 126.) The Information Practices Act of 1977 and the Federal Privacy Act require the Administrative Director to provide this notice to individuals who submit information to the DWC pertaining to a workers' compensation claim. (Cal. Civ. Code § 1798.17; Public Law 93-579.)

The principal purpose for requesting information from injured workers, dependents, lien claimants, physician, employers or their representatives is to administer the California workers' compensation system. Each form shows which fields are required to be completed for DWC to process the form. If a required field in a form is incomplete or unreadable, the DWC may return the form to the individual for correction or may reject the form. Providing a social security number is required on this form pursuant to Labor Code § 6409. If you do not provide your security number, the DWC may return the form to you for correction or reject the form. If you do not have a social security number, indicate this in the space provided for the injured worker's social security number. As permitted by law, social security numbers are used to help properly identify injured workers and to conduct statistical research as allowed under the Labor Code.

As authorized by law, information furnished on this form may be given to: you, upon request; the public, pursuant to the Public Records Act; a governmental entity, when required by state or federal law; to any person, pursuant to a subpoena or court order pursuant to any other exception in Civil Code § 1798.24.

An individual has a right of access to records containing his/her personal information that are maintained by the Administrative Director. An individual may also amend, correct, or dispute information in such personal records. (Cal. Civ. Code §§ 1798.34-1798.3.) You may request a copy of the DWC's policies and procedures for inspection of records at the address below. Copies of the procedures and all records are ten cents (\$0.10) per page, payable in advance. (Cal. Civ. Code § 1798.33.) Requests should be sent to: Division of Workers' Compensation- Medical Unit, P.O. Box 71010, Oakland, CA 94612. Tel: (510) 286-3700 or (800) 794.6900. Fax: (510) 622-3467.

04-30-2019

Concentra Occupational Med Ctrs-CA1149 W 160th St Gardena, CA 90248
Phone: (310) 324-5777 Fax: (310) 324-6245**Transcription**

Patient:	Young-James, Benetia A.	Service ID #:	945876910
Soc. Sec. #:	XXX-XX-0936	Referral Q ID:	
Date of Birth:	1/8/1965	Age:	54
Service Location:	CMC - LAX Torrance	Injury Date:	4/18/2019
Claim Number:	19006760	Service Date:	4/18/2019
Diagnosis:	S16.1XXA STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INIT-S16.1XXA		

Notes:**Reason For Visit**

Chief Complaint: The patient presents today with head, neck, left shoulder injury, 10/10. Self reported. Workers Compensation - Patients Occupation: Case Manager.

Vitals**Vital Signs**

Recorded: 18Apr2019 11:14PM

Temperature: 98.2 F

Systolic: 157

Diastolic: 113

Heart Rate: 69

Respiration: 16

Height: 5 ft 9 in

Weight: 180 lb

BMI Calculated: 26.58

BSA Calculated: 1.98

Past Medical History Review

PAST MEDICAL, SOCIAL, FAMILY HISTORY: Non-contributory based on review with patient and/or comprehensive questionnaire.

History of Present Illness

Works at facility with unruly teenagers (some of which are a danger to themselves and others). 3 hrs prior a detained female teenager attacked her by pulling and dragging her by the hair which resulted in a cervical muscle strain.

Occupational History

Occupational history was provided by the patient.

Type of job / Job title: Case Manager

Major job functions: Manage Clients

Length of time at this job: 4 month(s). Average weekly work hours: 67.

Expected shift hours today: 7 AM to 11:30 PM.

Recent overtime: Yes

Overtime hours per week: 24

Injury History: injured today

This injury is the result of an alleged assault. It occurred while at work. Benetia Young-James complains of back pain and back stiffness, but no decreased spine range of motion, no decreased flexion, no decreased extension, no decreased lateral bending, no decreased rotation, no lower extremity numbness, no lower extremity

Dictated By: Steve Stanford

Dictated On: 4/18/2019 11:26 PM

Concentra Occupational Med Ctrs-CA

1149 W 190th St Gardena, CA 90248
 Phone: (310) 324-5777 Fax: (310) 324-6245

Transcription

Patient:	Young-James, Benetia A.	Service ID #:	945876910
Soc. Sec. #:	XXX-XX-0936	Referral Q ID:	
Date of Birth:	1/8/1965	Age:	54
Service Location:	CMC - LAX Torrance	Injury Date:	4/18/2019
Claim Number:	19006760	Service Date:	4/18/2019
Diagnosis:	S16.1XXA STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INIT-S16.1XXA		

Notes:

tingling and no lower extremity weakness.

There is bilateral upper back pain.

The pain does not radiate. Onset was sudden immediately after the injury. The symptoms occur intermittently. The severity of the back pain is mild. She has a current pain level of 3/10. Associated symptoms include no insomnia, no malaise, no fever, no weight loss, no paresthesias, no saddle paresthesia, no leg weakness, no leg numbness, no fecal incontinence, no urinary incontinence, no urinary frequency, no urinary retention, no hematuria and no dysuria.

Review of Systems

Constitutional: no fever and no malaise.

Eyes: no eye pain and no eye redness.

ENT: no earache and no hearing loss.

Cardiovascular: no chest pain and no palpitations.

Respiratory: no shortness of breath and no cough.

Gastrointestinal: no abdominal pain.

Genitourinary: no dysuria and no urinary frequency.

Musculoskeletal: joint pain, muscle pain and neck pain, but no back pain.

Integumentary: no rashes and no swelling.

Neurological: headache, but no dizziness and no memory loss.

Psychiatric: no depression.

Endocrine: no intolerance to hot and cold and no excessive thirst.

Hematologic and Lymphatic: doesn't bleed easily.

Physical Exam

Vital signs were reviewed and found to be unremarkable.

Constitutional: well appearing and well nourished. in no acute distress. no obvious visible signs of trauma, though pt with cervical mild spasms.

Head/Face: Normocephalic and atraumatic.

Eyes: conjunctiva and lids with no swelling, erythema or discharge. Pupils are equal, round, and reactive to light and cornea clear. Extraocular movements intact.

ENT: No erythema or edema of the external ears or nose.

Pulmonary: no increased work of breathing or signs of respiratory distress. all lung fields clear to auscultation bilaterally.

Cardiovascular: normal rate and rhythm, normal S1 and S2, without gallops or rubs. no murmur. Carotid pulses 2+ bilaterally with no bruits. Extremities are warm with no edema or varicosities.

Abdomen: soft, non-distended, no masses, and no tenderness. No pulsatile mass.

Musculoskeletal: Normal gait. No tenderness or swelling of extremities. Range of motion is within normal limits. Normal muscle strength and tone.

Dictated By: Steve Stanford

Dictated On: 4/18/2019 11:26 PM

Concentra Occupational Med Ctrs-CA

1149 W 190th St Gardena, CA 90248
Phone: (310) 324-5777 Fax: (310) 324-6245

Transcription

Patient: Young-James, Benetia A. Service ID #: 945876910
Soc. Sec. #: XXX-XX-0936 Referral Q ID:
Date of Birth: 1/8/1965 Age: 54 Injury Date: 4/18/2019 Service Date: 4/18/2019
Service Location: CMC - LAX Torrance Employer: Star View Adolescent Center
Claim Number: 19006760 Dictated By: Steve Stanford
Diagnosis: S16.1XXA STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INIT-S16.1XXA

Notes:

Cervical Spine: Cervical Spine: Appearance is normal. No Tenderness. Palpation reveals bilateral muscle spasms. Full range of motion.
Psychiatric: . oriented to person, place, and time. mood and affect are appropriate.

ASSESSMENT

1. Cervical strain (S16.1XXA)

Plan

1. Start: Ibuprofen 200 MG Oral Tablet; TAKE 2 TABLET2 EVERY 6 TO 8 HOURS AS NEEDED

Rx By: Stanford, Steve R; Dispense: 0 Days ; #:30 Tablet; Refill: 0; For: Cervical strain; DAW = N; Sent To: CONCENTRA - TORRANCE

2. Physical Therapy Referral Physical Therapy See Referral Comment! Requested for: 18Apr2019

Ordered; For: Cervical strain; Ordered By: Stanford, Steve R Performed: Due: 02May2019

Laterality 1 : Bilateral

Body Part 1 : Back Disc

Frequency : 3 x week

Duration : 2 weeks

Therapy Order : Evaluate and Treat

ONLY OVER THE COUNTER MEDICATIONS WERE DISPENSED IN THE CENTER FOR THIS ENCOUNTER.

Discussion/Summary

mild cervical strain sp assault. ibuprofen, PT, light duty. of note pt also being seen currently for a right wrist injury. pt has follow up for this injury in 3-4 days, will schedule neck strain follow up for same day.

The diagnoses and treatment plan were discussed with the patient. The patient expressed understanding and was told to keep their scheduled appointments for follow-up and/or to return to Concentra.

History and mechanism of injury were obtained directly from the patient, unless otherwise noted, and appear to be consistent with presenting symptoms and physical exam.

Dictated By: Steve Stanford

Dictated On: 4/18/2019 11:26 PM

Concentra Occupational Med Ctrs-CA1149 W 190th St Gardena, CA 90248
Phone: (310) 324-5777 Fax: (310) 324-6245**Transcription**

Patient: Young-James, Benetia A. **Service ID #:** 945876910
Soc. Sec. #: XXX-XX-0936 **Referral Q ID:**
Date of Birth: 1/8/1965 **Age:** 54 **Injury Date:** 4/18/2019 **Service Date:** 4/18/2019
Service Location: CMC - LAX Torrance **Employer:** Star View Adolescent Center
Claim Number: 19006760 **Dictated By:** Steve Stanford
Diagnosis: S16.1XXA STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INIT-S16.1XXA

Notes:

Activity Status and Restrictions
Treatment Status:
 Returning for follow-up: 3-4 days (same day as right wrist follow up)
Activity Status
 Return to modified work/activity today.
Work Duration
 Patient may work their entire shift.
Restrictions: KEY - Occasionally = up to 3 hrs/day, Frequently = up to 6 hrs/day,
 Constantly = up to 8 hours or greater per day
 May lift up to 15 lbs constantly
 May push/pull up to 15 lbs constantly
ADDITIONAL RESTRICTIONS AND LIMITATIONS:
PATIENT INSTRUCTIONS:

State Form - Non-Clinician
Information for CA 5021 FROI
Nature of Business (e.g., food manufacturing, building construction, etc.): Mental Health
Date last worked: 4/18/2019
Have you (or your office) previously treated patient? Yes
If hospitalized as inpatient, give hospital name and location
If hospitalized as impatient, give hospital name and location
Estimated stay
County where injured Los Angeles

Signatures

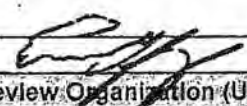
Electronically signed by : Steve Stanford, M.D.; Apr 18 2019 11:26PM PST - Author

Dictated By: Steve Stanford

Dictated On: 4/18/2019 11:26 PM

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


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

<input checked="" type="checkbox"/> New Request		<input type="checkbox"/> Resubmission – Change in Material Facts		
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
Employee Information				
Name (Last, First, Middle): Young, Beneta				
Date of Injury (MM/DD/YYYY): 04/18/2019		Date of Birth (MM/DD/YYYY): 01/08/1965		
Claim Number: 19006760		Employer: Star View Adolescent Center		
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: Athens Administrators		Contact Name:		
Address: P.O. Box 696		City: Concord	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.)
Cervical Sprain	S13.4XXA	Chiro Initial Consultation	99204	1 Time
Lumbar Sprain	S33.5XXA	Progress Report	WC002	
Shoulder Tenosynovitis	M65.81L	Transcription	99199	
Requesting Physician Signature: 			Date: 10/30/2019	
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay)				
<input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

11-25-2019

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


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

<input checked="" type="checkbox"/> New Request		<input type="checkbox"/> Resubmission – Change in Material Facts		
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
Employee Information				
Name (Last, First, Middle): Young, Benetia				
Date of Injury (MM/DD/YYYY): 04/18/2019		Date of Birth (MM/DD/YYYY): 01/08/1965		
Claim Number: 19006760		Employer: Star View Adolescent Center		
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: Athens Administrators		Contact Name:		
Address: P.O. Box 696		City: Concord	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.)
Cervical Sprain	S13.4XXD	Electrical Stimulation	G0283	2 x a week for 4 weeks
Lumbar Sprain	S33.5XXD	Therapeutic Exercises	97110	
Shoulder Tenosynovitis	M65.812	Massage Therapy	97124	
		CMT 5 regions	98942	
		Extraspinal Manipulation w/spinal	98943	
Requesting Physician Signature: 			Date: 10/30/2019	
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay)				
<input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

11-25-2019

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


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

<input checked="" type="checkbox"/> New Request		<input type="checkbox"/> Resubmission – Change in Material Facts		
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
Employee Information				
Name (Last, First, Middle): Young, Benetia				
Date of Injury (MM/DD/YYYY): 04/18/2019		Date of Birth (MM/DD/YYYY): 01/08/1965		
Claim Number: 19006760		Employer: Star View Adolescent Center		
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: Athens Administrators		Contact Name:		
Address: P.O. Box 696		City: Concord	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.)
Shoulder Tenosynovitis	M65.812	X-rays of Lef shoulder		
Requesting Physician Signature: 			Date: 10/30/2019	
Claims Administrator/Utilization Review Organization (URO) Response:				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay)				
<input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

11-25-2019

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


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

<input checked="" type="checkbox"/> New Request		<input type="checkbox"/> Resubmission - Change in Material Facts		
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
Employee Information				
Name (Last, First, Middle): Young, Benetia				
Date of Injury (MM/DD/YYYY): 04/18/2019		Date of Birth (MM/DD/YYYY): 01/08/1965		
Claim Number: 19006760		Employer: Star View Adolescent Center		
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: Athens Administrators		Contact Name:		
Address: P.O. Box 696		City: Concord	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.)
Cervical Sprain	S13.4XXD	MRI of		
Lumbar Sprain	S33.5XXD	Cervical Spine		
Shoulder Tenosynovitis	M65.812	Lumbar Spine		
		Left Shoulder		
Requesting Physician Signature: 		Date: 10/30/2019		
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay)				
<input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):		Date:		
Authorized Agent Name:		Signature:		
Phone:	Fax Number:	E-mail Address:		
Comments:				

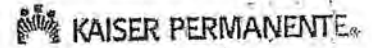
11-25-2019

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

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

<input checked="" type="checkbox"/> New Request		<input type="checkbox"/> Resubmission -- Change in Material Facts		
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
Employee Information				
Name (Last, First, Middle): Young, Benetia				
Date of Injury (MM/DD/YYYY): 04/18/2019		Date of Birth (MM/DD/YYYY): 01/08/1965		
Claim Number: 19006760		Employer: Star View Adolescent Center		
Requesting Physician Information				
Name: Eric Gofnung, DC				
Practice Name: Eric Gofnung Chiro Corp.		Contact Name: Iise 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: Iise.ponce@att.net				
Claims Administrator Information				
Company Name: Athens Administrators		Contact Name:		
Address: P.O. Box 696		City: Concord	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.)
Cervical Sprain	S13.4XXD	NCV/EMG of		
Lumbar Sprain	S33.5XXD	upper extremities		
Shoulder Tenosynovitis	M65.812			
Requesting Physician Signature: 			Date: 10/30/2019	
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay)				
<input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:	E-mail Address:		
Comments:				

11-25-2019



Start New Search | Help
Anthem Workers' Compensation Home Page

MPN Name: Athens Administrators MPN

2 providers that meet your search criteria have been selected.

Refine Search Results

Change Tax Id/Name

Start New Search

Create Directory

Search Criteria:

Your Search Criteria (from previous steps)

Plan Name: Athens Administrators MPN; Lookup State: CA; Last Name Like: Musher; First Name Like: Gennady

Sort Results by: Name

Legend

- Board Certified
- BCC Blue Cross of California Provider
- KOJ Kaiser On-the-Job Plus Provider

Musher, Gennady, MD ^{BCC}
 6221 Wilshire Blvd Ste 401
 Los Angeles, CA 90048
 Phone: (323) 655-3747
 County: Los Angeles
 Gender: Male

Report Provider Data Map

Specialty: Psychiatry

Musher, Gennady, MD ^{BCC}
 6221 Wilshire Blvd Ste 401B
 Los Angeles, CA 90048
 Phone: (323) 655-3747
 County: Los Angeles
 Gender: Male

Report Provider Data Map

Specialty: Psychiatry

Change Tax Id/Name

Start New Search

1

To report inaccuracies in the provider information listed, please contact us at (877) 307-1245. You may also email us at wcpdo@anthemwc.com

Medical Access Assistant(s) can be reached at (844) 752-1142 or by email at AthensMAA@anthemwc.com

This directory was last updated on: 11/08/2019

[Terms of Use](#) | [Privacy Statement](#) | [Disclaimer](#) | [Press Room](#)

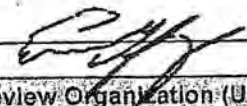
© 2009 Anthem Workers' Compensation All rights reserved.

Anthem Workers' CompensationSM (Anthem) is a product of Anthem Workers' CompensationSM, LLC, a Limited Liability Corporation. Anthem accesses independently contracted provider networks through affiliated and other companies, which it makes available by contract to payors of workers' compensation benefits. Anthem has no control or right of control over the professional, medical judgment of independently contracted providers, and is not liable for any acts or failures to act, by independently contracted providers. Anthem is not an insurance company and has no liability for benefits under benefit plans offered or administered by employers or other payors. Anthem Workers' CompensationSM is a service mark of Anthem Workers' Compensation, LLC. Any reference in the material to other organizations or companies, including their Internet sites, is not an endorsement or warranty of the services, information or products provided by those organizations or companies.

11-25-2019

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

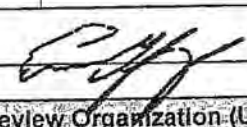
Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request		<input type="checkbox"/> Resubmission – Change in Material Facts		
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
Employee Information				
Name (Last, First, Middle): Young, Benetia				
Date of Injury (MM/DD/YYYY): 04/18/2019		Date of Birth (MM/DD/YYYY): 01/08/1965		
Claim Number: 19006760		Employer: Star View Adolescent Center		
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: Athens Administrators		Contact Name:		
Address: P.O. Box 696		City: Concord	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.)
Anxiety	F41.8	Psychiatric Consultation with Dr. Gennady Musher		
Requesting Physician Signature: 		Date: 10/30/2019		
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay)				
<input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):		Date:		
Authorized Agent Name:		Signature:		
Phone:	Fax Number:	E-mail Address:		
Comments:				

11-25-2019

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

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

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Resubmission – Change in Material Facts				
<input type="checkbox"/> Expedited Review; Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
Employee Information				
Name (Last, First, Middle): Young, Benetia				
Date of Injury (MM/DD/YYYY): 04/18/2019			Date of Birth (MM/DD/YYYY): 01/08/1965	
Claim Number: 19006760			Employer: Star View Adolescent Center	
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: Athens Administrators			Contact Name:	
Address: P.O. Box 696			City: Concord	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.)
Traumatic Brain Injury	S06.2x9D	Neurology Consultation		
Requesting Physician Signature: 				Date: 10/30/2019
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay)				
<input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

11-25-2019

ERIC E. GOFNUNG, D.C., QME

SPORTS MEDICINE AND REHABILITATION

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

Date: 10 / 30 / 2019

To Employer:

Star View Adolescent
Athens Administrators

RE: Employee/ Injured worker:

Benetia Ann Young-James

SS# and/or Date of birth

547-08-0936

Date of Injury:

April 18, 2019

Claim #:

19006760

WCAB #:

EAMS Case #:

ADJ12213522

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

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

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

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

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

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

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

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

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

Patient's name:

Benetia Young-James

Signature: X

Benetia Ann Young-James

11-25-2019

ERIC E. GOFNUNG CHIROPRACTIC CORP.

QME OF THE STATE OF CALIFORNIA

SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

Tel. (323) 933-2444 & Fax (323) 933-2909

6221 Wilshire Boulevard, Suite 604
Los Angeles, California 90048

12626 Riverside Dr., Suite 510
North Hollywood, California 91607

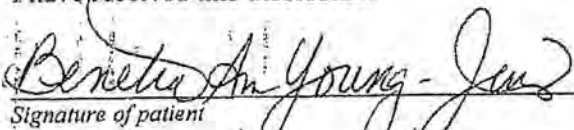
Disclosure. You may be referred to one or more of the physicians or other health care practitioners listed below. They or their family members may provide services to or have another financial interest directly or indirectly with each other.

Eric Gofnung, DC, Allen Massihi, DPM, Mayya Kravchenko, DC, Javier Torres, MD

If you would like to know of alternatives to any of them or to any other health care practitioner or facility you are referred to, please let your examining or treating doctor or his or her office staff know.

Complaints. If you have any questions, concerns, or complaints regarding any referral or any other service, please contact your doctor or his or her office manager. Your confidential communications will be protected. You have the right to file a complaint with the doctor's state licensing agency: for a chiropractor, it would be the Board of Chiropractic Examiners, 2525 Natomas Park Drive, Suite 260, Sacramento, CA 95833; for a podiatrist, the Board of Podiatric Medicine, 2005 Evergreen Street, Ste. 1300, Sacramento, CA 95815-3831; for an allopathic physician (M.D.), the Medical Board of California, 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815; for an acupuncturist, the California Acupuncture Board, 1747 N. Market Blvd, Suite 180, Sacramento, CA 95834, and for an osteopath (D.O.), the Osteopathic Medical Board of California, 1300 National Drive, Suite #150, Sacramento, CA 95834-1991.

I have received this disclosure:




Signature of patient

Date signed by patient: 10-30-2019

Benetia An Young-Jones

Type or print name of patient

Date received by patient: 10-30-2019


Office staff initials

11-25-2019



July 22, 2019

Benetia James Young
20322 AMANTHA AVE
CARSON, CA 90746

Re: Claimant: Benetia James Young
Date of Injury: 04/18/2019
Claim Number: 19006760
Insured: STARS Behavioral Health Group
Insurer: Quality Comp, Inc.

**NOTICE REGARDING
PARTIAL DENIAL OF WORKERS' COMPENSATION BENEFIT**

Dear Ms. James Young,

Athens Administrators is handling your workers' compensation claim on behalf of STARS Behavioral Health Group. This notice is to advise you of the status of disability benefits for your workers' compensation injury on the date shown above.

After careful consideration of all the available information, we are denying liability for your claim of injury to your back as there is no substantial medical, legal, or factual evidence to support you sustained a work related injury to these body parts while employed for Stars. We will continue to accept the neck and left shoulder.

For claims reported on or after April 19, 2004, regardless of the date of injury, if you submitted a claim form to your employer or claims administrator, Labor Code section 5402(c) provides that within one working day after you file the claim form, the employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to provide such medical treatment until the claims administrator accepts or denies liability for the claim. Until the date the claim is accepted or rejected, liability for medical treatment under this Labor Code section shall be limited to a maximum of ten thousand dollars (\$10,000).

Unless you have done so already, you should immediately send me for consideration of payment, all bills for medical services provided between the date the completed claim form was given to the employer and the date that liability for the claim is rejected.

Although your claim has been denied, if you believe that you still need medical treatment for your injury or illness, you have the right to obtain treatment outside the workers' compensation system.

If you have your own health insurance, or are eligible to be treated by someone else's health insurance, you can use that insurance to get medical care. You should advise your physician that you believe that your injury or illness is work related, so the health insurer can seek reimbursement from the claims administrator.

MAILING ADDRESS: PO BOX 696 | CONCORD, CA | 94522-0696 PHONE: 1.866.482.3535

11-25-2019

If you do not have health insurance available, there are doctors, clinics, or hospitals that will treat you without immediate payment. You should advise any doctor, clinic, or hospital that agrees to treat you that you believe that your injury or illness is work related so they can seek payment from the claims administrator through the workers' compensation system.

Since you are represented, please contact your attorney with any questions.

In accordance with 8 CCR §9810 (n), Athens Administrators is unable to offer a secured encrypted electronic submission to you or your attorney of your benefit notices. Therefore, if either you or your attorney, if any, have previously notified us that you wish these notices sent to you electronically by completing item #8 on the Employee Claim Form (DWC-1), please be advised that your notices will continue to be sent to you by regular mail on the date they are required.

Additional information may be found in the publication Workers' Compensation in California: A Guidebook for Injured Workers. A complete copy of the Guidebook may be obtained on the Division of Workers' Compensation website (see URL below) or by contacting an Information and Assistance (I&A) Officer of the Division of Workers' Compensation, Chapters 2, 4 and 9 of the Guidebook contain information addressing the determination of liability for a workers' compensation claim and the QME process.

Guidebook for Injured Workers:

<http://www.dir.ca.gov/InjuredWorkerGuidebook/InjuredWorkerGuidebook.html>

Chapter 2: After You Get Hurt on the Job

<http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter2.pdf>

Chapter 4: Resolving Problems with Medical Care and Medical Reports:

<http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter4.pdf>

Chapter 9: For More Information and Help

<http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter9.pdf>

The State of California requires that you be given the following information:

You have a right to disagree with decisions affecting your claim. If you have any questions regarding the information provided to you in this notice, please call your examiner, Timothy Chapin at (925) 826-1226. You also have the right to be represented by an attorney of your choice. However, if you are represented by an attorney, you should call your attorney, not your claims adjuster.

Per Labor Code 5405, you have one year from the date of injury or the date of last payment of either compensation or medical benefits in which to dispute the denial of your claim by filing an Application of Adjudication of Claim with the Workers' Compensation Appeals Board, after one year you are barred from seeking further proceedings.

For information about the workers' compensation claims process and your rights and obligations go to www.dir.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 (800)736-7401.

Keep this notice. It contains important information about your workers' compensation benefits.

Sincerely,

11-25-2019

ERIC E. GOFNUNG CHIROPRACTIC CORP.

6221 Wilshire Boulevard, Suite 604, Los Angeles, Ca 90048

Tel: (323) 933-2444 FAX: (323) 933-2909

PATIENT'S NAME: YOUNG, Benetia

DATE: 11-11-19

OFFICE VISIT: (99 codes) Interpreter:

- NEW PATIENT: Eval Consult
- FOC.(01) EXP.(02) DET.(03) COMP. MED.(04)/ HIGH (05)
- ESTABLISHED PATIENT:
- FOC.(12) EXP.(13) DET. (14) COMP. (15)
- FINAL EXAM REPORT PR2 PR3
- Prolonged Face: _____
- Prolonged Non Face: _____
- Team Conference: 30min(361) 60(362) min _____
- Phone Call: Simple(371) Intermediate(372) Complex(373)
- ML 101 _____ 102 _____ 103 _____ 104 _____

MODALITIES/PROCEDURES/SUPPLIES:

- HYDROCOLLATOR THERAPY COLD PACK INFRARED
- SPINALATOR MANUAL TRACTION
- ELEC. STIMULATION
- PARAFFIN BATH
- WHIRLPOOL
- ULTRASOUND
- THERAPEUTIC EXERCISES
- KINETIC EXERCISES (ONE ON ONE)
- MASSAGE THERAPY
- MYOFASCIAL RELEASE (TRIGGER POINT THERAPY)
- JOINT MOBILIZATION
- SPINAL MANIPULATION
- C-SP T-SP L-SP SACRUM PELVIC: S-I LOR
- EXTRASPINAL MANIPULATION
- HEAD (TMJ) UPPER EXTREMITY
- LOWER EXTREMITY RIB CAGE ABDOMEN
- QFCE - Initial w/Risk Fact Assessment Follow-up)
- WORK CONDITIONING LOW (PRE-QFCE) POST-QFCE
- COMPUTERIZED ROM TEST: _____
- COMPUTERIZED MUSCLE TEST: _____
- X-RAYS _____
- AOL SUPPLIES _____

TREATMENT AREA(AREAS):

- TMJ L R
- CERVICAL THORACIC LUMBAR SACRUM
- COCCYX
- SHOULDER(S) L R
- TRAPEZIUS L R
- ARM(S) L R
- ELBOW(S) L R
- FOREARM(S) L R
- WRIST(S) L R
- HAND(S) L R
- FINGER(S) L R
- RIB CAGE L R
- HIP(S) L R
- THIGH(S) L R
- KNEE(S) L R
- LEG(S) L R
- ANKLE(S) L R
- FEET L R
- TOE(S) L R

NOTES: Dr. K / Therapist: M

Problems with neck, low back, right

front of
to a my
myo ch, LMS, (S) ch

11-26-2019

ERIC E. GOFNUNG CHIROPRACTIC CORP.

6221 Wilshire Boulevard, Suite 604, Los Angeles, Ca 90048

TEL: (323) 933-2444 FAX: (323) 933-2909

PATIENT'S NAME: Young, Benetia

DATE: 11/13/19

- OFFICE VISIT: (99 codes) Interpreter:
- NEW PATIENT: Eval Consult
 - FOC.(01) EXP.(02) DET.(03) COMP. MED.(04) / HIGH (05)
 - ESTABLISHED PATIENT:
 - FOC.(12) EXP.(13) DET.(14) COMP. (15)
 - FINAL EXAM REPORT PR2 PR3
 - Prolonged Face: _____
 - Prolonged Non Face: _____
 - Team Conference: 30min(361) 60(362) min
 - Phone Call: Simple(371) Intermediate(372) Complex(373)
 - ML 101 102 103 104

- MODALITIES/PROCEDURES/SUPPLIES:
- HYDROCOLLATOR THERAPY COLD PACK INFRARED
 - SPINALATOR MANUAL TRACTION
 - ELEC. STIMULATION
 - PARAFFIN BATH
 - WHIRLPOOL
 - ULTRASOUND
 - THERAPEUTIC EXERCISES
 - KINETIC EXERCISES (ONE ON ONE)
 - MASSAGE THERAPY
 - MYOFASCIAL RELEASE (TRIGGER POINT THERAPY)
 - JOINT MOBILIZATION
 - SPINAL MANIPULATION
 - C-C-SP T-SP L-SP SACRUM PELVIC:S-I LOR
 - EXTRASPINAL MANIPULATION
 - HEAD (TMJ) UPPER EXTREMITY
 - LOWER EXTREMITY RIB CAGE ABDOMEN
 - QFCE - Initial w/Risk Fact Assessment Follow-up
 - WORK CONDITIONING LOW (PRE-QFCE) POST-QFCE
 - COMPUTERIZED ROM TEST: _____
 - COMPUTERIZED MUSCLE TEST: _____
 - X-RAYS _____
 - ADL SUPPLIES _____

- TREATMENT AREA(AREAS):
- TMJ OL OR
 - CERVICAL THORACIC LUMBAR SACRUM
 - COCCYX
 - SHOULDER(S) OL OR
 - TRAPEZIUS OL OR
 - ARM(S) OL OR
 - ELBOW(S) OL OR
 - FOREARM(S) OL OR
 - WRIST(S) OL OR
 - HAND(S) OL OR
 - FINGER(S) OL OR
 - RIB CAGE OL OR
 - HIP(S) OL OR
 - THIGH(S) OL OR
 - KNEE(S) OL OR
 - LEG(S) OL OR
 - ANKLE(S) OL OR
 - FEET OL OR
 - TOE(S) OL OR

NOTES: Dr. [Signature] / Therapist: [Signature]

*proced & on the 10
neck, low back (C) then
I mean
to 1 ms
myo cy, myo
B. Brown*

- DATE: _____
- OFFICE VISIT: (99 codes) Interpreter:
- NEW PATIENT: Eval Consult
 - FOC.(01) EXP.(02) DET.(03) COMP. MED.(04) / HIGH (05)
 - ESTABLISHED PATIENT:
 - FOC.(12) EXP.(13) DET.(14) COMP. (15)
 - FINAL EXAM REPORT PR2 PR3
 - Prolonged Face: _____
 - Prolonged Non Face: _____
 - Team Conference: 30min(361) 60(362) min
 - Phone Call: Simple(371) Intermediate(372) Complex(373)
 - ML 101 102 103 104

- MODALITIES/PROCEDURES/SUPPLIES:
- HYDROCOLLATOR THERAPY COLD PACK INFRARED
 - SPINALATOR MANUAL TRACTION
 - ELEC. STIMULATION
 - PARAFFIN BATH
 - WHIRLPOOL
 - ULTRASOUND
 - THERAPEUTIC EXERCISES
 - KINETIC EXERCISES (ONE ON ONE)
 - MASSAGE THERAPY
 - MYOFASCIAL RELEASE (TRIGGER POINT THERAPY)
 - JOINT MOBILIZATION
 - SPINAL MANIPULATION
 - C-C-SP T-SP L-SP SACRUM PELVIC:S-I LOR
 - EXTRASPINAL MANIPULATION
 - HEAD (TMJ) UPPER EXTREMITY
 - LOWER EXTREMITY RIB CAGE ABDOMEN
 - QFCE - Initial w/Risk Fact Assessment Follow-up
 - WORK CONDITIONING LOW (PRE-QFCE) POST-QFCE
 - COMPUTERIZED ROM TEST: _____
 - COMPUTERIZED MUSCLE TEST: _____
 - X-RAYS _____
 - ADL SUPPLIES _____

- TREATMENT AREA(AREAS):
- TMJ OL OR
 - CERVICAL THORACIC LUMBAR SACRUM
 - COCCYX
 - SHOULDER(S) OL OR
 - TRAPEZIUS OL OR
 - ARM(S) OL OR
 - ELBOW(S) OL OR
 - FOREARM(S) OL OR
 - WRIST(S) OL OR
 - HAND(S) OL OR
 - FINGER(S) OL OR
 - RIB CAGE OL OR
 - HIP(S) OL OR
 - THIGH(S) OL OR
 - KNEE(S) OL OR
 - LEG(S) OL OR
 - ANKLE(S) OL OR
 - FEET OL OR
 - TOE(S) OL OR

NOTES: Dr. _____ / Therapist: _____

11-26-2019

ERIC E. GOFNUNG CHIROPRACTIC CORP.

6221 Wilshire Boulevard, Suite 604, Los Angeles, Ca 90048

TEL: (323) 933-2444 FAX: (323) 933-2909

PATIENT'S NAME: Young, Benetia

DATE: 11/22/19

- OFFICE VISIT: (99 codes) Interpreter:
- NEW PATIENT: Eval Consult
 - FOC.(01) EXP.(02) DET.(03) COMP. MED.(04)/ HIGH (05)
 - ESTABLISHED PATIENT:
 - FOC.(12) EXP.(13) DET.(14) COMP. (15)
 - FINAL EXAM REPORT PR2 PR3
 - Prolonged Face: _____
 - Prolonged Non Face: _____
 - Team Conference: 30min(351) 60(352) min _____
 - Phone Call: Simple(371) Intermediate(372) Complex(373) _____
 - ML 101 _____ 102 _____ 103 _____ 104 _____

MODALITIES/PROCEDURES/SUPPLIES:

- HYDROCOLLATOR THERAPY COLD PACK INFRARED
- SPINALATOR MANUAL TRACTION
- ELEC. STIMULATION
- PARAFFIN BATH
- WHIRLPOOL
- ULTRASOUND
- THERAPEUTIC EXERCISES
- KINETIC EXERCISES (ONE ON ONE)
- MASSAGE THERAPY
- MYOFASCIAL RELEASE (TRIGGER POINT THERAPY)
- JOINT MOBILIZATION
- SPINAL MANIPULATION
- C-SP T-SP L-SP SACRUM PELVIC:S-I LOR
- EXTRASPINAL MANIPULATION
- HEAD (TMJ) UPPER EXTREMITY
- LOWER EXTREMITY RIB CAGE ABDOMEN
- QFCE - Initial w/Risk Fact Assessment Follow-up
- WORK CONDITIONING LOW (PRE-QFCE) POST-QFCE
- COMPUTERIZED ROM TEST: _____
- COMPUTERIZED MUSCLE TEST: _____
- X-RAYS _____
- ADL SUPPLIES _____

TREATMENT AREA(AREAS):

- TMJ L R
- CERVICAL THORACIC LUMBAR SACRUM
- COCCYX
- SHOULDER(S) L R
- TRAPEZIUS L R
- ARM(S) L R
- ELBOW(S) L R
- FOREARM(S) L R
- WRIST(S) L R
- HAND(S) L R
- FINGER(S) L R
- RIB CAGE L R
- HIP(S) L R
- THIGH(S) L R
- KNEE(S) L R
- LEG(S) L R
- ANKLE(S) L R
- FEET L R
- TOE(S) L R

NOTES: Dr. [Signature] / Therapist: [Signature]

Handwritten notes:
 1st visit
 @ 11/22/19
 Tel as per
 PR patient
 [Signature]

DATE: _____

- OFFICE VISIT: (99 codes) Interpreter:
- NEW PATIENT: Eval Consult
 - FOC.(01) EXP.(02) DET.(03) COMP. MED.(04)/ HIGH (05)
 - ESTABLISHED PATIENT:
 - FOC.(12) EXP.(13) DET.(14) COMP. (15)
 - FINAL EXAM REPORT PR2 PR3
 - Prolonged Face: _____
 - Prolonged Non Face: _____
 - Team Conference: 30min(351) 60(352) min _____
 - Phone Call: Simple(371) Intermediate(372) Complex(373) _____
 - ML 101 _____ 102 _____ 103 _____ 104 _____

MODALITIES/PROCEDURES/SUPPLIES:

- HYDROCOLLATOR THERAPY COLD PACK INFRARED
- SPINALATOR MANUAL TRACTION
- ELEC. STIMULATION
- PARAFFIN BATH
- WHIRLPOOL
- ULTRASOUND
- THERAPEUTIC EXERCISES
- KINETIC EXERCISES (ONE ON ONE)
- MASSAGE THERAPY
- MYOFASCIAL RELEASE (TRIGGER POINT THERAPY)
- JOINT MOBILIZATION
- SPINAL MANIPULATION
- C-SP T-SP L-SP SACRUM PELVIC:S-I LOR
- EXTRASPINAL MANIPULATION
- HEAD (TMJ) UPPER EXTREMITY
- LOWER EXTREMITY RIB CAGE ABDOMEN
- QFCE - Initial w/Risk Fact Assessment Follow-up
- WORK CONDITIONING LOW (PRE-QFCE) POST-QFCE
- COMPUTERIZED ROM TEST: _____
- COMPUTERIZED MUSCLE TEST: _____
- X-RAYS _____
- ADL SUPPLIES _____

TREATMENT AREA(AREAS):

- TMJ L R
- CERVICAL THORACIC LUMBAR SACRUM
- COCCYX
- SHOULDER(S) L R
- TRAPEZIUS L R
- ARM(S) L R
- ELBOW(S) L R
- FOREARM(S) L R
- WRIST(S) L R
- HAND(S) L R
- FINGER(S) L R
- RIB CAGE L R
- HIP(S) L R
- THIGH(S) L R
- KNEE(S) L R
- LEG(S) L R
- ANKLE(S) L R
- FEET L R
- TOE(S) L R

NOTES: Dr. _____ / Therapist: _____

12-05-2019

ERIC E. GOFNUNG CHIROPRACTIC CORP.

6221 Wilshire Boulevard, Suite 604, Los Angeles, Ca 90048

Tel: (323) 933-2444 FAX: (323) 933-2909

PATIENT'S NAME: Young, Benetia

DATE: 11/20/19

OFFICE VISIT: (99 codes) Interpreter:

- NEW PATIENT: Eval Consult
- FOC.(01) EXP.(02) DET.(03) COMP. MED.(04) / HIGH (05)
- ESTABLISHED PATIENT:
- FOC.(12) EXP.(13) DET.(14) COMP.(15)
- FINAL EXAM REPORT PR2 PR3
- Prolonged Face: _____
- Prolonged Non Face: _____
- Team Conference: 30min(361) 60(362) min
- Phone Call: Simple(371) Intermediate(372) Complex(373)
- ML 101 _____ 102 _____ 103 _____ 104 _____

MODALITIES/PROCEDURES/SUPPLIES:

- HYDROCOLLATOR THERAPY COLD PACK INFRARED
- SPINALATOR MANUAL TRACTION
- ELEC. STIMULATION
- PARAFFIN BATH
- WHIRLPOOL
- ULTRASOUND
- THERAPEUTIC EXERCISES
- KINETIC EXERCISES (ONE ON ONE)
- MASSAGE THERAPY
- MYOFASCIAL RELEASE (TRIGGER POINT THERAPY)
- JOINT MOBILIZATION
- SPINAL MANIPULATION
- C-SP T-SP L-SP SACRUM PELVIC:S-I CR
- EXTRASPINAL MANIPULATION
- HEAD (TMJ) UPPER EXTREMITY
- LOWER EXTREMITY RIB CAGE ABDOMEN
- QFCE - Initial w/Risk Fact Assessment Follow-up
- WORK CONDITIONING LOW (PRE-QFCE) POST-QFCE
- COMPUTERIZED ROM TEST: _____
- COMPUTERIZED MUSCLE TEST: _____
- X-RAYS _____
- ADL SUPPLIES _____

TREATMENT AREA(AREAS):

- TMJ, L R
- CERVICAL THORACIC LUMBAR SACRUM
- COCCYX
- SHOULDER(S) L R
- TRAPEZIUS L R
- ARM(S) L R
- ELBOW(S) L R
- FOREARM(S) L R
- WRIST(S) L R
- HAND(S) L R
- FINGER(S) L R
- RIB CAGE L R
- HIP(S) L R
- THIGH(S) L R
- KNEE(S) L R
- LEG(S) L R
- ANKLE(S) L R
- FEET L R
- TOE(S) L R

NOTES: Dr. R Therapist: R

*was @ 5 different
neck low back @ UE
↓ ROM ↑ @
TRAM
approach 1/10/19
(1887) n. v. l. m.*

12-05-2019

ERIC E. GOFNUNG CHIROPRACTIC CORP.

SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

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

October 30, 2019

Law offices Of Natalia Foley
8306 Wilshire Blvd., Suite 115
Beverly Hills, CA 90211

Re: Patient: Young, Benetia
EMP: Star View Adolescent Center
INS: Athens Administrators
Claim #: 19006760
WCAB #: ADJ12213522
DOI: 04/18/2019
D.O.E./Consultation: October 30, 2019

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

Dear Gentlepersons:

The above-named patient was seen for a Primary Treating Physician's Initial Evaluation on October 30, 2019, 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.

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,

11-25-2019

Re: Patient: Young, Benetia
DOI: 04/18/2019
Date of Exam: October 30, 2019

modify or deny a request for all treatment, but 10 days for spinal surgery. Please issue timely payment for medical care and treatment rendered in order to avoid payment of interests and penalties, per labor codes referenced. Failure of the defendant or insurance company to respond in writing within five working days results in an authorization by default. Furthermore, failure to pay for "self-procured" medical care when utilization deadlines are missed triggers penalties for the defendant or the insurance company due to violation of 8 CCR 10225 – 10225.2 and Labor Code 5814/5814.6 and 4603.2b. When there is a dispute with regard to treatment, the right to proceed with the Labor Code 4062 process belongs exclusively to the injured employee. If the treatment recommendations are not authorized by the insurance carrier, this report and bill should be kept together by the Workers' Compensation carrier for the review company. The claims examiner should forward this report to the defense attorney and nurse case manager.

Job Description:

Ms. Benetia Young was employed by Star View Adolescent Center as a shift lead at the time of the injury. She began working for this employer on December 10, 2018. She worked full time.

Job activities included working with 16 clients from the ages of 11 to 18 years old, working with seven youth counselors, one nurse, one LVN, and four therapists. She went over her clients every day activities and document adolescents' behavior and medical necessities. She worked with children, ensuring personal hygiene, that they did their homework, clean their rooms, making sure they attended their doctor's appointments, and made sure children got to bed at designated times as well as using a computer. She designated and organized day visits with families, social workers, and parents as well as monitoring clients.

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

The patient is a right-hand dominant female who used the bilateral upper extremities repetitively for simple grasping, power grasping, fine manipulation, keyboarding, writing, pushing and pulling, reaching at shoulder level, reaching above shoulder level, and reaching below shoulder level.

The patient was required to lift and carry objects while at work. The patient was required to lift and carry objects weighing up to 60 pounds.

The patient worked 8 to 15 hours per day and five days a week. Her work hours varied. The lunch break was 30 minutes. The rest break was 10 minutes. The job involved working 90% indoors and 10% outdoors.

The last day the patient worked for Star View Adolescent Center was on October 25, 2019.

11-25-2019

Re: Patient: Young, Benetia
DOI: 04/18/2019
Date of Exam: October 30, 2019

There was no concurrent employment at the time of the injury.

The patient denies working for any new employer.

Prior Work History:

Prior, she worked for a company with children with behavior difficulties. She worked at a school as a behavior specialist and helped with homework and school work and monitored the behavior. She worked for this company for six months.

Regarding prior employment, the patient worked as a case manager and gave resources to family. She worked for Keren for approximately six years.

History of Injury and Treatment as Presented by Patient:

Specific Injury: 04/18/2019

The patient states that while working at her usual and customary occupation as a shift lead for Star View Adolescent Center, she sustained a work-related injury to her neck, head, left shoulder, and back.

The patient explains that she was doing her 15-minute rounds. While walking down a hallway, she was attacked by a client from behind. The client pulled her hair and dragged her 15 feet through a carpeted corridor and struck her with a closed fist on her head, face, and body. A co-worker and a client were wrestled to pull the assailant off. Ms. Young was helped to her feet and assisted in walking to the outside yard. Once she was out, the patient fainted for several minutes. When she regained consciousness she experienced numbness and soreness throughout her head, neck, back, and left shoulder. The house manager, Michael Trailer, assisted her and recommended medical care.

The patient reported to an industrial clinic for evaluation. X-rays were not taken. She was prescribed medication. She was off for one day and Ms. Kelly administrator reminded Ms. Young what she signed up for and asked when she would return to work.

She returned to work and was moved to another unit and worked as a floater. She continued working with persistent pain and discomfort.

She returned to the industrial clinic and completed three sessions of physical therapy. Treatment included heating pad and massage therapy as well as home exercises. She was last seen around May 2019. She was placed on light duty.

11-25-2019

Re: Patient: Young, Benetia
DOI: 04/18/2019
Date of Exam: October 30, 2019

In July of 2019, the patient presented to her primary care physician, Dr. Chu with Kaiser for evaluation. She was prescribed pain and sleep medication.

The patient sought medical care on her own with a masseuse for her neck, right shoulder, and back. She attended massage therapy once per week for several weeks. The last time she received massage therapy was in late September of 2019. She currently manages her pain by exercises in the water.

The patient has had no further medical care.

The patient initially reported her injury to the employer on April 18, 2019. After reporting the injury to the employer, the patient was provided with an Employee Workers' Compensation Claim Form. She was provided with medical attention by the employer. Information regarding Medical Provider Networks and their rights if they are injured was not posted in their place of work on the walls in a common area. Upon being hired, they were not provided information relating to Medical Provider Networks and their rights if injured at work. Upon reporting their injury, they were not provided information pertaining to Medical Provider Networks and their rights if injured at work.

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

Current Complaints:

Neck:

The pain is moderate, and the symptoms occur frequently. There is soreness in her neck. The pain is aggravated with flexing or extending the head and neck, turning her head from side to side, prolonged positioning of the head and neck, forward bending, pushing, pulling, lifting and carrying greater than 5-10 pounds, and working or reaching at or above shoulder level. There is radiating pain from the neck into her shoulder blades, face, and head, and she has been experiencing frequent headaches. She is experiencing numbness and tingling or burning sensations on the left side of her face and neck. The patient has difficulty falling asleep and is often awakened during the night by the neck pain. There is stiffness and restricted range of motion in the head and neck. Her pain level varies throughout the day. There are no relieving factors at this time.

Left Shoulder:

The pain is moderate, and the symptoms occur frequently. The pain radiates to her arm. She experiences weakness, as well as numbness and tingling in the shoulder and arm. She complains of stiffness and experiences increased pain with repetitive motion of the arm/shoulder, the pain is aggravated with backward, lateral, and overhead reaching, pushing, pulling, lifting and carrying greater than 3-5 pounds, and repetitive use of the left upper extremity. Her pain level

11-25-2019

Re: Patient: Young, Benetia
DOI: 04/18/2019
Date of Exam: October 30, 2019

varies throughout the day depending on activities. She is not able to sleep on the left shoulder due to the pain. She has difficulty falling asleep and awakens throughout the night due to the pain and discomfort.

Thoracic Spine:

The pain is moderate, and the symptoms occur frequently in the upper and mid-back. The pain increases with twisting and turning at the waist, forward bending, pushing, pulling, and lifting and carrying. The pain radiates into her shoulder blades and upper back. She complains of tightness in the mid back area. There is numbness and tingling and muscle spasms.

Lower Back:

The pain is moderate to severe, and the symptoms occur frequently in the lower back, which increases becoming sharp and stabbing. The pain radiates down her left buttocks. She has numbness and tingling in her back. She states sneezing aggravate the back pain. The pain increases with activities of standing or walking as well as sitting over 15 minutes as well as activities of kneeling, stooping, squatting, forward bending, ascending and descending stairs, forceful pushing and pulling, lifting and carrying greater than 5-10 pounds, going from a seated position to a standing position and twisting and turning at the torso. She complains of muscle spasms. The patient denies experiencing bladder or bowel problems. She does awaken from sleep as a result of the low back pain. The patient self-restricts by limiting his activities. She walks with a limp due to her low back symptoms. There are no relieving factors at this time.

Nausea, difficulty concentrating, dizziness, headaches, numbness of left side on her face.

Psyche:

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

The patient has difficulty sleeping, often obtaining a few hours of sleep at a time.

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

Past Medical History:

Illnesses:

The patient has elevated blood pressure, which is controlled by medication.

Injuries:

11-25-2019

Re: Patient: Young, Benetia
DOI: 04/18/2019
Date of Exam: October 30, 2019

The patient denied any prior work-related injuries.

The patient denied any non-work-related injuries.

The patient denied any new injuries.

Allergies:

The patient denied any known allergies.

Medications:

The patient is taking medication for Amlodipine 2.5mg, Trazadone, and Ibuprofen 500 mg as needed for pain.

Surgeries:

In 1994 the patient underwent a c-section.

Hospitalization:

The patient denied any hospitalization.

The patient was asymptomatic and without any disability or impairment prior to the specific injury on April 18, 2019, as related to the neck, head, left shoulder, and back.

Review of Systems:

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

Activities of Daily Living:

Self-Care - Personal Hygiene: As a result of the industrially-related injury, the patient states: Difficulty with defecation, bathing by self, and 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 4/5.

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

11-25-2019

Re: Patient: Young, Benetia
DOI: 04/18/2019
Date of Exam: October 30, 2019

Family History:

Mother is 80 years old and healthy.

Father is 80 years old and healthy.

The patient has 11 siblings. All are well and healthy.

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

Social History:

Ms. Young is a 54-year-old widowed female with one child.

The patient achieved a bachelors' degree.

The patient consumes no alcohol. She does not smoke.

The patient does not exercise.

Before this injury, the patient enjoyed golfing, racket ball, basketball and riding a bike. Currently, she is unable to participate in these activities due to this injury.

Physical Evaluation (October 30, 2019) – Positive Findings:

General Appearance:

The patient is a 54-year-old ambidextrous female who appeared reported age, and was well-developed, well-nourished, and well-proportioned. The patient appears to be alert, cooperative and oriented x3.

Vital Signs:

Pulse:	70
Blood Pressure:	145/70
Height:	5'7"
Weight:	165

Head & Face, Eyes, Ears, Nose and Mouth:

Reveals tenderness at left occipital region.

11-25-2019

Re: Patient: Young, Benetia
 DOI: 04/18/2019
 Date of Exam: October 30, 2019

Cervical Spine:

Examination of the cervical spine revealed tenderness to palpation with myospasm of left paracervical and left upper trapezium musculature.

Tenderness and hypomobility were noted at C1 through C7 vertebral regions.

Shoulder depression test was positive on the left.

Ranges of motion for cervical spine were decreased and painful with spasm, measured as follows:

<i>Cervical Spine Ranges of Motion Testing</i>		
Movement	Normal	Actual
Flexion	50	30
Extension	60	20
Right Lateral Flexion	45	22
Left Lateral Flexion	45	30
Right Rotation	80	42
Left Rotation	80	60

Shoulders & Upper Arms:

Exam revealed antalgic position of left shoulder, tenderness and myospasm noted at the left supraspinatus, infraspinatus and periscapular musculature as well as left deltoid musculature.

Hawkins test was positive at the left shoulder.

Ranges of motion for the shoulders, right normal, left decreased and painful with spasm and weakness, measured as follows:

<i>Shoulder Ranges of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	180	150	180
Extension	50	20	50
Abduction	180	145	180
Adduction	50	40	50

11-25-2019

Re: Patient: Young, Benetia
 DOI: 04/18/2019
 Date of Exam: October 30, 2019

Internal Rotation	90	45	90
Extension Rotation	90	40	90

Elbows & Forearms:

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

Tenderness is not present over the lateral epicondyle, medial epicondyle and cubital tunnel bilaterally. Tenderness is not present over the flexor muscle group and extensor muscle group of the forearm bilaterally.

Ranges of motion for the elbows were within normal limits.

<i>Elbow Ranges of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	140	120	140
Extension	0	0	0
Supination	80	80	80
Pronation	80	80	80

Wrists & Hands:

Deformity, dislocation, amputation, edema, swelling, erythema, scars, and lacerations are not present upon visual examination of the wrists and hands.

Tenderness is not present over the volar and dorsal crease of the wrist bilaterally. Tenderness is not present over the carpal tunnel and carpals bilaterally. There is no tenderness over the distal ulna and radius bilaterally. There is no tenderness noted over the anatomical snuff box and triangular fibrocartilage complex bilaterally. There is no mechanical block noted during ranges of motion of the wrist. There is no tenderness over the thenar hand musculature, hypothenar hand musculature and intrinsic hand musculature bilaterally.

Ranges of motion of the wrists were within normal limits.

<i>Wrist Ranges of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	60	60	60
Extension	60	60	60
Ulnar Deviation	30	30	30

11-25-2019

Re: Patient: Young, Benetia
 DOI: 04/18/2019
 Date of Exam: October 30, 2019

Radial Deviation	20	20	20
------------------	----	----	----

Grip Strength Testing:

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

Right: 6/2/6.
Left: 6/0/0.

The patient complained of increased pain at the left arm/shoulder during the testing.

Motor Testing of The Cervical Spine and Upper Extremities:

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

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

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

Sensory Testing:

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

<i>Upper Extremity Measurements in Centimeters</i>		
Measurements	Left	Right
Biceps	25	25.5
Forearms	20	19.5

Thoracic Spine:

Examination of thoracic spine revealed tenderness to palpation at left trapezium and rhomboid musculature with myospasm noted.

Ranges of motion of thoracic spine were decreased due to pain at the lumbar spine, measured as follows;

11-25-2019

Re: Patient: Young, Benetia
 DOI: 04/18/2019
 Date of Exam: October 30, 2019

<i>Thoracic Spine Ranges of Motion Testing</i>		
Movement	Normal	Actual
Flexion	60	40
Extension	0	0
Right Rotation	30	12
Left Rotation	30	14

Lumbar Spine:

Examination of the lumbar spine revealed tenderness to palpation at bilateral paralumbar musculature with myospasm noted.

Tenderness and hypomobility were noted at L1 through L5 vertebral regions.

Milgram's test was positive.

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

Right: 50 degrees

Left: 40 degrees

Ranges of motion for the lumbar spine were decreased and painful with spasm, measured as follows:

<i>Lumbar Spine Ranges of Motion Testing</i>		
Movement	Normal	Actual
Flexion	60	40
Extension	25	10
Right Lateral Flexion	25	12
Left Lateral Flexion	25	14

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.

11-25-2019

Re: Patient: Young, Benetia
 DOI: 04/18/2019
 Date of Exam: October 30, 2019

Ranges of motion of the hips were within normal limits.

<i>Hip Ranges Of Motion Testing</i>			
Movement	Normal	Left	Right
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:

Visual examination of knees and lower legs does not identify deformity, dislocation, edema, swelling, erythema, scars and lacerations.

Tenderness is not present over the quadriceps tendon, patella, infrapatellar tendon, tibial tuberosity, medial joint line, lateral joint line and popliteal fossa bilaterally. Palpation of the lower leg muscles/regions was unremarkable for tenderness at the gastrocnemius, tibialis anterior (dorsiflexion & inversion) and peroneal musculature (lateral ankle-eversion) bilaterally.

Ranges of motion of the knees were within normal limits.

<i>Knee Ranges Of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	135	135	135
Extension	0	0	0

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.

Squatting is positive for back pain. Heel and toe walking difficulty and positive for back pain.

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.

11-25-2019

Re: Patient: Young, Benetia
DOI: 04/18/2019
Date of Exam: October 30, 2019

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.

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

<i>Lower Extremity Measurements Circumferentially & Leg Length in Centimeters</i>		
Measurements (in cm)	Left	Right
Thigh - 10 cm above patella with knee extended	66	66.5
Calf - at the thickest point	35	35.5

Diagnostic Impressions:

1. Cephalgia, closed head trauma, tinnitus left, traumatic brain injury (TBI), rule out, G44.099, S09.90XA, H93.12, S06.2X9D.
2. Cervical spine sprain/strain, cervical facet-induced versus discogenic pain, cervical radiculitis left, S13.4XXA, M53.82, M54.12.
3. Lumbar spine sprain/strain, lumbar facet-induced versus discogenic pain, lumbar radiculitis left, S39.012A, M46.1, M54.16.
4. Left shoulder sprain/strain, S43.401A.
5. Left rotator cuff tear, rule out, M75.102.
6. Left shoulder tenosynovitis and bursitis, M65.811.
7. Insomnia, anxiety and depression, G47.00, F41.8.

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 cervical, and lumbar spine and left shoulder at two times per week for four weeks with a followup in four weeks.

11-25-2019

Re: Patient: Young, Benetia
DOI: 04/18/2019
Date of Exam: October 30, 2019

The patient requires x-rays of left shoulder.

The patient requires MRI of cervical and lumbar spine and left shoulder.

The patient requires NCV/EMG of upper extremities in order to fully evaluate her condition.

The patient is recommended psychiatric consultation with Dr. Musher.

The patient is recommended neurology consultation with regards to traumatic brain injury, close head trauma evaluation and treatment.

Medical Causation Regarding AOE/COE:

In my opinion, it is within a reasonable degree of medical probability that the causation of this patient's head, neck, lower back and left shoulder injuries and resultant conditions, as well as need for treatment are industrially related and secondary to 04/18/19 injury as described above while working for Star View Adolescent Center as a shift lead.

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. She is in need of further treatment and diagnostics.

Work Status:

The patient is to return to modified with the following restrictions. No repeated flexing, extending or rotating of the neck. No repeated work with left arm above shoulder height. No lifting in excess of 15 pounds. No repeated bending or stooping. If modified duty as indicated is not provided, the patient is then considered temporarily totally disabled until reevaluation in four weeks.

Disclosure:

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

11-25-2019

Re: Patient: Young, Benetia
DOI: 04/18/2019
Date of Exam: October 30, 2019

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

11-25-2019

Re: Patient: Young, Benetia
DOI: 04/18/2019
Date of Exam: October 30, 2019

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.

Time spent face-to-face 40 minutes and non face-to-face 20 minutes.

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.

11-25-2019

Re: Patient: Young, Benetia
DOI: 04/18/2019
Date of Exam: October 30, 2019

Sincerely,



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

Signed this 4th day of November, 2019, in Los Angeles, California.

EEG:

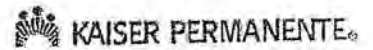


Mayya Kravchenko, D.C., QME
State Appointed Qualified Medical Evaluator
Certified Industrial Injury Evaluator

Signed this 4th day of November, 2019, in Los Angeles, California.

MK:svl/MM

11-25-2019



Start New Search | Help
Anthem Workers' Compensation Home Page

MPN Name: Athens Administrators MPN

2 providers that meet your search criteria have been selected.

[Refine Search Results](#) [Change Tax Id/Name](#) [Start New Search](#) [Create Directory](#)

Search Criteria:

Your Search Criteria (from previous steps)
Plan Name: Athens Administrators MPN; Lookup State: CA; Last Name Like: Gofnung; First Name Like: Eric

Sort Results by:

Legend
BCC Blue Cross of California Provider
KOJ Kaiser On-the-Job Plus Provider

Gofnung, Eric, DC ^{BCC}
6221 Wilshire Blvd Ste 604
Los Angeles, CA 90048
Phone: (323) 933-2444
County: Los Angeles
Gender: Male

[Report Provider Data](#) [Map](#)
Specialty: Chiropractor

Gofnung, Eric, DC ^{BCC}
12626 Riverside Dr Ste 510
Valley Village, CA 91607
Phone: (818) 623-9633
County: Los Angeles
Gender: Male

[Report Provider Data](#) [Map](#)
Specialty: Chiropractor

[Change Tax Id/Name](#) [Start New Search](#)

1

To report inaccuracies in the provider information listed, please contact us at (877) 307-1245. You may also email us at wspdo@anthemwc.com

Medical Access Assistant(s) can be reached at (844) 752-1142 or by email at AthensMAA@anthemwc.com

This directory was last updated on: 10/25/2019

[Terms of Use](#) | [Privacy Statement](#) | [Disclaimer](#) | [Press Room](#)

© 2009 Anthem Workers' Compensation All rights reserved.

Anthem Workers' CompensationSM (Anthem) is a product of Anthem Workers' CompensationSM, LLC., a Limited Liability Corporation. Anthem accesses independently contracted provider networks through affiliated and other companies, which it makes available by contract to payors of workers' compensation benefits. Anthem has no control or right of control over the professional, medical judgment of independently contracted providers, and is not liable for any acts or failures to act, by independently contracted providers. Anthem is not an insurance company and has no liability for benefits under benefit plans offered or administered by employers or other payors. Anthem Workers' CompensationSM is a service mark of Anthem Workers' Compensation, LLC. Any reference in the material to other organizations or companies, including their Internet sites, is not an endorsement or warranty of the services, information or products provided by those organizations or companies.

11-25-2019

ERIC E. GOENUNG CHIROPRACTIC CORP.

6221 Wilshire Boulevard, Suite 604, Los Angeles, Ca 90048

Tel: (323) 933-2444 Fax: (323) 933-2909

PATIENT'S NAME: Nouna, Benetia

DATE: 11/4/19

OFFICE VISIT: (99 codes) Interpreter:

- NEW PATIENT: Eval Consult
- FOC.(01) EXP.(02) DET.(03) COMP. MED.(04) / HIGH (05)
- ESTABLISHED PATIENT:
- FOC.(12) EXP.(13) DET. (14) COMP. (15)
- FINAL EXAM REPORT PR2 PR3
- Prolonged Face: _____
- Prolonged Non Face: _____
- Team Conference: 30min(361) 60(362) min _____
- Phone Call: Simple(371) Intermediate(372) Complex(373)
- ML 101 _____ 102 _____ 103 _____ 104 _____

MODALITIES/PROCEDURES/SUPPLIES:

- HYDROCOLLATOR THERAPY COLD PACK INFRARED
- SPINALATOR MANUAL TRACTION
- ELEC. STIMULATION
- PARAFFIN BATH
- WHIRLPOOL Do
- ULTRASOUND
- THERAPEUTIC EXERCISES
- KINETIC EXERCISES (ONE ON ONE)
- MASSAGE THERAPY
- MYOFASCIAL RELEASE (TRIGGER POINT THERAPY)
- JOINT MOBILIZATION
- SPINAL MANIPULATION
- C-SP T-SP L-SP SACRUM PELVIC SHOULDER
- EXTRASPINAL MANIPULATION
- HEAD(TMJ) UPPER EXTREMITY
- LOWER EXTREMITY RIB CAGE ABDOMEN
- QFCE - Initial w/Risk Fact Assessment Follow-up
- WORK CONDITIONING LOW (PRE-QFCE) POST-QFCE
- COMPUTERIZED ROM TEST: _____
- COMPUTERIZED MUSCLE TEST: _____
- X-RAYS _____
- ADL SUPPLIES _____

TREATMENT AREA(AREAS):

- TMJ. L R
- CERVICAL THORACIC LUMBAR SACRUM
- COCCYX
- SHOULDER(S) L R
- TRAPEZIUS L R
- ARM(S) L R
- ELBOW(S) L R
- FOREARM(S) L R
- WRIST(S) L R
- HAND(S) L R
- FINGER(S) L R
- RIB CAGE L R
- HIP(S) L R
- THIGH(S) L R
- KNEE(S) L R
- LEG(S) L R
- ANKLE(S) L R
- FEET L R
- TOE(S) L R

NOTES: Dr. K / Therapist:

*MClo of off from
neck, low back, shoulder
lower EB
TE & M
high ch, L5/S1, S2/S3
M*

11-19-2019

ERIC E. GOFNUNG CHIROPRACTIC CORP.

QME OF THE STATE OF CALIFORNIA

SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

6221 Wilshire Boulevard, Suite 604 • Los Angeles, CA 90048 • Tel: (323) 933-2444 • Fax:
(323) 933-2909

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

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

On 8 day of November 2019, I served the within concerning:

Patient's Name: **Young, Benetia**

Claim Number: 19006760

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> MPN Request | <input type="checkbox"/> QME Appointment Notification |
| <input type="checkbox"/> Notice of Treating Physician | <input checked="" type="checkbox"/> Designation Of Primary Treating Physician |
| <input type="checkbox"/> Medical Report _____ | <input checked="" type="checkbox"/> Initial Comprehensive Report |
| <input type="checkbox"/> Itemized - (Billing) / HFCA | <input type="checkbox"/> Re-Evaluation Report / Progress Report (PR-2) |
| <u>10/30/2019</u> | |
| <input type="checkbox"/> Doctor's First Report | <input type="checkbox"/> Med Legal Report |
| <input checked="" type="checkbox"/> RFA | <input type="checkbox"/> Permanent & Stationary |
| <input checked="" type="checkbox"/> Financial Disclosure | <input type="checkbox"/> Authorization Request for Evaluation/Treatment |
| | <u>10/30/2019</u> |

List all parties to whom documents were mailed to:

cc: Law offices Of Natalia Foley
8306 Wilshire Blvd., Suite 115
Beverly Hills, CA 90211

Athens Administrators
P.O. Box 696
Concord, CA 94522

Beth C. Barley, Esq.
Stander Reubens Thomas Kinsey
200 N Pacific Coast Highway, Suite 1550
El Segundo, CA 90245

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 8 day of November 2019.



Ilse Ponce

11-25-2019

ERIC E. GOFNUNG CHIROPRACTIC CORP.

6221 Wilshire Boulevard, Suite 604, Los Angeles, Ca 90048

TEL: (323) 933-2444 FAX: (323) 933-2909

PATIENT'S NAME: Young, Benetia

DATE: 11/6/19

OFFICE VISIT: (99 codes) Interpreter:

- NEW PATIENT: Eval Consult
- FOC.(01) EXP.(02) DET.(03) COMP. MED.(04)/ HIGH (05)
- ESTABLISHED PATIENT:
- FOC.(12) EXP.(13) DET. (14) COMP. (15)
- FINAL EXAM REPORT PR2 PR3
- Prolonged Face: _____
- Prolonged Non Face: _____
- Team Conference: 30min(361) 60(362) min
- Phone Call: Simple(371) Intermediate(372) Complex(373)
- ML 101 102 103 104

MODALITIES/PROCEDURES/SUPPLIES:

- HYDROCOLLATOR THERAPY COLD PACK INFRARED
- SPINALATOR MANUAL TRACTION
- ELEC. STIMULATION
- PARAFFIN BATH
- WHIRLPOOL
- ULTRASOUND
- THERAPEUTIC EXERCISES
- KINETIC EXERCISES (ONE ON ONE)
- MASSAGE THERAPY
- MYOFASCIAL RELEASE (TRIGGER POINT THERAPY)
- JOINT MOBILIZATION
- SPINAL MANIPULATION
- C-SP T-SP L-SP SACRUM PELVIC:S-I L OR
- EXTRASPINAL MANIPULATION
- HEAD (TMJ) UPPER EXTREMITY
- LOWER EXTREMITY RIB CAGE ABDOMEN
- QFCE - Initial w/Risk Fact Assessment Follow-up
- WORK CONDITIONING LOW (PRE-QFCE) POST-QFCE
- COMPUTERIZED ROM TEST: _____
- COMPUTERIZED MUSCLE TEST: _____
- X-RAYS _____
- ADL SUPPLIES _____

TREATMENT AREA(AREAS):

- TMJ L R
- CERVICAL THORACIC LUMBAR SACRUM
- COCCYX
- SHOULDER(S) L R
- TRAPEZIUS L R
- ARM(S) L R
- ELBOW(S) L R
- FOREARM(S) L R
- WRIST(S) L R
- HAND(S) L R
- FINGER(S) L R
- RIB CAGE L R
- HIP(S) L R
- THIGH(S) L R
- KNEE(S) L R
- LEG(S) L R
- ANKLE(S) L R
- FEET L R
- TOE(S) L R

NOTES: Dr. W / Therapist: _____

*Dr. Clo on spine
neck low back, @/15
↓ ROM 20
Team
supplies 4/1/19*

DATE: _____

OFFICE VISIT: (99 codes) Interpreter:

- NEW PATIENT: Eval Consult
- FOC.(01) EXP.(02) DET.(03) COMP. MED.(04)/ HIGH (05)
- ESTABLISHED PATIENT:
- FOC.(12) EXP.(13) DET. (14) COMP. (15)
- FINAL EXAM REPORT PR2 PR3
- Prolonged Face: _____
- Prolonged Non Face: _____
- Team Conference: 30min(361) 60(362) min
- Phone Call: Simple(371) Intermediate(372) Complex(373)
- ML 101 102 103 104

MODALITIES/PROCEDURES/SUPPLIES:

- HYDROCOLLATOR THERAPY COLD PACK INFRARED
- SPINALATOR MANUAL TRACTION
- ELEC. STIMULATION
- PARAFFIN BATH
- WHIRLPOOL
- ULTRASOUND
- THERAPEUTIC EXERCISES
- KINETIC EXERCISES (ONE ON ONE)
- MASSAGE THERAPY
- MYOFASCIAL RELEASE (TRIGGER POINT THERAPY)
- JOINT MOBILIZATION
- SPINAL MANIPULATION
- C-SP T-SP L-SP SACRUM PELVIC:S-I L OR
- EXTRASPINAL MANIPULATION
- HEAD (TMJ) UPPER EXTREMITY
- LOWER EXTREMITY RIB CAGE ABDOMEN
- QFCE - Initial w/Risk Fact Assessment Follow-up
- WORK CONDITIONING LOW (PRE-QFCE) POST-QFCE
- COMPUTERIZED ROM TEST: _____
- COMPUTERIZED MUSCLE TEST: _____
- X-RAYS _____
- ADL SUPPLIES _____

TREATMENT AREA(AREAS):

- TMJ L R
- CERVICAL THORACIC LUMBAR SACRUM
- COCCYX
- SHOULDER(S) L R
- TRAPEZIUS L R
- ARM(S) L R
- ELBOW(S) L R
- FOREARM(S) L R
- WRIST(S) L R
- HAND(S) L R
- FINGER(S) L R
- RIB CAGE L R
- HIP(S) L R
- THIGH(S) L R
- KNEE(S) L R
- LEG(S) L R
- ANKLE(S) L R
- FEET L R
- TOE(S) L R

NOTES: Dr. _____ / Therapist: _____

11-19-2019

Concentra Occupational Med Ctrs-CA

1148 W 190th St, Gardena, CA 90248
 Phone: (310) 324-5777 Fax: (310) 324-6245

Transcription

Patient: Young-James, Benetia A. Service ID #: 945876910
 Soc. Sec. #: XXX-XX-0936 Referral Q ID:
 Date of Birth: 1/8/1965 Age: 54 Injury Date: 4/18/2019 Service Date: 4/18/2019
 Service Location: CMC - LAX Torrance Employer: Star View Adolescent Center
 Claim Number: 19006760 Dictated By: Steve Stanford
 Diagnosis: S16.1XXA STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INIT-S16.1XXA

Notes:

tingling and no lower extremity weakness.
 There is bilateral upper back pain.
 The pain does not radiate. Onset was sudden immediately after the injury. The symptoms occur intermittently. The severity of the back pain is mild. She has a current pain level of 3/10. Associated symptoms include no insomnia, no malaise, no fever, no weight loss, no paresthesias, no saddle paresthesia, no leg weakness, no leg numbness, no fecal incontinence, no urinary incontinence, no urinary frequency, no urinary retention, no hematuria and no dysuria.

Review of Systems

Constitutional: no fever and no malaise.
 Eyes: no eye pain and no eye redness.
 ENT: no earache and no hearing loss.
 Cardiovascular: no chest pain and no palpitations.
 Respiratory: no shortness of breath and no cough.
 Gastrointestinal: no abdominal pain.
 Genitourinary: no dysuria and no urinary frequency.
 Musculoskeletal: joint pain, muscle pain and neck pain, but no back pain.
 Integumentary: ~~no rashes and no swelling.~~
 Neurological: headache, but no dizziness and no memory loss.
 Psychiatric: no depression.
 Endocrine: no intolerance to hot and cold and no excessive thirst.
 Hematologic and Lymphatic: doesn't bleed easily.

Physical Exam

Vital signs were reviewed and found to be unremarkable.
 Constitutional: well appearing and well nourished. in no acute distress. no obvious visible signs of trauma, though pt with cervical mild spasms.
 Head/Face: Normocephalic and atraumatic.
 Eyes: conjunctiva and lids with no swelling, erythema or discharge. Pupils are equal, round, and reactive to light and cornea clear. Extraocular movements intact.
 ENT: No erythema or edema of the external ears or nose.
 Pulmonary: no increased work of breathing or signs of respiratory distress. all lung fields clear to auscultation bilaterally.
 Cardiovascular: normal rate and rhythm, normal S1 and S2, without gallops or rubs. no murmur. Carotid pulses 2+ bilaterally with no bruits. Extremities are warm with no edema or varicosities.
 Abdomen: soft, non-distended, no masses, and no tenderness. No pulsatile mass.
 Musculoskeletal: Normal gait. No tenderness or swelling of extremities. Range of motion is within normal limits. Normal muscle strength and tone.

Dictated By: Steve Stanford

Dictated On: 4/18/2019 11:26 PM

Concentra Occupational Med Ctrs-CA
1149 W 190th St Gardena, CA 90248
Phone: (310) 324-5777 Fax: (310) 324-6245

Transcription

Patient: Young-James, Benstia A. Service ID #: 945876910
Soc. Sec. #: XXX-XX-0936 Referral Q ID:
Date of Birth: 1/8/1965 Age: 54 Injury Date: 4/18/2019 Service Date: 4/18/2019
Service Location: CMC - LAX Torrance Employer: Star View Adolescent Center
Claim Number: 19006760 Dictated By: Steve Stanford
Diagnosis: S16.1XXA STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INIT-S16.1XXA

Notes:

Cervical Spine: Cervical Spine: Appearance is normal. No Tenderness. Palpation reveals bilateral muscle spasms. Full range of motion.
Psychiatric: , oriented to person, place, and time. mood and affect are appropriate.

ASSESSMENT

1. Cervical strain (S16.1XXA)

Plan

1. Start: Ibuprofen 200 MG Oral Tablet; TAKE 2 TABLET2 EVERY 6 TO 8 HOURS AS NEEDED

Rx By: Stanford, Steve R; Dispense: 0 Days ; #:30 Tablet; Refill: 0; For: Cervical strain; DAW = N; Sent To: CONCENTRA - TORRANCE

2. Physical Therapy Referral Physical Therapy See Referral Comment! Requested for: 18Apr2019

Ordered; For: Cervical strain; Ordered By: Stanford, Steve R Performed: Due: 02May2019

Laterality 1 : Bilateral

Body Part 1 : Back Disc

Frequency : 3 x week

Duration : 2 weeks

Therapy Order : Evaluate and Treat

ONLY OVER THE COUNTER MEDICATIONS WERE DISPENSED IN THE CENTER FOR THIS ENCOUNTER.

Discussion/Summary

mild cervical strain sp assault. ibuprofen, PT, light duty. of note pt also being seen currently for a right wrist injury. pt has follow up for this injury in 3-4 days, will schedule neck strain follow up for same day.

The diagnoses and treatment plan were discussed with the patient. The patient expressed understanding and was told to keep their scheduled appointments for follow-up and/or to return to Concentra.

History and mechanism of injury were obtained directly from the patient, unless otherwise noted, and appear to be consistent with presenting symptoms and physical exam.

Dictated By: Steve Stanford

Dictated On: 4/18/2019 11:26 PM

07-31-2019

Concentra Occupational Med Ctrs-CA

1149 W 190th St Gardena, CA 90248

Phone: (310) 324-5777 Fax: (310) 324-6245

Transcription

Patient: Young-James, Benetia A. Service ID #: 945876910
 Soc. Sec. #: XXX-XX-0936 Referral Q ID:
 Date of Birth: 1/8/1965 Age: 54 Injury Date: 4/18/2019 Service Date: 4/18/2019
 Service Location: CMC - LAX Torrance Employer: Star View Adolescent Center
 Claim Number: 19006760 Dictated By: Steve Stanford
 Diagnosis: S16.1XXA STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INIT-S16.1XXA

Notes:

Activity Status and Restrictions

Treatment Status:

Returning for follow-up: 3-4 days (same day as right wrist follow up)

Activity Status

Return to modified work/activity today.

Work Duration

Patient may work their entire shift.

Restrictions: KEY - Occasionally = up to 3 hrs/day, Frequently = up to 6 hrs/day,

Constantly = up to 8 hours or greater per day

May lift up to 15 lbs constantly

May push/pull up to 15 lbs constantly

ADDITIONAL RESTRICTIONS AND LIMITATIONS:

PATIENT INSTRUCTIONS:

State Form - Non-Clinician

Information for CA 5021 FROI

Nature of Business (e.g., food manufacturing, building construction, etc.): ~~Mental Health~~

Date last worked: 4/18/2019

Have you (or your office) previously treated patient? Yes

If hospitalized as inpatient, give hospital name and location

If hospitalized as inpatient, give hospital name and location

Estimated stay

County where injured Los Angeles

Signatures

Electronically signed by : Steve Stanford, M.D.; Apr 18 2019 11:26PM PST - Author

07-31-2019

Dictated By: Steve Stanford

Dictated On: 4/18/2019 11:26 PM



July 22, 2019

Benetia James Young
20322 AMANTHA AVE
CARSON, CA 90746

Re: Claimant: Benetia James Young
 Date of Injury: 04/18/2019
 Claim Number: 19006760
 Insured: STARS Behavioral Health Group
 Insurer: Quality Comp, Inc.

**NOTICE REGARDING
PARTIAL DENIAL OF WORKERS' COMPENSATION BENEFIT**

Dear Ms. James Young,

Athens Administrators is handling your workers' compensation claim on behalf of STARS Behavioral Health Group. This notice is to advise you of the status of disability benefits for your workers' compensation injury on the date shown above.

After careful consideration of all the available information, we are denying liability for your claim of injury to your back as there is no substantial medical, legal, or factual evidence to support you sustained a work related injury to these body parts while employed for Stars. We will continue to accept the neck and left shoulder.

For claims reported on or after April 19, 2004, regardless of the date of injury, if you submitted a claim form to your employer or claims administrator, Labor Code section 5402(c) provides that within one working day after you file the claim form, the employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to provide such medical treatment until the claims administrator accepts or denies liability for the claim. Until the date the claim is accepted or rejected, liability for medical treatment under this Labor Code section shall be limited to a maximum of ten thousand dollars (\$10,000).

Unless you have done so already, you should immediately send me for consideration of payment, all bills for medical services provided between the date the completed claim form was given to the employer and the date that liability for the claim is rejected.

Although your claim has been denied, if you believe that you still need medical treatment for your injury or illness, you have the right to obtain treatment outside the workers' compensation system.

If you have your own health insurance, or are eligible to be treated by someone else's health insurance, you can use that insurance to get medical care. You should advise your physician that you believe that your injury or illness is work related, so the health insurer can seek reimbursement from the claims administrator.

If you do not have health insurance available, there are doctors, clinics, or hospitals that will treat you without immediate payment. You should advise any doctor, clinic, or hospital that agrees to treat you that you believe that your injury or illness is work related so they can seek payment from the claims administrator through the workers' compensation system.

Since you are represented, please contact your attorney with any questions.

In accordance with 8 CCR §9810 (n), Athens Administrators is unable to offer a secured encrypted electronic submission to you or your attorney of your benefit notices. Therefore, if either you or your attorney, if any, have previously notified us that you wish these notices sent to you electronically by completing item #8 on the Employee Claim Form (DWC-1), please be advised that your notices will continue to be sent to you by regular mail on the date they are required.

Additional information may be found in the publication Workers' Compensation in California: A Guidebook for Injured Workers. A complete copy of the Guidebook may be obtained on the Division of Workers' Compensation website (see URL below) or by contacting an Information and Assistance (I&A) Officer of the Division of Workers' Compensation. Chapters 2, 4 and 9 of the Guidebook contain information addressing the determination of liability for a workers' compensation claim and the QME process.

Guidebook for Injured Workers:

<http://www.dir.ca.gov/InjuredWorkerGuidebook/InjuredWorkerGuidebook.html>

Chapter 2: After You Get Hurt on the Job

<http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter2.pdf>

Chapter 4: Resolving Problems with Medical Care and Medical Reports:

<http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter4.pdf>

Chapter 9: For More Information and Help

<http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter9.pdf>

The State of California requires that you be given the following information:

You have a right to disagree with decisions affecting your claim. If you have any questions regarding the information provided to you in this notice, please call your examiner, Timothy Chapin at (925) 826-1226. You also have the right to be represented by an attorney of your choice. However, if you are represented by an attorney, you should call your attorney, not your claims adjuster.

Per Labor Code 5405, you have one year from the date of injury or the date of last payment of either compensation or medical benefits in which to dispute the denial of your claim by filing an Application of Adjudication of Claim with the Workers' Compensation Appeals Board, after one year you are barred from seeking further proceedings.

For information about the workers' compensation claims process and your rights and obligations go to www.dir.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 (800)736-7401.

Keep this notice. It contains important information about your workers' compensation benefits.

Sincerely,



Timothy Chapin
Sr. Claims Examiner

cc: Employer – STARS Behavioral Health Group
 Law Offices of Natalia Foley
 Stander, Reubens, Thomas, Kinsey, A Professional Corporation

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

I am a citizen of the United States and a resident of the county aforesaid; I am over the age of eighteen years and not a party to the within entitled action; my business address is PO Box 696, Concord CA 94522-0696

On 07/22/2019 I, Roxanne Hurtado served the below on all listed individuals within 3 mailing days:

Partial Claim Denial letter

Copies on the following parties in said action, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail Concord, California, addressed as follows:


Benetia James Young
20322 AMANTHA AVE
CARSON, CA 90746

Quality Comp, Inc.
255 Great Valley Parkway, Suite 200
Malvern, PA 19355

Law Offices of Natalia Foley
5753 E SANTA ANA CANYON RD STE G 616
ANAHEIM CA 92807

Stander, Reubens, Thomas, Kinsey, A Professional Corporation
200 N PACIFIC COAST HWY STE 1550
EL SEGUNDO CA 90245

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on 07/22/2019 at Concord, California.

Signature: 
Roxanne Hurtado



May 15, 2019

Benetia James Young
20322 AMANTHA AVE
CARSON, CA 90746

Re: Employer: Quality Comp, Inc.
 Claimant: Benetia James Young
 Date of Injury: 04/18/2019
 Claim Number: 19006760

Dear Ms. James Young:

Athens Administrators handles the workers' compensation claims for your employer. Unfortunately we have not been able to make contact with you to discuss your claim. Please call me at your earliest convenience at the phone number below.

Thank you for your anticipated cooperation.

Please disregard this letter if you have already been in contact with Athens Administrators regarding this workers' compensation claim before you received this letter.

Sincerely,

Mario Malilay
Assistant Claims Examiner
(925) 826-1280



June 11, 2019

Benetia James Young
20322 AMANTHA AVE
CARSON, CA 90746

*** 2nd Request ***

Re: Employer: STARS Behavioral Health Group & Star View Children
 Claimant: Benetia James Young
 Date of Injury: 04/18/2019
 Claim Number: 19006760

Dear Ms. James Young:

Athens Administrators handles the workers' compensation claims for your employer. Unfortunately we have not been able to make contact with you to discuss your claim. Please call me at your earliest convenience at the phone number below.

Thank you for your anticipated cooperation.

Please disregard this letter if you have already been in contact with Athens Administrators regarding this workers' compensation claim before you received this letter.

Sincerely,

Brandy Knee
Assistant Claims Examiner
(925) 826-1233



July 9, 2019

Benetia James Young
20322 AMANTHA AVE
CARSON, CA 90746

Date of Injury: 04/18/2019
Claim Number: 19006760
Claimant: Benetia James Young
Employer: Quality Comp, Inc.

ACCEPTANCE LETTER

We have determined that your injury to your **neck and left shoulder** on 04/18/2019 occurred in the course and scope of your employment. We are sorry to have learned of your recent industrial injury. We are the administrator of your employer's workers' compensation program and will be handling your claim. This notice is to advise you of our determination of compensation for your workers' compensation claim.

You may be entitled to medical benefits which are reasonable and necessary to cure or relieve the effects of this industrial injury. If you have any medical bills you have paid yourself, please provide receipts and/or canceled checks and submit them to us for consideration and payment as appropriate. Mileage reimbursement for necessary trips to the doctor is available at the rate of \$.58 per mile beginning 1/1/19. Please complete and return the enclosed mileage form.

You also may be entitled to temporary disability compensation while off work. Temporary disability benefits are payable only when you are not receiving income from any type of gainful employment, which must be documented by medical evidence. You may also qualify for permanent disability and supplemental job displacement benefits (if your date of injury is 2004 or later), if the condition persists following medical treatment.

Further, please be aware that you must advise your treating physician that they are to forward the Doctor's First Report of Injury to us without delay, and that periodic progress reports are required to support payment of your benefits. You are responsible for advising us of the names of all treating physicians. If you did not predesignate a personal physician prior to the injury, and you are not covered by an MPN or HCO, your employer will select the doctor you will see for the first 30 days following injury and that treatment should be obtained from physicians recommended, or named on notices posted in your place of employment.

Treatment by more than one physician at a time can be considered self-procured, and may be considered your personal obligation. If you wish to change physicians, it is your responsibility to advise this office prior to doing so.

Please call us at once if you have any questions about your benefits. We sincerely wish you a prompt and successful recovery.

The State of California requires that you be given the following information:

You have a right to disagree with decisions affecting your claim. If you have any questions regarding the information provided to you in this notice, please call me, Timothy Chapin at (925) 826-1226. You also have the right to be represented by an attorney of your choice. However, if you are represented by an attorney, you should call your attorney, not your claims adjuster.

For information about the workers' compensation claims process and your rights and obligations go to www.dir.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 (800)736-7401.

Sincerely,



Timothy Chapin
Sr. Claims Examiner

cc:

Enc.: Mileage Reimbursement Form
Time of Hire pamphlet

TIME OF HIRE PAMPHLET

This pamphlet, or a similar one that has been approved by the Administrative Director, must be given to all newly hired employees in the State of California. Employers and claims administrators may use the content of this document and put their logos and additional information on it. The content of this pamphlet applies to all industrial injuries that occur on or after January 1, 2013.

WHAT IS WORKERS' COMPENSATION?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin, getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work. Examples: hurting your wrist from using vibrating tools, losing your hearing because of constant loud noise.

—or—

Workplace crime. Examples: you get hurt in a store robbery, physically attacked by an unhappy customer.

Discrimination is illegal

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a workers' compensation claim
- Intend to file a workers' compensation claim
- Settle a workers' compensation claim
- Testify or intend to testify for another injured worker.

If it is found that your employer discriminated against you, he or she may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers' compensation benefits, and costs and expenses set by state law.

WHAT ARE THE BENEFITS?

- **Medical care:** Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.

- **Temporary disability benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. Temporary disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.
- **Permanent disability benefits:** Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:
 - Your doctor's medical reports
 - Your age
 - Your occupation
- **Supplemental job displacement benefits:** This is a voucher for up to \$6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:
 - You have a permanent disability.
 - Your employer does not offer regular, modified, or alternative work, within 60 days after the claims administrator receives a doctor's report saying you have made a maximum medical recovery.
- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least \$224 per week. In addition, workers' compensation provides a burial allowance.

OTHER BENEFITS

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers' compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their web site www.edd.ca.gov.

If your injury results in a permanent disability (PD) and the state determines that your PD benefit is disproportionately low compared to your earning loss, you may qualify for additional money from the Department of Industrial Relation's special earnings loss supplement program also known as the return to work program. If you have questions or think you qualify, contact the Information & Assistance Unit by going to www.dwc.ca.gov and looking under "Workers' Compensation programs and units" for the "Information & Assistance Unit" link or visit the DIR web site at www.dir.ca.gov.

Workers' compensation fraud is a crime

Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers' compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to \$150,000 and/or serve up to five years in jail.

WHAT SHOULD I DO IF I HAVE AN INJURY?

Report your injury to your employer

Tell your supervisor right away no matter how slight the injury may be. Don't delay – there are time limits. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job.

If you cannot report to the employer or don't hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.

Workers' compensation insurance company or if employer is self-insured, person responsible for handling the claim is:

**Timothy Chapin (925) 826-1226
Athens Administrators
PO Box 696
Concord, CA 94522**

You may be able to find the name of your employer's workers' compensation insurer at www.caworkcompcoverage.com. If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at www.dir.ca.gov/DLSE as all employees must be covered by law.

Get emergency treatment if needed

If it's a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your employer may tell you where to go for follow up treatment.

Emergency telephone number: Call 911 for an ambulance, fire department or police. For non-emergency medical care, contact your employer, the workers' compensation claims administrator or go to this facility:

Fill out DWC 1 claim form and give it to your employer

Your employer must give you a DWC 1 claim form within one working day after learning about your injury or illness. Complete the employee portion, sign and give it back to your employer. Your employer will then file your claim with the claims administrator. Your employer must authorize treatment within one working day of receiving the DWC 1 claim form.

If the injury is from repeated exposures, you have one year from when you realized your injury was job related to file a claim.

In either case, you may receive up to \$10,000 in employer-paid medical care until your claim is either accepted or denied. The claims administrator has up to 90 days to decide whether to accept or deny your claim. Otherwise your case is presumed payable.

Your employer or the claims administrator will send you "benefit notices" that will advise you of the status of your claim.

MORE ABOUT MEDICAL CARE

What is a Primary Treating Physician (PTP)?

This is the doctor with overall responsibility for treating your injury or illness. He or she may be:

- The doctor you name in writing *before* you get hurt on the job
- A doctor from the medical provider network (MPN)
- The doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN or
- The doctor you chose after the first 30 days if your employer does not have an MPN.

What is a Medical Provider Network (MPN)?

An MPN is a select group of health care providers who treat injured workers. Check with your employer to see if they are using an MPN.

If you have not named a doctor before you get hurt and your employer is using an MPN, you will see an MPN doctor. After your first visit, you are free to choose another doctor from the MPN list.

What is Predesignation?

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing *before* you get hurt or become ill.

You may predesignate a doctor if you have health care coverage for non-work injuries and illnesses. The doctor must have:

- Treated you
- Maintained your medical history and records before your injury and
- Agreed to treat you for a work-related injury or illness before you get hurt or become ill.

You may use the “predesignation of personal physician” form included with this pamphlet. After you fill in the form, be sure to give it to your employer.

If your employer does not have an approved MPN, you may name your chiropractor or acupuncturist to treat you for work related injuries. The notice of personal chiropractor or acupuncturist must be in writing *before* you get hurt. You may use the form included in this pamphlet. After you fill in the form, be sure to give it to your employer.

With some exceptions, state law does not allow a chiropractor to continue as your treating physician after 24 visits. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. The term “chiropractic visit” means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management.

Exceptions to the prohibition on a chiropractor continuing as your treating physician after 24 visits include postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers’ Compensation’s Medical Treatment Utilization Schedule, or if your employer has authorized additional visits in writing.

WHAT IF THERE IS A PROBLEM?

If you have a concern, speak up. Talk to your employer or the claims administrator handling your claim and try to solve the problem. If this doesn’t work, get help by trying the following:

Contact the Division of Workers’ Compensation (DWC) Information and Assistance (I&A) Unit
All 24 DWC offices throughout the state provide information and assistance on rights, benefits and obligations under California’s workers’ compensation laws. I&A officers help resolve disputes without formal proceedings. Their goal is to get you full and timely benefits. Their services are free.

To contact the nearest I&A Unit, go to www.dwc.ca.gov and under “Workers’ Compensation programs and units”, click on “Information & Assistance Unit.” At this site you will find fact sheets, guides and information to help you.

The nearest I&A Unit is located at:

Address: _____

Phone number: _____.

Consult with an attorney

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers’ compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at www.californiaspecialist.org. You may get a list of attorneys from your local I&A Unit or look in the yellow pages.

Warning

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary off-duty recreational, social or athletic activity that is not part of your work-related duties.

Additional rights

You may also have other rights under the Americans with Disabilities Act (ADA) or the Fair Employment and Housing Act (FEHA). For additional information, contact FEHA at (800) 884-1684 or the Equal Employment Opportunity Commission (EEOC) at (800) 669-4000.

The information contained in this pamphlet conforms to the informational requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8, sections 9880 and 9883. This document is approved by the Division of Workers' Compensation administrative director.

Revised 6/17/14 and effective for dates of injuries on or after 1/1/13

PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- on the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: **Quality Comp, Inc.** If I have a work-related injury or illness, I choose to be treated by:

(name of doctor)(M.D., D.O., or medical group)

(street address, city, state, ZIP)

(telephone number)

Employee Name (please print):

Employee's Address:

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses:

Employee's Signature _____ Date: _____

Physician: I agree to this Predesignation:

Signature: _____ Date: _____
(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

§ 9783.1. DWC Form 9783.1 Notice of Personal Chiropractor or Personal Acupuncturist.

NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

NOTE: If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

Your Chiropractor or Acupuncturist's Information:

(name of chiropractor or acupuncturist)

(street address, city, state, zip code)

(telephone number)

Employee Name (please print):

Employee's Address:

Employee's Signature _____ Date: _____

**Important Information about Medical Care if You Have a
Work-Related Injury or Illness**

Complete Written Employee Notification Re: Medical Provider Network
(Title 8, California Code of Regulations, section 9767.12)

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer, STARS Behavioral Health Group & Star View Children, has chosen to provide this medical care by using a Workers' Compensation physician network called a Medical Provider Network (MPN).

This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

- **What happens if I get injured at work?**

In case of an emergency, you should call 911 or go to the closest emergency room.

If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a claim form. When you notify your employer that you have had a work-related injury, your employer or insurer will make an initial appointment with a doctor in the MPN.

- **What is an MPN?**

A Medical Provider Network (MPN) is a group of health care providers (physicians and other medical providers) used by your employer to treat workers injured on the job. MPNs must allow employees to have a choice of provider(s). Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine.

- **What MPN is used by my employer?**

the MPN name and the MPN identification number whenever you have questions or requests. Your employer is using the Genex MPN with the identification number **2500**. You must refer to about the MPN.

- **Who can I contact if I have questions about my MPN?**

The MPN Contact listed in this notification will be able to answer your questions about the use of the MPN and will address any complaints regarding the MPN.

The contact for your MPN is:

Name: Genex Services

Title: CA MPN

Address: 888 South Disneyland Dr, Suite 300, Anaheim, CA 92802

Telephone Number: (800) 822-6099 Press 8

Email address: genexmpnservices@genexservices.com

General information regarding the MPN can also be found at the following website:

www.genexservices.com, Solutions>Certified Managed Care Plans>California (Medical Provider Network).

GENEX SERVICES, LLC – GENEX

- **What if I need help finding and making an appointment with a doctor?**

The MPN's Medical Access Assistant will help you find available MPN physicians of your choice and can assist you with scheduling and confirming physician appointments. The Medical Access Assistant is available to assist you Monday through Saturday from 7am-8pm (Pacific) and schedule medical appointments during doctors' normal business hours. Assistance is available in English and in Spanish.

The contact information for the Medical Access Assistant is:

Toll Free Telephone Number: 800-560-8247

Fax Number: 866-266-8702

Email Address: MPNMAA@genexservices.com

- **How do I find out which doctors are in my MPN?**

You can get a regional list of all MPN providers in your area by calling the MPN Contact or by going to our website at: genexservices.com Click on Find a Provider/Genex-Provider-Pathway enter **username:** Genex3 **password:** CAMPN3. At minimum, the regional list must include a list of all MPN providers within 15 miles of your workplace and/or residence by utilizing the "Address Search" tab or a list of all MPN providers within the county where you live and/or work by utilizing the "Region Search" tab. You may choose which list you wish to receive. You also have the right to obtain a list of all the MPN providers upon request.

You can access the roster of all treating physicians in the MPN by going to the website at genexservices.com Click on Find a Provider/Genex-Provider-Pathway enter **username:** Genex3 **password:** CAMPN3 Click on the "Roster of CA MPN Treating Physicians".

- **How do I choose a provider?**

Your employer or the insurer for your employer will arrange the initial medical evaluation with a MPN physician. After the first medical visit, you may continue to be treated by that doctor, or you may choose another doctor from the MPN. You may continue to choose doctors within the MPN for all of your medical care for this injury.

If appropriate, you may choose a specialist or ask your treating doctor for a referral to a specialist. Some specialists will only accept appointments with a referral from the treating doctor. Such specialist might be listed as "by referral only" in your MPN directory.

If you need help in finding a doctor or scheduling a medical appointment, you may call the Medical Access Assistant.

- **Can I change providers?**

Yes. You can change providers within the MPN for any reason, but the providers you choose should be appropriate to treat your injury. Contact the MPN Contact or your claims adjuster if you want to change your treating physician.

- **What standards does the MPN have to meet?**

GENEX SERVICES, LLC – GENEX

The MPN has providers throughout the ENTIRE STATE OF CALIFORNIA.

The MPN must give you access to a regional list of providers that includes at least three physicians in each specialty commonly used to treat work injuries/illnesses in your industry. The MPN must provide access to primary treating physicians within 30 minutes or 15 miles and specialists within 60 minutes or 30 miles of where you work or live.

If you live in a rural area or an area where there is a health care shortage, there may be a different standard.

After you have notified your employer of your injury, the MPN must provide initial treatment within 3 business days. If treatment with a specialist has been authorized, the appointment with the specialist must be provided to you within 20 business days of your request.

If you have trouble getting an appointment with a provider in the MPN, contact the Medical Access Assistant.

If there are no MPN providers in the appropriate specialty available to treat your injury within the distance and timeframe requirements, then you will be allowed to seek the necessary treatment outside of the MPN.

- **What if there are no MPN providers where I am located?**

If you are a current employee living in a rural area or temporarily working or living outside the MPN service area, or you are a former employee permanently living outside the MPN service area, the MPN or your treating doctor will give you a list of at least three physicians who can treat you. The MPN may also allow you to choose your own doctor outside of the MPN network. Contact your MPN Contact for assistance in finding a physician or for additional information.

- **What if I need a specialist that is not available in the MPN?**

If you need to see a type of specialist that is not available in the MPN, you have the right to see a specialist outside of the MPN.

- **What if I disagree with my doctor about medical treatment?**

If you disagree with your doctor or wish to change your doctor for any reason, you may choose another doctor within the MPN.

If you disagree with either the diagnosis or treatment prescribed by your doctor, you may ask for a second opinion from another doctor within the MPN. If you want a second opinion, you must contact the MPN contact or your claims adjuster and tell them you want a second opinion. The MPN should give you at least a regional or full MPN provider list from which you can choose a second opinion doctor. To get a second opinion, you must choose a doctor from the MPN list and make an appointment within 60 days. You must tell the MPN Contact of your appointment date, and the MPN will send the doctor a copy of your medical records. You can request a copy of your medical records that will be sent to the doctor.

GENEX SERVICES, LLC – GENEX

If you do not make an appointment within 60 days of receiving the regional provider list, you will

not be allowed to have a second or third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If the second-opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify your employer or insurer and you. You will get another list of MPN doctors or specialists so you can make another selection.

If you disagree with the second opinion, you may ask for a third opinion. If you request a third opinion, you will go through the same process you went through for the second opinion.

Remember that if you do not make an appointment within 60 days of obtaining another MPN provider list, then you will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If you disagree with the third-opinion doctor, you may ask for an MPN Independent Medical Review (IMR). Your employer or MPN Contact will give you information on requesting an Independent Medical Review and a form at the time you select a third-opinion physician.

If either the second or third-opinion doctor or Independent Medical Reviewer agrees with your need for a treatment or test, you may be allowed to receive that medical service from a provider within the MPN or if the MPN does not contain a physician who can provide the recommended treatment, you may choose a physician outside the MPN within a reasonable geographic area.

- **What if I am already being treated for a work-related injury before the MPN begins?**

Your employer or insurer has a "*Transfer of Care*" policy which will determine if you can continue being temporarily treated for an existing work-related injury by a physician outside of the MPN before your care is transferred into the MPN.

If your current doctor is not or does not become a member of the MPN, then you may be required to see a MPN physician. However, if you have properly predesignated a primary treating physician, you cannot be transferred into the MPN. (If you have questions about predesignation, ask your supervisor.)

If your employer decides to transfer you into the MPN, you and your primary treating physician must receive a letter notifying you of the transfer.

If you meet certain conditions, you may qualify to continue treating with a non-MPN physician for up to a year before you are transferred into the MPN. The qualifying conditions to postpone the transfer of your care into the MPN are set forth in the box below.

Can I Continue Being Treated By My Doctor?

You may qualify for continuing treatment with your non-MPN provider (through transfer of care or continuity of care) for up to a year if your injury or illness meets any of the following conditions:

- **(Acute)** The treatment for your injury or illness will be completed in less than 90 days;
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date, or the termination of contract date between the MPN and your doctor.

You can disagree with your employer's decision to transfer your care into the MPN. If you don't want to be transferred into the MPN, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to qualify for a postponement of your transfer into the MPN.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care into the MPN and you will be required to use an MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Transfer of Care policy for more details on the dispute resolution process.

For a copy of the Transfer of Care policy, in English or Spanish, ask your MPN Contact.

• **What if I am being treated by a MPN doctor who decides to leave the MPN?**

Your employer or insurer has a written "*Continuity of Care*" policy that will determine whether you can temporarily continue treatment for an existing work injury with your doctor if your doctor is no longer participating in the MPN.

If your employer decides that you do not qualify to continue your care with the non-MPN provider, you and your primary treating physician must receive a letter notifying you of this decision.

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must choose a MPN physician. These conditions are set forth in the "***Can I Continue Being Treated By My Doctor?***" box above.

GENEX SERVICES, LLC – GENEX

You can disagree with your employer's decision to deny you Continuity of Care with the terminated MPN provider. If you want to continue treating with the terminated doctor, ask your primary treating physician for a medical report on whether you have one of the four conditions stated in the box above to see if you qualify to continue treating with your current doctor temporarily.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her medical report on your condition. If your primary treating physician does not give you the report within 20 days of your request, your employer's decision to deny you Continuity of Care with your doctor who is no longer participating in the MPN will apply, and you will be required to choose a MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the selection of another MPN doctor for your continued treatment. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Continuity of Care policy for more details on the dispute resolution process.

For a copy of the Continuity of Care policy, in English or Spanish, ask your MPN Contact.

- **What if I have questions or need help?**

- **MPN Contact:** You may always contact the MPN Contact if you have questions about the use of the MPN and to address any complaints regarding the MPN.
- **Medical Access Assistants:** You can contact the Medical Access Assistant if you need help finding MPN physicians and scheduling and confirming appointments.
- **Division of Workers' Compensation (DWC):** If you have concerns, complaints or questions regarding the MPN, the notification process, or your medical treatment after a work-related injury or illness, you can call the DWC's Information and Assistance office at 1-800-736-7401. You can also go to the DWC's website at www.dir.ca.gov/dwc and click on "medical provider networks" for more information about MPNs.
- **Independent Medical Review:** If you have questions about the MPN Independent Medical Review process contact the Division of Workers' Compensation's Medical Unit at:

DWC Medical Unit
P.O. Box 71010
Oakland, CA 94612
(510) 286-3700 or (800) 794-6900

Keep this information in case you have a work-related injury or illness.

**Información Importante sobre la Atención Médica si tiene una Lesión o
Enfermedad Relacionada con el Trabajo**

Complete la Notificación Escrita para Empleados: Red de Proveedores Médicos
(Título 8 del Código de Regulaciones de California, Sección 9767.12)

La ley de California requiere que su empleador proporcione y pague el tratamiento médico si se lesiona en el trabajo. Su empleador, STARS Behavioral Health Group & Star View Children ha optado por proporcionar esta atención médica utilizando la red de médicos de Compensación de los Trabajadores, denominada Red de Proveedores Médicos (Medical Provider Network o MPN).

La presente notificación le indica lo que debe saber sobre el programa MPN y describe sus derechos para elegir la atención médica para las lesiones y enfermedades relacionadas con el trabajo.

- **¿Qué ocurre si me lesiono en el trabajo?**

En el caso de una emergencia, deberá llamar al 911 o dirigirse a la sala de emergencias más cercana.

Si se lesiona en el trabajo, infórmeselo a su empleador lo antes posible. Su empleador le brindará un formulario de reclamo. Cuando le informe a su empleador que ha tenido una lesión relacionada con el trabajo, su empleador o asegurador sacará el turno inicial con un médico de MPN.

- **¿Qué es una Red de Proveedores Médicos (MPN)?**

Una Red de Proveedores Médicos (MPN) es un grupo de proveedores de cuidados médicos (doctores y otros proveedores médicos) que su empleador utiliza para tratar a los trabajadores que se lesionan en el trabajo. Las Redes de Proveedores Médicos deben permitirles a los empleados tener una opción de proveedores. Cada Red de Proveedores Médicos debe incluir una combinación de médicos que se especializan en lesiones relacionadas con el trabajo y médicos con conocimiento en áreas generales de medicina.

- **¿Qué Red de Proveedores Médicos utiliza mi empleador?**

Su empleador está utilizando la Red de Proveedores Médicos Genex MPN con el número de identificación **2500**. Cuando tenga preguntas o solicitudes sobre la Red de Proveedores Médicos, debe mencionar el nombre de la Red de Proveedores Médicos y el número de identificación.

- **¿Con quién puedo comunicarme si tengo preguntas sobre mi Red de Proveedores Médicos?**

El Contacto de la Red de Proveedores Médicos indicado en esta notificación podrá responder sus preguntas sobre el uso de la Red de Proveedores Médicos y tratará los reclamos relacionados con la Red de Proveedores Médicos.

GENEX SERVICES, LLC – GENEX

Su contacto en la Red de Proveedores Médicos es:

Nombre: Genex Services

Cargo: CA MPN

Dirección: 888 South Disneyland Dr. Suite 300

Número de Teléfono: (800)-822-6099 press 8

Dirección de Correo Electrónico: genexmpnservices@genexservices.com

También puede encontrar información general relacionada con la Red de Proveedores Médicos en el siguiente sitio web: **genexservices.com**, Solutions>Certified Managed Care Plans>California (Medical Provider Network).

- **¿Qué ocurre si necesito ayuda para encontrar y solicitar un turno con un médico?**

El Asistente de Acceso Médico de la Red de Proveedores Médicos lo ayudará a encontrar médicos de su elección disponibles en la Red de Proveedores Médicos y podrá ayudarlo a programar y confirmar los turnos con el médico. El Asistente de Acceso Médico se encuentra disponible para brindarle asistencia de lunes a sábado de 7 am a 8 pm (hora del Pacífico) y para programar sus turnos médicos durante los horarios comerciales regulares de los médicos. La asistencia se encuentra disponible en inglés y en español.

La información de contacto del Asistente de Acceso Médico es:

Número de Teléfono Gratuito: 800-560-8247

Número de Fax: 866-266-8702

Dirección de Correo Electrónico: MPNMAA@genexservices.com

- **¿Cómo puedo saber qué médicos hay en mi Red de Proveedores Médicos?**

Puede obtener un listado de la lista regional de proveedores de la Red de Proveedores Médicos de su área llamando al Contacto de la Red de Proveedores Médicos o dirigiéndose a nuestro sitio web en: genexservices.com hacer clic en Find a Provider/Genex-Provider-Pathway entrar **username: Genex3 password: CAMPN3**. Como mínimo, la lista regional debe incluir una lista de todos los proveedores de la MPN dentro de 15 millas de su lugar de trabajo y / o residencia utilizando la pestaña " Búsqueda de destino " o una lista de todos los proveedores de la MPN dentro del condado donde usted vive y / o trabaja mediante la utilización de la " Región ficha Buscar ". Podrá elegir qué lista desea recibir. Además tiene derecho a obtener una lista de todos los proveedores de la Red de Proveedores Médicos a solicitud.

Puede acceder a la lista seleccionada de todos los médicos de tratamiento de la Red de Proveedores Médicos dirigiéndose al sitio web en: genexservices.com hacer clic en Find a Provider/Genex-Provider-Pathway entrar **username: Genex2 password: CAMPN2**. Haga clic en la pestaña llamada " Lista de CA MPN los médicos tratantes ".

- **¿Cómo selecciono un proveedor?**

Su empleador o la aseguradora de su empleador se encargará de la evaluación médica inicial con un médico de la MPN. Después de la primera visita médica, podrá continuar siendo tratado por ese médico o podrá elegir otro médico de la Red de Proveedores Médicos. Podrá continuar eligiendo médicos de la Red de Proveedores Médicos para toda su atención médica de esa lesión.

GENEX SERVICES, LLC – GENEX

Si es apropiado, podrá elegir un especialista o solicitarle a su médico de tratamiento una derivación a un especialista. Algunos especialistas únicamente aceptarán turnos con la derivación de un médico de tratamiento. Estos especialistas podrán estar indicados como únicamente con derivación en el directorio de su Red de Proveedores Médicos.

Si necesita ayuda para encontrar un médico o programar un turno médico, podrá llamar al Asistente de Acceso Médico.

- **¿Puedo cambiar los proveedores?**

Sí. Puede cambiar los proveedores dentro de la Red de Proveedores Médicos por cualquier motivo, pero los proveedores que elija deberán ser apropiados para tratar su lesión. Póngase en contacto con el contacto de la MPN o a su ajustador de reclamos si desea cambiar su médico tratante .

- **¿Qué estándares debe cumplir la Red de Proveedores Médicos?**

El MPN tiene proveedores en todo el estado TOTAL DE CALIFORNIA.

La Red de Proveedores Médicos le otorga acceso a una lista regional de proveedores que incluye por lo menos tres médicos de cada especialidad comúnmente utilizados para tratar lesiones/enfermedades de su industria. La Red de Proveedores Médicos debe brindar acceso a médicos de tratamiento primario dentro de los primeros 30 minutos o 15 millas y especialistas dentro de los primeros 60 minutos o 30 millas de donde usted trabaja o vive.

Si vive en un área rural o en un área donde haya falta de atención médica, podrá cumplirse un estándar diferente.

Después de haber notificado a su empleador de su lesión, el MPN debe proporcionarle tratamiento inicial dentro de 3 días hábiles. Si el tratamiento con un especialista haya sido autorizada , la cita con el especialista se debe proporcionar en un plazo de 20 días hábiles de su solicitud.

Si tiene problemas para obtener un turno con un proveedor de la Red de Proveedores Médicos, comuníquese con el Asistente de Acceso Médico.

Si no hay proveedores de la Red de Proveedores Médicos en la especialidad correspondiente disponibles para tratar su lesión dentro de los requerimientos de distancia y plazos, podrá buscar el tratamiento necesario fuera de la Red de Proveedores Médicos.

- **¿Qué ocurre si no hay proveedores de la Red de Proveedores Médicos donde me encuentro ubicado?**

Si es un empleado actual que vive en un área rural o si trabaja o vive temporalmente fuera del área de servicio de la Red de Proveedores Médicos, o si es un ex empleado viviendo de forma permanente fuera del área de servicios de la Red de Proveedores Médicos, la Red de Proveedores Médicos o su médico de tratamiento le entregará una lista de por lo menos tres médicos que puedan tratarlo. La Red de Proveedores Médicos también podrá permitirle elegir su propio médico fuera de la Red de Proveedores Médicos. Comuníquese con su Contacto de la

GENEX SERVICES, LLC – GENEX

Red de Proveedores Médicos para obtener asistencia para encontrar un médico o información adicional.

- **¿Qué ocurre si necesito un especialista que no se encuentra en la Red de Proveedores Médicos?**

Si necesita ver un tipo de especialista que no se encuentra disponible en la Red de Proveedores Médicos, usted tiene derecho a ver a un especialista fuera de la Red de Proveedores Médicos.

- **¿Qué ocurre si no estoy de acuerdo con mi médico sobre el tratamiento?**

Si no está de acuerdo con su médico o si desea cambiar su médico por algún motivo, puede elegir otro médico de la Red de Proveedores Médicos.

Si no está de acuerdo con el diagnóstico o con el tratamiento prescrito por su médico, podrá solicitar una segunda opinión de otro médico dentro de la Red de Proveedores Médicos. Si desea una segunda opinión, deberá comunicarse con la Red de Proveedores Médicos y decirles que desea una segunda opinión. La Red de Proveedores Médicos debe ofrecerle por lo menos una lista de proveedores de la Red de Proveedores Médicos Regional de la cual podrá elegir un médico para recibir una segunda opinión. Para recibir una segunda opinión, debe elegir un médico de la lista de la Red de Proveedores Médicos y solicitar un turno dentro de los 60 días. Deberá informarle al Contacto de la Red de Proveedores Médicos la fecha de su turno y la Red de Proveedores Médicos le enviará al médico una copia de sus registros médicos. Podrá solicitar una copia de sus registros médicos que se le enviarán al médico.

Si no solicita un turno dentro de los 60 días de haber recibido la lista de proveedores regionales, no podrá tener una segunda o tercera opinión en relación a este diagnóstico o tratamiento en disputa de este médico de tratamiento.

Si el médico que le brinda la segunda opinión cree que su lesión está fuera del tipo de lesión que generalmente trata, el consultorio médico se lo informará al empleador o asegurador y a usted. Obtendrá una lista de los médicos o especialistas de la Red de Proveedores Médicos para que pueda realizar otra elección.

Si no está de acuerdo con la segunda opinión, podrá solicitar una tercera opinión. Si solicita una tercera opinión, pasará por el mismo proceso por el que pasó para la segunda opinión.

Recuerde que si no solicita un turno dentro de los 60 días de haber obtenido otra lista de proveedores de la Red de Proveedores Médicos, no podrá recibir una tercera opinión en lo que respecta al diagnóstico o tratamiento en disputa de este médico de tratamiento.

Si no está de acuerdo con el médico que le brinda la tercera opinión, podrá solicitar una Revisión Médica Independiente (IMR) de la Red de Proveedores Médicos. Su empleador o la persona de contacto de la Red de Proveedores Médicos le brindarán información sobre cómo solicitar una Revisión Médica Independiente y un formulario, al momento de seleccionar al médico para recibir la tercera opinión.

GENEX SERVICES, LLC – GENEX

Si el médico de la segunda o de la tercera opinión está de acuerdo en su necesidad de recibir un tratamiento o análisis, podrá recibir ese servicio médico de un proveedor dentro o fuera de la Red de Proveedores Médicos, incluyendo el médico de la segunda o tercera opinión.

Si la segunda o tercera opinión médico o Evaluador Médico Independiente está de acuerdo con su necesidad de un tratamiento o prueba, se le puede permitir al recibir el servicio médico de un proveedor dentro de la MPN o si la MPN no contiene un médico que puede proporcionar el tratamiento recomendado , usted puede elegir un médico fuera de la MPN dentro de un área geográfica razonable.

- **¿Qué ocurre si ya estoy siendo tratado por una lesión relacionada con el trabajo antes de que comience la Red de Proveedores Médicos?**

Su empleador o asegurador tiene una política de "*Transferencia de Atención Médica*" que determinará si puede continuar siendo tratado temporalmente por una lesión existente relacionada con el trabajo, por un médico que se encuentre fuera de la Red de Proveedores Médicos, antes de que se transfiera su atención médica a la Red de Proveedores Médicos.

Si su médico actual no es o no se convierte en un miembro de la MPN , entonces es posible que tenga que ver a un médico de la MPN . Sin embargo , si usted ha designado previamente un médico para atenderlo , usted no puede ser transferido a la MPN . (Si usted tiene preguntas acerca de la designación previa , pregunte a su supervisor.)

Si su empleador decide transferirlo a la Red de Proveedores Médicos, usted y su médico de tratamiento primario deberán recibir una carta informándole la transferencia.

Si cumple con determinadas condiciones, podrá calificar para continuar tratándose con un médico que no sea de la Red de Proveedores Médicos hasta por un año antes de ser transferido a la Red de Proveedores Médicos. En el cuadro a continuación se encuentran las condiciones que califican para posponer la transferencia de su atención médica a su Red de Proveedores Médicos.

¿Puedo Continuar Siendo Tratado Por Mi Médico?

Podrá calificar para continuar el tratamiento con su proveedor que no es de la Red de Proveedores Médicos (a través de la transferencia de la atención médica o la continuidad de la atención) hasta por un año si su lesión o enfermedad cumple con alguna de las siguientes condiciones:

- **(Agudo)** El tratamiento de la lesión o enfermedad será completado en menos de 90 días;
- **(Grave o crónico)** Su lesión o enfermedad es grave o continúa durante por lo menos 90 días sin una cura absoluta o empeora o requiere un tratamiento continuo. Se le puede permitir ser tratado por su médico de tratamiento actual hasta por un año, hasta que pueda realizarse la transferencia segura del cuidado médico.
- **(Terminal)** Una enfermedad incurable o una condición irreversible que probablemente cause la muerte dentro del año o menos.
- **(Cirugía Pendiente)** Una cirugía u otro procedimiento que ha sido autorizado por su empleador o asegurador que ocurrirá dentro de los 180 días de la fecha efectiva de la Red de Proveedores Médicos o de la fecha de terminación del contrato entre la Red de Proveedores Médicos y su médico.

GENEX SERVICES, LLC – GENEX

Puede no estar de acuerdo con la decisión de su empleador de transferir su atención médica a la Red de Proveedores Médicos. Si no desea ser transferido a la Red de Proveedores Médicos, solicítele a su médico de tratamiento primario un informe médico indicando si tiene alguna de las cuatro condiciones previamente indicadas para calificar para que se postergue su transferencia a la Red de Proveedores Médicos.

Su médico de tratamiento primario tiene 20 días desde la fecha de su solicitud para entregarle una copia del informe sobre su condición. Si su médico de tratamiento primario no le entrega el informe dentro de los 20 días desde su solicitud, el empleador podrá transferir su atención médica a la Red de Proveedores Médicos y usted deberá utilizar un médico de la Red de Proveedores Médicos.

Deberá entregarle una copia del informe a su empleador si desea posponer la transferencia de su atención médica. Si usted o su empleador no están de acuerdo con el informe de su médico sobre su condición, usted o su empleador podrán manifestar una controversia. Observe la política completa de transferencia de atención médica para obtener más detalles sobre el proceso de resolución de controversias.

Para obtener una copia de la Política de Transferencia de Atención Médica en inglés o en español, solicítesela al Contacto de la Red de Proveedores Médicos.

- **¿Qué ocurre si estoy siendo tratado por un médico de la Red de Proveedores Médicos que decide retirarse de la Red?**

Su empleador o su asegurador cuentan con una política escrita de "Continuidad de Atención Médica" que determinará si puede continuar temporalmente el tratamiento con su médico para una lesión existente relacionada con el trabajo, si su médico deja de participar en la Red de Proveedores Médicos.

Si su empleador decide que no califica para continuar su atención médica con el proveedor que no se encuentra dentro de la Red de Proveedores Médicos, usted y su médico de tratamiento primario deberán recibir una carta informándoles esta decisión.

Si cumple con determinadas condiciones, podrá calificar para continuar el tratamiento con este médico hasta por un año antes de tener que elegir un médico de la Red de Proveedores Médicos. Estas condiciones son las establecidas en el "¿Puedo Continuar Ser Tratado Por Mi Médico?" Anterior.

Puede no estar de acuerdo con la decisión de su empleador de rechazar su Continuidad de Atención Médica con el proveedor que ya no trabaje más en la red. Si desea continuar tratándose con el médico que ya no trabaja en la red, solicítele a su médico de tratamiento primario un informe médico si usted tiene una de las cuatro condiciones indicadas en el cuadro previo o si califica para continuar tratándose con su médico actual temporalmente.

GENEX SERVICES, LLC – GENEX

Su médico de tratamiento primario tiene 20 días desde la fecha de su solicitud para entregarle una copia de su informe médico sobre su condición. Si su médico de tratamiento primario no le entrega el informe dentro de los 20 días desde su solicitud, aplicará la decisión de su empleador de rechazar su Continuidad de Atención Médica con su médico que ya no participa en la Red de Proveedores Médicos y se le solicitará que elija otro médico de la Red de Proveedores Médicos.

Deberá entregarle una copia del informe a su empleador si desea postergar la selección de otro médico MPN para su tratamiento continuado s. Si usted o su empleador no están de acuerdo con el informe de su médico sobre su condición, usted o su empleador podrán manifestar una controversia. Observe la política completa de transferencia de atención médica para obtener más detalles sobre el proceso de resolución de controversias.

Para obtener una copia de la política de Continuidad de Atención Médica en inglés o español, solicítelos a su Contacto de la Red de Proveedores Médicos.

- **¿Y si tengo preguntas o necesito ayuda?**

- **Contacto de la Red de Proveedores Médicos:** Siempre podrá comunicarse con el Contacto de la Red de Proveedores Médicos si tiene preguntas sobre el uso de la Red y para tratar cualquier reclamo relacionado con la Red de Proveedores Médicos.
- **Asistentes de Acceso Médico:** Puede comunicarse con el Asistente de Acceso Médico si necesita ayuda para encontrar médicos de la Red de Proveedores Médicos y programar y confirmar turnos.
- **División de Compensación de Trabajadores (DWC):** Si tiene inquietudes, reclamos o preguntas relacionados a la Red de Proveedores Médicos, sobre el proceso de notificación o su tratamiento médico después de una lesión o enfermedad relacionada con el trabajo, podrá comunicarse con Información y Asistencia de la División de Compensación de Trabajadores al 1-800-736-7401. También puede dirigirse al sitio web de la División de Compensación de Trabajadores en www.dir.ca.gov/dwc y hacer clic en "redes de proveedores médicos" para obtener más información sobre las Redes de Proveedores Médicos.
- **Revisión Médica Independiente:** Si tiene preguntas sobre el proceso de Revisión Médica Independiente, comuníquese con la División de la Unidad Médica de Compensación de Trabajadores en:
DWC Medical Unit
P.O. Box 71010
Oakland, CA 94612
(510) 286-3700 o (800) 794-6900

Guarde esta información en el caso de tener una lesión o enfermedad relacionadas con el trabajo.



July 22, 2019

Benetia James Young
20322 AMANTHA AVE
CARSON, CA 90746

Re: Claimant: Benetia James Young
Date of Injury: 04/18/2019
Claim Number: 19006760
Insured: STARS Behavioral Health Group
Insurer: Quality Comp, Inc.

**NOTICE REGARDING
PARTIAL DENIAL OF WORKERS' COMPENSATION BENEFIT**

Dear Ms. James Young,

Athens Administrators is handling your workers' compensation claim on behalf of STARS Behavioral Health Group. This notice is to advise you of the status of disability benefits for your workers' compensation injury on the date shown above.

After careful consideration of all the available information, we are denying liability for your claim of injury to your back as there is no substantial medical, legal, or factual evidence to support you sustained a work related injury to these body parts while employed for Stars. We will continue to accept the neck and left shoulder.

For claims reported on or after April 19, 2004, regardless of the date of injury, if you submitted a claim form to your employer or claims administrator, Labor Code section 5402(c) provides that within one working day after you file the claim form, the employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to provide such medical treatment until the claims administrator accepts or denies liability for the claim. Until the date the claim is accepted or rejected, liability for medical treatment under this Labor Code section shall be limited to a maximum of ten thousand dollars (\$10,000).

Unless you have done so already, you should immediately send me for consideration of payment, all bills for medical services provided between the date the completed claim form was given to the employer and the date that liability for the claim is rejected.

Although your claim has been denied, if you believe that you still need medical treatment for your injury or illness, you have the right to obtain treatment outside the workers' compensation system.

If you have your own health insurance, or are eligible to be treated by someone else's health insurance, you can use that insurance to get medical care. You should advise your physician that you believe that your injury or illness is work related, so the health insurer can seek reimbursement from the claims administrator.

If you do not have health insurance available, there are doctors, clinics, or hospitals that will treat you without immediate payment. You should advise any doctor, clinic, or hospital that agrees to treat you that you believe that your injury or illness is work related so they can seek payment from the claims administrator through the workers' compensation system.

Since you are represented, please contact your attorney with any questions.

In accordance with 8 CCR §9810 (n), Athens Administrators is unable to offer a secured encrypted electronic submission to you or your attorney of your benefit notices. Therefore, if either you or your attorney, if any, have previously notified us that you wish these notices sent to you electronically by completing item #8 on the Employee Claim Form (DWC-1), please be advised that your notices will continue to be sent to you by regular mail on the date they are required.

Additional information may be found in the publication Workers' Compensation in California: A Guidebook for Injured Workers. A complete copy of the Guidebook may be obtained on the Division of Workers' Compensation website (see URL below) or by contacting an Information and Assistance (I&A) Officer of the Division of Workers' Compensation. Chapters 2, 4 and 9 of the Guidebook contain information addressing the determination of liability for a workers' compensation claim and the QME process.

Guidebook for Injured Workers:

<http://www.dir.ca.gov/InjuredWorkerGuidebook/InjuredWorkerGuidebook.html>

Chapter 2: After You Get Hurt on the Job

<http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter2.pdf>

Chapter 4: Resolving Problems with Medical Care and Medical Reports:

<http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter4.pdf>

Chapter 9: For More Information and Help

<http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter9.pdf>

The State of California requires that you be given the following information:

You have a right to disagree with decisions affecting your claim. If you have any questions regarding the information provided to you in this notice, please call your examiner, Timothy Chapin at (925) 826-1226. You also have the right to be represented by an attorney of your choice. However, if you are represented by an attorney, you should call your attorney, not your claims adjuster.

Per Labor Code 5405, you have one year from the date of injury or the date of last payment of either compensation or medical benefits in which to dispute the denial of your claim by filing an Application of Adjudication of Claim with the Workers' Compensation Appeals Board, after one year you are barred from seeking further proceedings.

For information about the workers' compensation claims process and your rights and obligations go to www.dir.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 (800)736-7401.

Keep this notice. It contains important information about your workers' compensation benefits.

Sincerely,



Timothy Chapin
Sr. Claims Examiner

cc: Employer – STARS Behavioral Health Group
 Law Offices of Natalia Foley
 Stander, Reubens, Thomas, Kinsey, A Professional Corporation



December 4, 2019

Benetia James Young
20322 AMANTHA AVE
CARSON, CA 90746

Re: Claimant: Benetia James Young
Date of Injury: 04/18/2019
Claim Number: 19006760
Insured: STARS Behavioral Health and Star View Children
Insurer: Quality Comp, Inc.

NOTICE REGARDING TEMPORARY DISABILITY BENEFITS

DENIAL

Athens Administrators is handling your workers' compensation claim on behalf of STARS Behavioral Health and Star View Children. This notice is to advise you of the status of disability benefits for your workers' compensation injury on the date shown above.

Although liability for your workers' compensation injury has been accepted, I cannot pay you temporary disability benefits for the period 10/25/19 through on going dates at this time because absent your termination from STARS, modified work would be available for you. A copy of the report is attached to this notice.

Since you are represented, contact your attorney with any questions.

In accordance with 8 CCR §9810 (n), Athens Administrators is unable to offer a secured encrypted electronic submission to you or your attorney of your benefit notices. Therefore, if either you or your attorney, if any, have previously notified us that you wish these notices sent to you electronically by completing item #8 on the Employee Claim Form (DWC-1), please be advised that your notices will continue to be sent to you by regular mail on the date they are required.

Additional information may be found in the publication Workers' Compensation in California: A Guidebook for Injured Workers. A complete copy of the Guidebook may be obtained on the Division of Workers' Compensation website (see URL below) or by contacting an Information and Assistance (I&A) Officer of the Division of Workers' Compensation. Temporary Disability is discussed in chapter 5 of the Guidebook.

Guidebook for Injured Workers:
<http://www.dir.ca.gov/InjuredWorkerGuidebook/InjuredWorkerGuidebook.html>
Chapter 5: Temporary Disability:
<http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter5.pdf>
Chapter 4: Resolving Problems with Medical Care & Medical Reports:
<http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter4.pdf>

The State of California requires that you be given the following information:

You have a right to disagree with decisions affecting your claim. If you have any questions regarding the information provided to you in this notice, please call Timothy Chapin at (925)

826-1226. You also have the right to be represented by an attorney of your choice. However, if you are represented by an attorney, you should call your attorney, not your claims adjuster.

For information about the workers' compensation claims process and your rights and obligations go to www.dir.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 (800)736-7401.

Keep this notice. It contains important information about your workers' compensation benefits.

Sincerely,



Timothy Chapin
Sr. Claims Examiner

cc: Employer - STARS Behavioral Health and Star View Children
 Law Offices of Natalia Foley
 Stander, Reubens, Thomas, Kinsey, A Professional Corporation

Enc.: Medical Report