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Note:
Patient Name: WALLS, DARLENE - 49290, Initial Report

Date: 04/10/2019

Pages: 12



GUARD INSURANCE GROUP
P.O. Box 1368
Wilkes-Barre, PA 18703

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA [] [] PICA [] []

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) WALLS, DARLENE
3. PATIENT'S BIRTH DATE 03 | 23 | 1967 SEX M [] F [X]
4. INSURED'S NAME (Last Name, First Name, Middle Initial) Kaiser Permanente Downey Medical Center
5. PATIENT'S ADDRESS (No., Street) 16323 CORNUTA AVE APT 8
6. PATIENT RELATIONSHIP TO INSURED Self [] Spouse [] Child [] Other [X]
7. INSURED'S ADDRESS (No., Street) 9333 IMPERIAL HWY
8. RESERVED FOR NUCC USE
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)
10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) [X] YES [] NO
11. INSURED'S POLICY GROUP OR FECA NUMBER Unknown
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED Signature On File DATE 4/10/2019

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) 01 | 04 | 2019 QUAL 439
15. OTHER DATE QUAL MM | DD | YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM | DD | YY TO MM | DD | YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM | DD | YY TO MM | DD | YY
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
20. OUTSIDE LAB? [] YES [X] NO \$ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0
A. M54.5 B. M25.511 C. M25.532 D.
E. F. G. H.
I. J. K. L.

Table with 10 columns: A. DATE(S) OF SERVICE, B. PLACE OF SERVICE, C. D. PROCEDURES, SERVICES, OR SUPPLIES, E. DIAGNOSIS POINTER, F. \$ CHARGES, G. DAYS OR UNITS, H. EPSDT Family Plan, I. ID. QUAL, J. RENDERING PROVIDER ID. #. Includes rows for 'New Patient Initial Evaluation (Comprehensive)' and 'Doctor's First Report of Occupational Illness or Injury'.

25. FEDERAL TAX I.D. NUMBER 272582044
26. PATIENT'S ACCOUNT NO. 49290
27. ACCEPT ASSIGNMENT? [X] YES [] NO
28. TOTAL CHARGE \$ 451.88
29. AMOUNT PAID \$ 0.00
30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS Iseke, Harold D.C.
32. SERVICE FACILITY LOCATION INFORMATION Harold Iseke Chiropractic Professional Corp
33. BILLING PROVIDER INFO & PH # (510) 870-0300

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Harold Iseke Chiropractic Professional Corp
3711 Long Beach Blvd Ste #200
Long Beach, CA, 90807

NAME OF PATIENT: DARLENE WALLS

SOCIAL SECURITY NO.: 558-37-5679

DATE OF BIRTH: 03/23/1967

INSURANCE: GUARD INSURANCE GROUP

CLAIM #: Unknown

EMPLOYER: KAISER PERMANENTE DOWNEY MEDICAL CENTER

OCCUPATION: Unknown

WCAB NO.: ADJ11859979;ADJ11864576

DATE OF INJURY: CT: 01/03/2018 - 01/04/2019

DATE OF EXAMINATION: 03/13/2019

**Primary Treating Physician's Initial
Evaluation and Report**

To Whom It May Concern:

INTRODUCTION:

Ms.DARLENE WALLS presents today, 03/13/2019, for initial evaluation and treatment in my office located at 3711 Long Beach Blvd Ste #200, Long Beach, CA90807.

The following is the summation of my clinical evaluation, findings, progress, and treatment recommendations.

The patient states while performing her usual and customary work duties on above noted date, she was Ms. Walls, Darlene is a 52-year-old, left-hand dominant female, who is being referred to Dr. Harold Iseke for a comprehensive medical examination. The following is a report of the examination performed on March 13, 2019.

The patient's injured body parts are:

CT: 01/03/2018-07/2018/12/31/2018: lower back (with radiating pain to the right hip and down the right leg), and right shoulders (with pain radiating to the right wrist and right hand).

CT: 07/2018-12/31/2018 The patient is also complaining of symptoms of stress, depression and anxiety.

JOB HISTORY:

The patient worked at Kaiser Permanente from 02/25/2008 to Present as a Nurse assistant. She worked more than 40 hours per week. Her job duties included: vital signs, clean patients, assistant wheel patients, feed patients, provided patient care.

The patient's job requirements included: sitting, walking, standing, squatting, bending, twisting, flexing, side-bending, extending the neck, reaching, pushing, pulling, typing, writing, grasping, gripping, working overhead and lifting of approximately up to 200 pounds.

She states that she was not exposed to any toxic chemicals including cleaning supplies.

She states that chemical odors do not occur at work.

CURRENT WORK STATUS:

The patient is still employed by Kaiser Permanente.

HISTORY OF INJURY:

The patient is a 52-year-old, right-handed female who states that while employed with Kaiser Permanente as a Nurse Assistant, she sustained injuries on a cumulative trauma basis from 01/03/2018-01/04/2019. Additionally, she also states she developed stress, depression and anxiety from 07/01/2018-12/31/2018. The patient has been employed for this company for a period of 11 years. The patient's date of hire was in 2008.

From 01/03/2018-01/04/2019, the patient started to experience pain in her Neck, lower back (with radiating pain to the right hip and down the right leg), and right shoulders (with pain radiating to the right wrist and right hand), which she attributed to constant lifting, carrying, standing and walking.

From 07/01/2018-12/31/2018, Ms. Walls states she developed stress, depression and anxiety, which she attributes it to work-overload and to the stressful conditions she worked under.

She reported these symptoms to her manager who referred to the company clinic. There she was evaluated and was prescribed pain medication. During her treatment with the company clinic, she states x-rays were taken of her right shoulder and lower back. Due to her symptoms, she was referred to another location for physical therapy where she had completed 6 sessions. Ms. Walls was also referred to acupuncture therapy but because she felt acupuncture therapy worsened her symptoms, she opted not to continue with this treatment. During this time, she states she was sent back to work with restrictions but was later released back to perform her customary and daily duties. Currently, the patient states she is still scheduled to receive more physical therapy sessions.

Ms. Walls is still employed by Kaiser Permanente as a Nurse Assistant.

The patient denies seeing any doctors nor receiving any treatments with regard to the symptoms in her : Neck, lower back (with radiating pain to the right hip and down the right leg), and right shoulders (with pain radiating to the right wrist and right hand). The patient also denies seeing any doctor for her stress, depression and anxiety.

PAST MEDICAL HISTORY:

Medical:

The patient has a history of high blood pressure.

Medication:

The patient is currently taking medication for high blood pressure.

Surgery:

The patient underwent a uterus removal in 2005 due tumor. The patient states she made full recovery.

Hospitalization/Fractures:

The patient was hospitalized in 2005 when she underwent the uterus removal. She was also hospitalized in 1983, 1985, 1986, and 1988 due to child birth. No history of a fracture.

Previous Industrial Injuries:

The patient denies any previous work related injuries.

Previous Automobile Accidents:

The patient was in an automobile accident in 1999 where she sustained injuries to her lower back. She states she received the proper medical care including physical therapy. Ms. Walls made full recovery.

Non-Industrial Injuries:

The patient denies previous non-industrial injuries.

Allergies:

The patient has no known allergies to food, medications or latex.

SOCIAL HISTORY:

The patient is single and has 4 children. She states she smokes cigarettes and occasionally drinks alcoholic beverages.

FAMILY HISTORY:

The patient's father is 70 years old and has no known medical condition.

The patient's mother is 68 years old and has a history of high blood pressure.

REVIEW OF SYSTEMS

Constitutional: No history of fever, unexpected weight gain, fatigue, sweat and chills.

Eyes: No history of blurred vision. Has no history of glaucoma and blindness.

ENT: No history of ringing in the ears, hearing loss, congestion or difficulty swallowing.

Cardiovascular: No history of chest pain, arrhythmia, palpitations, valve disease, heart attack. The patient has high blood pressure.

Respiratory: No history of shortness of breath, wheezing, cough or require oxygen.

Gastrointestinal: No history of constipation.

Genitourinary: No history of frequent urination, difficulty urinating, pain during urination, kidney stones, painful intercourse or blood in the urine.

Endocrine: No history of thyroid problems, diabetes, bleeding gums, blood disorder, or hair loss.

Musculoskeletal: No difficulty walking.

Skin: No history of easy bruising, itching, or rash.

Neurologic: History of constant headaches. No dizziness.

Psychiatric: She has a history of anxiety. No panic attacks and suicidal attempts.

ACTIVITIES OF DAILY LIVING

Self-Care

1. Take a bath – With some difficulty
2. Brush your teeth - Without difficulty
3. Dress yourself- With some difficulty
4. Comb your hair - Without difficulty
5. Eat/Drink without discomfort- Without difficulty
6. Go to the toilet – With some difficulty
7. Urinate normally- Without difficulty

Communication

8. Write comfortably - Without difficulty
9. Type - Without difficulty
10. Speak - Without difficulty

Physical Activity

11. Stand - With some difficulty
12. Sit - With some difficulty
13. Recline - With some difficulty
14. Walk Normally - With some difficulty
15. Climb stairs - With some difficulty

Sensory Function

16. Feel contact your skin - Without difficulty
17. Taste - Without difficulty
18. Smell - Without difficulty

19. Hear - Without difficulty
20. See - Without difficulty

Hand Functions

21. Grasp – With some difficulty
22. Differentiate between what you touch - Without difficulty
23. Lift - With some difficulty

Travel

24. Ride on land forms of transportation - Without difficulty
25. Drive a vehicle – With some difficulty
26. Fly on a plane - Without difficulty

Sexual Function

27. Orgasm – Without difficulty
28. Ejaculate – Without difficulty
29. Lubricate –N/A
30. Achieve an erection – Without difficulty

Sleep

31. Sleep restfully - With difficulty
32. Sleep normally at night - With difficulty

Request Of Medical Records:

Pursuant to Title 8, California Code 9784, the patient's previous medical records were requested for review from the employer. The records provided were reviewed and incorporated in full within my report.

Physical Examination

Vital Signs:

Height: 5'8

Weight: 181

Blood Pressure: 148/96

Pulse: 66 bpm

General:

The patient is a 52-year-old, Right hand dominant female who is . Her stated height is 5'8 , and stated weight is 181 pounds.

Subjective Complaints:

Within normal limit. Motor strength is 5/5 bilaterally in the lower extremities. Deep tendon reflexes are normal and equal bilaterally at 2/2.

Head: The patient complains of occasional occipital dull, achy headache. Exacerbation with activity.

Lumbar Spine: The patient complains of frequent mild 2-3/10 achy low back pain with occasional radiating pain into right posterior thigh aggravated with repetitive movement, sitting, standing, driving, bending, twisting and squatting. 4-5/10

Right Shoulder: The patient complains of intermittent mild achy right shoulder pain, aggravated with repetitive movement, lifting 10 pounds, pushing, pulling repetitively and overhead reaching. 4-5/10

Right Wrist: The patient complains of activity-dependent 3-4/10 achy right wrist pain with tingling sensation into right hand associated with repetitive movement, grabbing / grasping, gripping and squeezing.

Functional Testing : Repetitive Squat Test Number of reps till pain:1 Number of reps till fatigue:5 Cervical spine strength test: Number of seconds till fatigue: Standing On Heels: Able To Perform Standing on Toes: Able To Perform Standing on right foot: Able To Perform Standing on left foot: Able To Perform Kneeling: Increased in lower back pain. Squatting: Increased in lower back pain. Coordination Tests: Romberg: Negative Heel walk/Toe walk: Negative

Patient Self Assessment Form : Patient's self-assessment form (AMA Guides 5th Edition; Table 18-4 pg 576) I. PAIN (Rated 0-10; 0-None & 10-Excruciating) a. Pain now – 4 b. Pain at its worst – 5 c. Pain on the average – 5 d. Pain aggravated by activity – 5 e. Frequency of pain – 4 II. ACTIVITY LIMITATION (Rated 0-10; 0-None & 10-Unable to perform) a. Pain interfere with your ability to walk 1 block – 1/3 b. Pain prevent you from lifting 10 lbs. – 2 c. Pain interfere with ability to sit for ½ hour – 6 d. Pain interfere with ability to stand for ½ hour – 2 e. Pain interfere with ability to get enough sleep – 5 f. Pain interfere with ability to participate in social activities – 1 g. Pain interfere with ability to travel 1 hour by car – 1 h. Pain interfere with general daily activities – 2 i. Limit activities to prevent pain from getting worse – 4 j. Pain interfere with relationships with family/partner/significant others – 4 k. Pain interfere with ability to do jobs around home – 3 l. Pain interfere with ability to shower or bathe without help – 3 m. Pain interfere with ability to write or type – 2 n. Pain interfere with ability to dress yourself – 2 o. Pain interfere with ability to engage in sexual activity – 5 p. Pain interfere with ability to concentrate – 3 III. MOOD (Rated 0-10; 0-Extremely good & 10-Extremely bad) a. Overall mood – 4 b. Over past week, how anxious or worried have you been due to pain – 3 c. Over past week, how depressed have you been due to pain – 6 d. Over past week, how irritable have you been due to pain – 6 e. In general, how anxious/worried about performing activities because they might make your

pain/symptoms worse –6

Epworth Sleepiness Scale : Epworth Sleepiness Scale Sitting and Reading: 1 Watching TV: 1 Sitting Inactive in a public place (e.g. Theater, meeting): 1 As a passenger in a car for an hour without a break: 0 Lying down to rest in the afternoon when circumstance permit: 3 Sitting and talking to someone: 1 Sitting quietly after lunch without alcohol: 1 In a car, while stopped for a few minutes in traffic: 0 Total Score:8

Sleep: There is complaint of loss of sleep due to pain.

Psychological: Patient states that due to prolonged stress, she feels like his condition will never improve which is causing stress.

Lumbar Spine: The ranges of motion are painful.

Extension 25°/25°

Flexion 60°/60°

Left Lateral Bending 25°/25°

Right Lateral Bending 25°/25°

There is tenderness to palpation of the bilateral SI joints, L3-S1 spinous processes, lumbar paravertebral muscles and spinous processes. There is muscle spasm of the lumbar paravertebral muscles. Sitting Straight Leg Raise is negative. Kemp's is positive bilaterally.

Right Shoulder: The ranges of motion are painful.

Abduction 180°/180°

Adduction 40°/40°

Extension 50°/50°

External Rotation 90°/90°

Flexion 180°/180°

Internal Rotation 80°/80°

There is tenderness to palpation of the lateral shoulder, posterior shoulder and trapezius. There is muscle spasm of the posterior shoulder and trapezius. impingement is positive. Supraspinatus Press is positive.

Right Wrist: The ranges of motion are painful.

Extension 60°/60°

Flexion 60°/60°

Radial Deviation 20°/20°

Ulnar Deviation 30°/30°

There is tenderness to palpation of the dorsal wrist, lateral wrist, medial wrist, thenar and volar wrist. There is muscle spasm of the thenar. Phalen's is negative.

Diagnoses

- Headache (R51)
- Low back pain (M54.5)
- Spinal enthesopathy, lumbar region (M46.06)
- Impingement syndrome of right shoulder (M75.41)
- Pain in right shoulder (M25.511)
- Pain in right wrist (M25.531)
- Sleep disorder, unspecified (G47.9)
- Reaction to severe stress, and adjustment disorders (F43)
- Myositis, unspecified (M60.9)
- Chronic pain due to trauma (G89.21)

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