RECORDS

Applicant/Plaintiff	Floreen Rooks				
Case No.	SIF7024643, SIF10825285,SIF7024645				
Defendant	Dveal Family & Youth Services				
Date of Injury	11/10/2007				
File/Claim Num	00 Date Published 11/25/2020				
Records of Location Copied	State Compensation Insuran 655 N Central Ave, 4th floor Glendale, CA 91203	ce Fund			
Type of Records	Insurance Claims				
Records delivered to:		Control Num	21-21912-9	(386)	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.				

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Control No: 21-21912-9

Medical Record Excerpt & Outline

Patient Name	:	Floreen Rooks
WCAB #	:	SIF7024643, SIF10825285, SIF7024645
Social Security No.	:	000-00-0000
Date of Birth	:	06/20/49
Employer	:	Dveal Family & Youth Services
Records of	:	State Compensation Insurance Fund
		Glendale, CA
Date of Injury	:	11/10/2007

Date of Service	Page No.	Provider	Excerpt
11/16/07	<u>75, 85</u>		WC Claim Form (DWC 1)
			DOI: 11/10/07. Hx of injury: Employee fell onto ground and
			gravel and fractured right foot to prevent rolling car from
			entering into oncoming traffic.
11/20/07		Hadley, Michael,	Dr's 1st Rept of Occupational Injury/Illness
		M.DHealthCare	Hx of injury: "Fell on to ground gravel and fractured right
	<u>259</u> - <u>262</u> ,	Partners	foot to prevent from rolling into oncoming traffic injured
	<u>281</u> - <u>282</u>		right foot". CC: On 11/10/07 while trying to enter the vehicle
			that was moving even though it was parked she tripped on
			the ground and fell, she hit her left knee and she twisted her
			left ankle and also her right foot. Because of these injuries,
			patient developed her left ankle and also her right foot.
			Because of these injuries, patient developed pain mostly in
			her right foot. As a result, she went to the Kaiser ER for
			evaluation and treatment. While at Kaiser ER she was told
			that she had a fracture of the right foot, sprain to the left
			ankle and a bruise to the left knee. She was given an ortho
			shoe and was told to report this to her employer as a job-
			related injury. Patient did so and she was referred here by her
			Workers Compensation insurance carrier for evaluation and
			treatment. Today is her initial visit at this facility. Patient
			does complain of mild discomfort in her left ankle and her
			left knee. However, she does complain of significant
			discomfort in her right foot. BP: 156/98. PMH: Patient states
			that she has a heart valve problem for many years and does

	1		1
			use prophylactic antibiotics for dental work. She has had a fracture of her left ankle in 1992 that was treated operatively. Allergies: She is allergic to PCN. Social habits: Tobacco use. Exam: Right foot revealed that there is moderate to marked tenderness prevent on the do sum. Patient patient does have impaired weightbearing secondary to pain and altered gait secondary to pain. Patient is ambulating with the aid of a cane. Examination of the left ankle reveals that there is a healed surgical scar. There is trace tenderness and edema. Examination of the left knee reveals vague tenderness present anteriorly, trace edema. There is full flexion with pain. Preliminary reading of the right foot reveals that there is a fracture involving the fourth and fifth metatarsals with angulation present in the fourth metatarsal head. Final report is pending. X-ray exam of the left ankle reveals the presence of hardware, no acute finding seen. X-ray of the left knee is unremarkable except for degenerative changes. Final report is pending. Dx: Contusion, left knee. Fracture, right foot. Sprain, left ankle. Patient does have hardware in her left ankle and this may impact upon her rate of recovery. Tx: Motrin 800 mg. Tylenol. Tx plan: X-ray. Dispensed walker boot/Cam walker. Recommendation: Referral to orthopedic surgeon for evaluation and treatment. RTW/modified duty. Restrictions: No driving vehicle during working hours, no walking or standing for more than one hour, sitting work only.
11/20/07	367	HealthCare Partners	Radiology/Diagnostics X-ray of Right Foot, Left Ankle and Left Knee. X-ray of Right Foot: Findings: There is minimally displaced comminuted fracture of the distal fourth metatarsal. In addition, there is a nondisplaced fracture of the shaft of the fifth metatarsal seen best in the oblique view. The remaining visualized osseous structures and joint spaces are intact. The fractures do not appear to extend into adjacent metatarsophalangeal joints. Impression: 1) Fractures of the fourth and fifth metatarsals as described above. 2) Abnormal report. X-ray of Left Ankle: Findings: There are post- operative findings of metallic plate and surgical screws in the distal fibula and two screws in the distal tibia in place. No acute fracture or dislocation is identified. There is significant degenerative narrowing of the ankle mortise. Impression: Post-operative findings in the distal tibia and fibula as described above. There is significant degenerative narrowing of the ankle mortise. X-ray of Left Knee: Impression: 1) Mild osteoarthrosis in the left knee. 2) Questionable 0.8 cm loose body.

12/20/07	<u>326</u> - <u>327</u> ,	Saucedo, Thomas,	Orthopedic Supplemental Rept (PR-2)
	<u>344</u> - <u>345</u> ,	M.D.	Patient has been under our care with a diagnosis of a fracture
	<u>351</u> - <u>352</u>		of her right fourth and fifth metatarsal. She has been using a
			Cars walker and indicates that her pain has steadily
			improved. Patient has also complained of pain and
			discomfort of her left knee and her left ankle, which she
			indicates has been improving subjectively since her last visit.
			Exam: Right foot: There is evidence of mild tenderness.
			There is mild swelling. Left knee: Reveals evidence of mild
			tenderness. Left ankle: Reveals evidence of mild tenderness
			in the anterolateral aspect of the ankle. X-rays of the right
			foot reveal evidence of a healing fourth and fifth metatarsal
			fracture, overall good position. Dx: Healing right fourth and
			fifth metatarsal fracture. Left knee sprain. Left ankle sprain.
			Discussion: I will recommend that patient at this time
			continue off of work. I will encourage her to continue the use
			of a Cam walker to allow the fractures to heal. A knee immobilizer will be provided for her left knee and I will
			recommend that she weightbearing as tolerated with the
			assistive devices. I will maintain her off of work and I would
			like to see her back for f/u in four weeks' time, at which time
			x-rays will be taken to assess the healing fractures.
12/20/07	374	Health Care Partners	Radiology/Diagnostics
12/20/07	<u>571</u>		X-ray of Right Foot. Clinical Indication: F/u fracture.
			Comparison: Comparison is made to prior radiographs of the
			right foot performed on 11/20/07. Findings: There are
			healing fractures involving the distal fourth metatarsal and
			the distal shaft of the fifth metatarsal. There is near anatomic
			alignment of the fourth metatarsal fracture. There is good
			anatomic alignment of the fifth metatarsal fracture. The rest
			of the examination is rather unremarkable. Impression:
			Healing fractures of the fourth and fifth metatarsals.
01/17/08	<u>346- 348</u>	Saucedo, Thomas,	Orthopedic Supplemental Rept (PR-2)
		M.DSpecialists	This patient has sustained a fracture of her right fourth and
			fifth metatarsals. He also has an injury to her left knee as
			well as her left ankle. She indicates that her right foot pain
			has steadily improved, however, she c/o pain especially of
			her left knee with swelling and effusion of the knee,
			difficulty with squatting, kneeling and climbing activities.
			She also c/o soreness of her left ankle. Exam: Right foot:
			There is evidence of tenderness over the dorsal aspect of the
			fourth and fifth metatarsal. Minimal swelling is noted. Left
			knee: Reveals evidence of notable swelling. There is a small
			effusion, medial joint line tenderness; she flexes the knee
			from 0 to 110 degrees with noticeable pain and discomfort.
			Positive McMurray's sign. Positive Apley's sign is noted.

			Left ankle: Reveals evidence of mildly diffuse medial and lateral malleolar area swelling. X-rays of the right foot was reviewed. Impression: Impression: 1) Healing right fourth and fifth metatarsal fracture. 2) Left knee internal derangement. 3) Left ankle sprain. Discussion: At this time, it is quite apparent that patient right foot fractures appear to be healing quite well. I will recommend that we continue conservative measures utilizing the twit walker to allow the fractures to heal. She will be given an appointment for four weeks, at which time x-rays will be repeated to assess the healing fracture consolidation with respect to her left knee, there is notable swellin3 and effusion of her left knee and findings consistent with a possible cartilage or meniscal tear; therefore an MRI of left knee will be requested and ordered at this point in time. I will continue her off work as a result of these injuries. With respect to her left ankle, I will recommend she continue on an aggressive exercise program, continua use of Tylenol for pain and discomfort, and I will see her back for fallow-up in four weeks' time to assess her progress.
01/17/08	366		Radiology/Diagnostics
01/17/00	500		X-ray of Right Foot. Clinical Indication: F/u fracture.
			Comparison: Comparison is made to prior radiographs of the
			right foot performed on 12/20/07. Findings: There is
			continued healing of fractures involving the distal fourth and
			fifth metatarsals. The remaining visualized bony structures
			and joint spaces appear to be intact. Impression: 1) No
			significant interval changes. 2) There is continued healing of
02/21/09	216 217		fracture involving the fourth and fifth metatarsalis.
02/21/08		Saucedo, Thomas, M.DSpecialists	Orthopedic Supplemental Rept (PR-2) As you are well aware, this patient has sustained a fracture of
	330 - 337, 342 - 343,	-	her right foot consistent with a fracture of the fourth and fifth
	$342^{-}343,$ $356^{-}357,$		metatarsals. She also has sustained a left ankle sprain and a
	$\frac{360}{360} - \frac{357}{361}$		left knee injury, and most recently her left knee pain has
	<u></u>		steadily gotten worse. This has progressively gotten worse
			and it appears that as a result of favoring her RLE and
			putting all of the weight on bet contralateral extremity, the
			pain has steadily gotten worse as a result of the initial injury
			as well as the underlying degenerative osteoarthritic changes
			from which patient already suffers. Exam: Right foot: There
			is evidence of mild tenderness. There is mild swelling. Left
			knee: Reveals evidence of medial joint line tenderness. There
			is notable swelling. There is notable effusion. Positive grind
			sign. Positive Apley sign. Positive McMurray's sign. X-rays
			of the right foot was reviewed. Impression: 1) Healing right
			fourth and fifth metatarsal fracture. 2) Left knee internal

			derangement. Discussion: It appears quite evident that this patient has developed an increased level of pain and discomfort of her left knee as a result of favoring her RLE. She initially incurred the injury of the left knee as well; however, it was certainly not as painful as it is now. I will recommend that an MRI of left knee be ordered at the soonest possible time, although this apparently has already been denied due to lack of the ability to communicate with my office; however, that appears to be erroneous since I am always available either by cell phone or in our office. If you deem it necessary to communicate with any review of service, I would be more than happy to do so. With respect to her right foot, it appears to be healing well and I an hopeful this will heal uneventfully. I would like to reexamine her in four weeks' time and I will continue her off of work until further progress is made.
02/21/08	355, 359		Referral Slip
			Recommendation: MRI of left knee.
		Partners	
02/21/08	<u>373</u>		Radiology/Diagnostics
			X-ray of Right Foot. Clinical Indication: F/u fracture.
			Comparison: Comparison is made to prior radiographs of the
			right foot performed on 01/17/06. There is continued healing
			of fractures involving the distal fourth and fifth metatarsals.
			There is near anatomic alignment of the fracture fragments of
			the fourth metatarsal fracture. Impression: Continued healing
			of fractures involving the fourth and fifth metatarsals.
03/19/08			Radiology/Diagnostics
	<u>371</u> - <u>372</u>		MRI of Left Knee. Clinical indications: Rule out internal
			derangement. No known surgery. Impression: 1) Tear,
			posterior born, medial meniscus (Grade III). 2) Early
			osteoarthritic changes of the medial compartment of the knee
02/20/00	240 241		joint. 3) Knee joint effusion.
03/20/08	<u>340</u> - <u>341</u>		Orthopedic Re-Examination
		M.DSpecialists	This patient has sustained a fracture of her right foot
			involving the fourth and fifth metatarsal and at this time
			indicates that she has no pain or discomfort. She also has no
			significant pain of her left ankle; however, she continues to
			complain of left knee pain. As a result, an MRI of left knee has been ordered. The MRI reveals evidence of a tear of the
			posterior aspect of the medial meniscus. There is also
			evidence of mild early osteoarthritic degenerative arthritic
			changes of the left knee probably in the medial compartment
			and a knee effusion. Exam: Left knee: Reveals evidence of
			notable swelling. There is tenderness. There is an effusion.
			There is positive Apley sign, positive McMurray's sign, and
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			positive grind sign. She flexes the knee from 0 to 125 degrees with noticeable pain. Impression: 1) Left knee internal derangement with evidence of medial meniscus tear. 2) Right fourth and fifth metatarsal fracture, healed. 3) Left ankle sprain. Discussion: I will recommend that patient at this time continue off of work given her pain and discomfort of her left knee. I will request authorization and approval for surgery arthroscopically of her left knee, which will be done as an outpatient. I will maintain her off of work until further progress is made. I will see her back for f/u in 3-4 weeks time to assess her progress. With respect to her right foot and her left ankle, she can and has responded favorably to conservative measures. On this basis, she will be released to her previous level of occupation with no restrictions.
03/20/08	370		Radiology/Diagnostics
			X-ray of Right Foot: Clinical Indication: F/u fracture. Impression: Continued healing of fourth and fifth metatarsal fractures.
04/17/08	<u>338-339</u>	Saucedo, Thomas,	Orthopedic Supplemental Rept (PR-2)
			Patient has been under our care. She has been treated for a fracture of her right foot. The fracture at this time has healed completely. She has no pain or discomfort. However, she does continue to complain of left knee pain primarily with activities of squatting, kneeling and climbing. She has minimal soreness and discomfort of her left ankle; otherwise, she notes pain increasing of the left ankle when she is required to stand for prolor.ged periods of time. Exam: Left knee: Reveals evidence of medial joint line tenderness. There is notable swelling. There is positive effusion, positive McMurray's sign, and positive Apley sign. Left ankle: Reveals evidence of limited ROM of the ankle. She dorsiflexes the ankle to 10 degrees. She plantar flexes the ankle to 25 degrees. Impression: 1) Healed right foot fourth and fifth metatarsal fracture. 2) Left knee internal derangement with evidence of medial meniscus tear. 3) Left ankle post-op degenerative osteoarthritic changes with limited ROM. Discussion: At this time, it is quite apparent that patient at this time is focusing primarily on her left knee injury. An MRI has revealed evidence of a medial meniscus tear and she will be scheduled for surgery arthroscopically of her left knee on 04/24/08. She understands the risks and benefits and wishes this to be done. We will treat her conservatively for her right foot as well as her left ankle. I will maintain her off of work. I will see her pre-operatively in my office on 04/23/08, at which time she will undergo pre-op evaluation and treatment before surgery on 04/24/08.

04/24/08		M.DPlaza Surgical Ctr	Operative Rept Pre-op Dx: Left knee internal derangement. Operation performed: 1) Left knee diagnostic and surgical arthroscopy. 2) Left knee partial medial and partial lateral meniscectomy. 3) Left knee abrasive chondroplasty of the patellofemoral groove, medial femoral, medial tibial plateau, and lateral femoral and tibial plateau cartilage. Post-op Dx: 1) Evidence of left knee complex tear of the medial and lateral meniscus. 2) Evidence of cartilage tears of the patellofemoral groove, tears of the medial femoral condyle cartilage, lateral femoral condyle cartilage, medial tibial plateau and lateral tibial plateau. Clinical Indication: Patient was taken to the operating room, and under adequate laryngeal mask anesthetic, patient1s LLE was prepped and draped in the usual sterile manner. Patient was given 600 mg of
05/09/08	<u>318, 332</u> - <u>334</u>	Assoc Sports Therapy	Clindamycin on a prophylaxis basis. CC: Patient c/o left knee. Recommendation: PT 3 x/week x 4 weeks. Disability Status: TTD. (There are illegible data on
05/06/00	29.6		these pages)
05/26/08	<u>386</u>	Assoc	Surgery Authorization Request Dx: Medial meniscus tear. Internal derangement knee. Tx plan: Crutches, ice, therapy unit. Recommendation: Left knee arthroscopy.
06/06/08	<u>325</u> , <u>328</u> -	M.DEastside Ortho Med Assoc	Orthopedic Supplemental Rept (PR-2) Patient has undergone arthroscopic surgery of the left knee. She indicates that her pain has improved significantly. She is now approximately six weeks since she underwent the surgery and has improved significantly with respect to the surgical procedure. She has also been in PT for the last four weeks and has responded favorably. Exam: Lower Extremities: On examination of her left knee there is evidence of mild tenderness. There is mild swelling. There is no gross erythema. There are well healed surgical arthroscopic portals. ROM is 0 to approximately 100 degrees. Impression: S/p left knee arthroscopy. Discussion: I will recommend that patient at this time continue on an aggressive PT program three times a week for the next four weeks as well as an aggressive home exercise program to continue to strengthen the extremity. She will continue on Vicodin for pain and discomfort. I will see her back for f/u in four weeks time and I am hopeful she will respond to conservative measures. In the meantime, I will recommend that she continue off of work until further progress is made. Recommendation: PT 3 x/week x 4 weeks.
06/18/08	<u>382</u> - <u>384</u>	Assoc Sports	PT Evaluation Dx: Left s/p internal derangement. Exam: Left knee: Pain

			level 4-5/10. ROM: Flexion: 0-115 degrees. Strength: 4+/5. Tx plan: Continue current treatment plan. (There are illegible
			data on these pages)
07/11/08			Orthopedic Supplemental Rept (PR-2)
	<u>354</u>		CC: 10 weeks with left knee pain. Exam: Left knee: ROM:
			20-100 degrees. Dx: Left knee pain. Tx plan: Vicodin. PT 2
			x/week x 4 weeks. Work status: Off work. Disability Status:
			TTD. (There are illegible dates on these pages)
08/08/08	<u>306</u> , <u>315</u>	Assoc Sports	Orthopedic Supplemental Rept (PR-2)
		Therapy	CC: 14 weeks with knee surgery. Dx: Left knee post-op. Tx
			plan: Vicodin. PT 3 x/week x 4 weeks. Disability Status:
			TTD. (There are illegible dates on these pages)
08/22/08	379-380.	Assoc Sports	Patient participated in PT sessions from 06/18/18 to 08/22/08
		-	in an effort to decrease pain tenderness and increase ROM
		1 1	and strength.
08/28/08	314		Orthopedic Supplemental Rept (PR-2)
00/20/00	<u>511</u>		CC: 16 weeks with knee f/u . 2 months severe electrical type
			pain. LLE external and LBP. Exam: Left knee: Well healed.
			Left IT band with pain. Dx: Pain with left knee. Tx plan:
			Continue Motrin. (There is illegible data on this page)
00/05/09	207 212		
09/05/08			Orthopedic Supplemental Rept (PR-2)
			Patient has undergone arthroscopic surgery of the left knee
			on $04/24/08$. Since then, she has been placed on an
			aggressive PT program, a home exercise program and at this
			point in time indicates that her pain has improved
			significantly. She does complain of some associated pain to
			her lower back and some radiculopathy of her LLE. Exam:
			Back: On examination of her back there is evidence of mild
			tenderness, there is mild swelling. She flexes forward for 90
			degrees, extends to 35 degrees, and laterally bends to 35
			degrees bilaterally. Lower extremities: On examination of
			her left knee there is evidence of well healed surgical
			arthroscopic incisions. She flexes the knee from 0 to 125
			degrees. Impression: 1) S/p left knee arthroscopy. 2)
			Lumbosacral spine strain. 3) LLE radiculopathy. Discussion:
			Given this patient's overall findings, I would recommend that
			this patient be released to a work related position avoiding
			any prolonged periods of standing and walking, any
			squatting, climbing and pivoting type of activities. I will
			recommend that patient continue on a strengthening program
			on her own behalf for her LLE. I will also recommend that
			she continue use of Ibuprofen for pain and inflammation and
			I would like to re-examine her in four weeks time to assess
			her progress. I am hopeful that she will continue to improve
			and I will keep you informed as to her progress with
			supplemental reports.

10/10/08	284, 305	Orthopedic Supplemental Rept (PR-2)
	<u> </u>	CC: Patient c/o swelling pain worse. Dx: Left knee f/u. DJD.
		Tx plan: Motrin 500 mg. Vicodin. HEP. F/u on 4 weeks.
		(There is illegible data on this page)
11/07/08	303-304	Orthopedic Supplemental Rept (PR-2)
		CC: Left knee pain in the same. Meds Ibuprofen to get helps.
		Exam: Left knee: ROM: 15-100 degrees. Dx: Left knee pain
		with swelling. Left knee OA. Tx plan: Motrin 500 mg.
		Vicodin. Prilosec. HEP. F/u on 3 weeks. (There are illegible
		data on these pages)
12/05/08	245-252	Orthopedic P and S Rept
		Patient has been under our care. She underwent discomfort of
		her left knee. Arthroscopic surgery of her left knee on
		04/24/07. At the time of surgery, she underwent a partial
		medial meniscectomy and an abrasive chondroplasty of the
		medial femoral condyle. Since then, she indicates that her
		pain has improved, however, not completely resolved. She
		indicates that she does have some mild. Exam: Lower
		extremities: On examination of her left knee there is evidence
		of well healed surgical arthroscopic portals. She flexes the
		knee from 0 to 125 degrees. Impression: 1) S/p left knee
		arthroscopy with partial meniscectomy. 2) S/p left knee
		abrasive chondroplasty. Discussion: At this time it is
		apparent that patient has essentially plateaued and may be
		considered P and S. She has reached a maximum level of
		improvement having undergone arthroscopic surgery and
		placed on a post-operative PT program. Work status: Given
		this patient's clinical presentation and findings, I will
		recommend that this patient be released to her previous
		occupation with no restrictions. Impairment rating: Based on
		the American Medical Association 5th Edition Guide to
		permanent impairment there is no loss of ROM noted,
		however, she did undergo a partial meniscectomy which
		corresponds to a 1% whole person impairment rating.
		Apportionment: Apportionment in this patient's case is
		apparently not indicated since patient denies any prior
		injuries of her involved knee. Subjective factors of disability:
		Her subjective complaints are rated in the range of
		intermittent minimal not exceeding that level. Objective
		factors of disability: Objectively, patient did undergo a
		partial meniscectomy as well as an abrasive chondroplasty
		and has responded favorably. Vocational rehabilitation:
		Vocational rehabilitation is also not indicated since this
		patient will be released to her previous occupation with no
		restrictions. Future medical care: Future medical care in this
		patient's case certainly is indicated given the nature of this

			patient's injury and the clinical findings and 1 would
			recommend that we grant her physician care,
			pharmacotherapy, PT and this would certainly provide her
			coverage should there be an aggravation or recurrence of the
			same similar symptoms as a result of the initial injury.
01/23/09	<u>297</u> - <u>302</u>	Saucedo, Thomas,	Orthopedic Supplemental Rept (PR-2)
		M.DEastside Ortho	Patient underwent arthroscopic surgery of her knee on
		Med Assoc	04/24/08 at the Plaza Surgical Center. She underwent a
			partial medial and partial lateral meniscectomy with an
			abrasive chondroplasty of the patellofemoral groove, medial
			femoral condyle, and medial tibial plateau, lateral femoral
			and lateral tibial plateau. Since then, she was considered P
			and S on her visit of 12/05/08. In reviewing this patient's
			history, she denied any prior injuries noted of her left knee.
			However, she does give us an h/o having injured her left
			ankle in August of 2007. She was off of work for
			approximately four to five weeks, she informed us of this,
			and however, in reviewing the report by Dr. Ralph
			Gamberdella, it appears that in fact that she did sustain an
			ankle sprain which was treated by Dr. Gamberdella's
			associate Dr. Jung. As a result of having developed pain to
			her left knee was referred to Dr. Gamberdella. However, he
			does not note an acute traumatic event to the left knee other
			than pain. As a result of the pain, Dt Gamberdella awarded
			her a 7% lower extremity impairment raring based on the
			joint space narrowing of the knee and a 10% lower extremity
			impairment rating as a result of the patellofemoral joint space
			narrowing, a total of 17% which corresponds to a 7% whole
			person impairment rating. On this basis, it appears that in fact
			this patient does in fact have a preexisting underlying
			degenerative osteoarthritis of her knee with previous pain
			which apparently improved and/or resolved and at this time
			has had a recurrence of the same problem. I would apportion
			this to at least 50% present industrial injury of 11/10/07
			would be apportioned to her prior injury of her left knee as
			noted by Dr. Gamberdella.
09/04/09	<u>294-296</u>	Saucedo, Thomas,	Orthopedic Supplemental Rept (PR-2)
		M.DEastside Ortho	Patient has previously been under our care. She was last seen
		Med Assoc	in this office on 12/05/08 and was considered P and S. Since
			then, patient has been declared P and S. She indicates that
			this past week she apparently was getting out of a friend's car
			when she attempted to do so she apparently twisted her left
			knee causing her to develop pain and discomfort of her left
			knee. She was concerned that she may have re-injured the
			e e e e e e e e e e e e e e e e e e e
			knee and therefore sought medical attention under our care and supervision. She also indicates that she has not lost time

			from work. Wt: 213 lbs. Exam: General: Patient c/o left knee soreness. Lower extremities: On physica1 examination of her left knee reveals evidence of mild medial joint line tenderness. She flexes the knee from 0 to 125 degrees. X- rays taken today reveals evidence of mild medial joint space narrowing noted. Impression: 1) Left knee re-injury. 2) Left knee evidence of mild degenerative osteoarthritis. Discussion: I will recommend that patient at this time be provided with Motrin for pain and inflam4iatioa I am hopeful this will relieve her acute onset of this re-injury and it appear that she does not have anything mote severe than a strain of her involved left knee, I will recommend that she continue working with no restrictions and I will see her back for f/u should her symptoms not improve in the next four to six weeks time.
10/11/10	200 202	Saugado Thomas	
10/11/10	<u>288- 293</u>	M.DEastside Ortho Med Assoc	Orthopedic Supplemental Rept (PR-2) Patient has been under our care. She has been previously declared P and S with an injury to her involved left knee. However, she was also presented with pain and discomfort of her lower back with associated radiculopathy to her LLE. She indicates that this is a new problem and is quite concerned. Exam: Back: On physical examination of the lumbar spine there is mild tenderness. She flexes forward to 90 degrees, extends to 35 degrees, and laterally bends to 35 degrees bilaterally. Lower extremities: Left knee exam reveals evidence of mild diffuse medial collateral ligament tenderness. She flexes the knee from 0 to 125 degrees. Impression: 1) S/p left knee surgical arthroscopy. 2) Lumbosacral spine strain with LLE radiculopathy (new problem). Discussion: Patient at this time has noted some pain and discomfort of the lower back which appears to be a new problem. I have discussed with patient the fact that this is not a continued medical problem from a previous injury and therefore this should be seen and treated according to either a new industrial injury or nonindustrial injury depending on patient's presentation of the problem to the newly treating doctor. With respect to her left knee, she does have some tenderness over the media] collateral ligament area, however, there is no evidence of any acute injury, there is no evidence of loss of motor or sensory function, therefore these is no need for any acute ongoing medical care. Patient will be provided with the use of an anti- inflammatory medication as well as an analgesic medication to ameliorate her level of pain and discomfort of her left knee. I will keep you informed as to this patient's progress should she return on reexamination purposes.

01/26/11	285-287	Saucedo, Thomas,	Orthopedic Supplemental Rept		
			Patient has been under our care having previously undergone		
			arthroscopic surgery of her knee. Surgery was performed on		
			04/24/08. She indicates that she did well, however, she did		
			have some residual soreness, this soreness has steadily		
			become more pronounced. She denies any new injuries to her		
			left knee. She denies any other problem to her left knee and		
			indicates that she has continued to work with D'Veal Family		
			Youth Svcs performing her work related activities. However,		
			she does complain of increased pain of her left knee		
			especially over the last few months. BP: 206/100. Exam:		
			Lower extremities: On physical examination of the left knee		
			there is evidence of notable medial joint line tenderness,		
			there is notable swelling. There is an effusion. She has a		
			positive McMurray sign and positive grind sign. There is		
			notable pain and discomfort especially of the medial		
			compartment of the knee. No gross laxity is noted. Motor and		
			sensory function is intact distally. Diagnostic studies: X-rays		
			of the left knee reveals evidence of Grade III medial		
			compartment narrowing of the left knee with osteophyte		
			formation noted primarily in the medial compartment.		
			Impression: Left knee evidence of medial compartment		
			degenerative osteoarthritis. Discussion: Given patient's		
			clinical findings as well as the results of her x-rays it appears		
			that she has extensive degenerative changes of the medial		
			compartment of her left knee. This has progressively gotten		
			worse since she had surgery three years ago and at this point		
			in time it appears that the pain is quite unrelenting. I will recommend that she be treated conservatively at this point in		
			time with the use of an anti-inflammatory medication as well		
			as an intra-articular cortisone injection to minimize her pain		
			and discomfort, this was provided. Patient noted immediate		
			improvement of the pain and discomfort of the left knee. I		
			will see her back for f/u in four weeks time. Should this		
			patient's symptoms not improve or resolve significantly, she		
			may require further intervention. This would entail a knee arthroplasty of her left knee. At this point in time I have		
			discussed this in detail with patient and I will see her back for f/u to assess her progress in four weeks time. She will		
			continue to work with no restrictions. I will keep you		
			informed as noted.		
03/17/11	<u>263-280</u>		Orthopedic Agreed Panel QME Evaluation		
03/1//11	203-200		DOI: 08/09/07 and 11/10/07. Hx of injury: Patient first injury		
			around August, 2007, when she slipped, fell and twisted her		
			left ankle and her left knee. She was seen in an industrial		
		I	clinic and treated with bracing for both of these as well as		

PT. While still healing from this injury, patient bad a second injury in November, 2007. She was picking up clients at work when she noticed that the car was rolling. She jumped in to pull up tension on the brake. In doing so, she fell striking her left knee on the ground and her right foot turned in. She had ongoing pain in the left knee and right ankle. She elevated and iced it. Because of the pain, she went to Kaiser emergency room where she was evaluated and had x-rays. She was told that she had two fractures of the right foot. She was placed in a Cam walker which she wore for a number of weeks. She then treated with Dr. Saucedo. As the right foot got better, she had persistent pain in the left knee. She had an MRI and eventually surgery of the left knee which helped the left knee. However, she has had residual ongoing symptoms of the left knee ever since the surgery. She was released in 2008 or so by Dr. Saucedo. She returned to him a couple of months ago because of pain in the left knee. At that time, she could not use the clutch of her car. Dr. Saucedo had told her that she would need to get a different kind of car because of the clutch, but she continued to use the clutch. He took xrays of her knee and gave her a cortisone injection. She was off work for about a week. The injection helped a lot. However, she developed a skin burn from the topical used to freeze her knee prior to the injection. Dr. Saucedo told her she was bone on bone laterally and may need total knee replacement surgery in the future. Present complaints: The left ankle and left knee symptoms almost always occur together with any prolonged walking, climbing stairs, squatting, kneeling with cause swelling basically of the knee and then the ankle followed by pain. The ankle pain is medial and lateral. The left knee pain is diffuse peripatellar pain. The knee does not have any locking or buckling, but it has stiffness. Wt: 213 lbs. PMH: Prior injuries: Patient injured her left ankle a number of years ago, in the mid-90s. It was fractured medially and laterally- She had surgery. Ever since then she has had pain which became worse after the incident of August, 2007. Hypertension. Prior surgeries: Knee surgery for this injury. Prior left ankle surgery. Allergies: Penicillin. Social habits: Patient admits to smoking cigarettes and alcohol consumption. Meds: Patient is taking Lisinopril and Hydrochlorothiazide, Ibuprofen, Vicodin. Physician reviewed medical records. Exam: Left knee: Examination of the left knee reveals mild swelling as compared to the right. There are multiple well-healed arthroscopic portals. There is a 1.5 cm circular lesion on the superior medial aspect of the knee that is consistent with a first or second degree skin burn.

	There is tenderness over the anterior medial joint line and
	anterior lateral joint line with the anterior lateral joint line
	being tender. There is mild crepitus of the patellofemoral
	joint. There is moderate crepitus over the lateral joint. The
	left knee is in valgus when compared to the right. ROM of
	the left knee reveals extension to 0 degrees and flexion to
	130 degrees. The left knee is stable to anteroposterior and
	mediolateral. Stressors taking into consideration the valgus
	deformity. Ankles/feet: Examination of the left ankle reveals
	mild swelling about the left ankle medially and laterally.
	There are well-healed medial and lateral scars. Diffuse
	tenderness is noted medially and laterally of the ankle. Pain
	with just the slightest motion of the ankle. ROM of the ankle
	reveals dorsiflexion is to 0 degrees and plantar flexion is to 5
	degrees. ROM of the right ankle and foot shows dorsiflexion
	is to 15 degrees and plantar flexion is to 40 degrees. ROM is
	without pain. The right ankle is stable to yams and valgus
	stressors in the neutral and plantar-flexed positions. X-rays
	of the left ankle and X-rays were also obtained of the left
	knee were reviewed. Dx: 1) Sprain/strain of the left knee
	aggravating degenerative arthritis of the left knee. Status post
	arthroscopic partial lateral and medial meniscectomy 2)
	Sprain of the left ankle temporarily aggravating significant
	pre-existing arthritis of the left ankle. 3) Fracture of the right
	foot, fourth and fifth metatarsals healed. Discussion: This
	patient suffered two injuries, one on 08/09/07 and one on
	11/10/07. Patient was doing well as far as her left knee was
	concerned even though she had pre-existing arthritis until she
	suffered the injury of August, 2007, and further injured it in
	November, 2007. With regards to the left ankle, it has always
	given her pain, well prior to the two work incidents. She
	suffered an injury to the left ankle back in the mid-90s and
	had ORIF. She had residual symptoms. She then sprained it
	and had temporary increased pain with the work incidents.
	However, I expect that most of the symptoms now are
	residuals of her arthritis given the fact that she has significant
	limitation of motion of the ankle. A sprained ankle would not
	cause this type of limitation of motion. She would have
	excessive motion. There is no instability of the ankle. Even
	the slightest motion of the ankle causes pain so all of the pain
	is coming from the ankle joint. Then I asked patient about
	that and mentioned the fact that I thought that the knee pain
	aggravated the arthritis and the ankle pain would probably be
	present absent the work injuries. She tended to agree that the
	arthritis of the knee was the one that was really aggravated
	by the work incidents and that the left knee really wasn't
I	by the work mercents and that the fert knee rearry wasn't

r	
	hurting her and the left ankle has always given her problems
	since the prior ankle surgery. She did suffer a right foot
	fractures in the 11/10/07 incident. However, the right foot
	fractures have healed completely with no residuals. Patient
	had a flare-up of symptoms that precipitated a lot of this,
	needing an injection which settled down her knee, but it is
	still symptomatic. Fortunately, individuals with valgus knees,
	that is, arthritis in the lateral aspect of the knee can tolerate a
	lot of arthritis without need for total knee replacement.
	Disability Status: Patient is at MMI from her injuries. AMA
	impairment: Using the AMA Guides to the Evaluation of
	Permanent Impairment, Fifth Edition:Right foot - The
	fracture is well healed without any impairment. Left ankle -
	The ankle is rated according to arthritis Table 17-31. This
	patient has 0 mm of joint space which is a 30% lower
	extremity impairment. Left knee - With regard to the left
	knee, she has approximately 2 mm of joint space on the left
	side. Using Table 17-31, this is a 20% lower extremity
	impairment. For the left knee, patient is also rated according
	to Table 17-33. Because she has partial medial and partial
	lateral meniscectomy, she has a 10% lower extremity
	impairment. This gives her a 30% lower extremity
	impairment for the left knee. Combining the 30% lower
	extremity impairment for the left knee with the 30% lower
	extremity impairment for the left ankle, using page 504 of the
	Guides, gives her a combined total of 51% lower extremity
	impairment which using Table 17-3, gives her a total of 20%
	whole person impairment. Future medical care: Left knee -
	Allowance should be made for repeat orthopedic visits for
	her left knee including but not limited to evaluations, x-rays,
	corticosteroid injections. For more lasting relief than the
	corticosteroid injections, viscous supplementation such
	Synvisc would be beneficial. Should the left knee symptoms
	become such that they interfere significantly interfere with
	her quality of life, then she would be a total knee
	replacement candidate. She is not a knee replacement
	candidate at this time, however, this could change in the next
	few years. X-rays findings are not indicative of the need for
	total knee replacement. Only the pain and its effect on the
	quality of living is an indication for a knee replacement. Left
	ankle - with regards to the left ankle, any further care of the
	left ankle would be treatment of her pre-existing arthritis of
	the left ankle, not the injury of August, 2007 or November,
	2007. Right foot - None. Work status: She may do her
	present job without any formal restrictions. However in the
	open labor market, patient would be precluded from more

	1	
		than occasional squatting, kneeling, and precluded from any
		type of climbing and more than occasional use of stairs.
		Causation and Apportionment: With regards to her right foot,
		this was injured in the November 2007 work incident and
		100% of any residual disability is due to the incident of
		November, 2007. With regards to the left knee, prior to the
		work incidents, she was asymptomatic in the left knee even
		though she had arthritis. She injured the left knee in both the
		819/07 and the $11/10/07$ work incidents. The arthritis appears
		to have gotten worse since the injuries. Based upon these
		records and examination today, I would apportion 20% to the
		pre-existing pathology and the remaining 80% to the
		aggravation of the pre-existing pathology, further
		sprain/strain and tears of the menisci as a result of the two
		work incidents of August and November, 2007. I cannot
		separate these two as to which one caused the tear of the
		meniscus and which one caused more injury to the knee; I
		put them together as one injury. With regard to the left ankle,
		while she has temporarily aggravated the left ankle in the
		08/09/07 fall and 11/10/07 incident, she also had pre-existing
		arthritis from a prior injury that required surgery. At this
		point, any residual is 100% apportioned to the pre-existing
		arthritis. I think she had a temporary aggravation of the left
		ankle arthritis due to the sprains, but this settled back down.
		Patient's present complaints and need for treatment of the left
		ankle would be present absent the work injury. This is based
		upon the fact that she has significant limitation of motion of
		the ankle indicating severe arthritis. A sprain in the ankle
		would cause laxity and looseness of the ankle, not tightness
		of the ankle. This does not appear to be residual of the ankle
02/22/11	264 265	sprain.
03/23/11	<u>364</u> - <u>365</u>	Radiology/Diagnostics
		X-ray of Left Knee. Clinical Indication: Evaluate for
		degenerative joint disease. Impression: Findings compatible
		with degenerative joint disease primarily involving the lateral
		compartment. X-ray of Left Ankle. Clinical Indication: DJD.
		Findings: The bones an notable for an old fracture involving
		the distal left fibula and medial malleolus with internal
		fixation. The lateral view reveals marked narrowing of The
		mortise joint spaces compatible with severe degenerative
		disease. The remainder of the bones is unremarkable. The
		soft tissues are notable for both medial and lateral soft tissue
		swelling. Impression: 1) Old fractures with internal fixation.
		2) Severe degenerative disease of the mortise joint. 3) Soft
1	1	tissue swelling.

11/07/20	<u>349</u> - <u>350</u> ,	Health Care Partners	Referral Slip
	<u>353</u> , <u>362</u>	Med Grp	Dx: Right foot. Soreness left ankle. Contusion left knee.
			Recommendation: Ortho evaluation and treatment. (There are
			illegible data on these pages)

Records Categories

Copy Service Paperwork	<u>1</u>
Start of Records	<u>11</u>
Claims	<u>12</u>
Reports	<u>238</u>
Doctor's Notes	<u>283</u>
Radiology/Diagnostics	<u>363</u>
General/Med	<u>375</u>



Corrected Location Form

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

Date: 8/25/2020		Employee: Paulina Garcia
Injured Pers	on:	Floreen Rooks
Social Secu	rity #:	Control #: 21-21912-1
Current loca	tion:	State Compensation Insurance Fund
		PO Box 65005, Pinedale, CA, 93650
Person cont	tacted	at facility:
		Title:
PI	hone	extension:
New loc	ation	State Compensation Insurance Fund
		655 N Central Ave, 4th floor, Glendale, CA, 91203
Reason: New local Previous New local New local New local X This com are at the are at the local The facility The facility The previous The doct The doct The doct		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

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

Floreen Rooks DOB: 06/20/49 AKA: File: CLA: 05170360; DOL: 11/10/2007

Claimant/Applicant,

vs.

Dveal Family & Youth Services

Employer/Insurance Carrier/Defendant.

Case No. SIF7024643, SIF10825285, SIF7024645

(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: State Compensation Insurance Fund WE COMMAND YOU to appear before <u>A Deposition Officer – Med-Legal, LLC</u>

at 955 Overland Ct, Suite 200, San Dimas, CA 91773, Phone 800-244-3495

on the <u>09/14/20</u> day of ______, at <u>10:00</u> o'clock_AM., to testify in the aboveentitled 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 08/25/20

WORKERS' COMPENSATION APPEALS BOARD OF THE STATE OF CALIFORNIA

Secretary, Assistant Secretary, Workers' Compensation Judge



*FOR INJURIES OCCURING 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 #: 21-21912-1 Do <u>not</u> appear! Simply call (800) 244-3495 and somebody will copy the records for you at your office.

SCI00003

DECLARATION FOR SUBPOENA DUCES TECUM

Case No. SIF7024643, SIF10825285, SIF7024645

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 State Compensation Insurance Fund

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

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 08/25/20, at San Dimas, California.

Signature Victor Landero, Operations 955 Overland Court, Suite 200, San Dimas, CA 91773

(626) 653-5160

Telephone

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.

Address

Name of Person Served	Date	Place
I declare under penalty of perjury that the foreg		
Executed on	, at	, California.

Attachment

Re: Patient/Applicant: Floreen Rooks AKA: 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: 05170360; DOL: 11/10/2007

Social Security #: 000-00-0000

D.O.B.: 06/20/49

Ordered By:

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.

This notice of deposition includes a demand for all documents under your custody and control regarding the above claim number as described below for the applicant, herein claimant, listed on the notice of deposition.

This demand does not include privileged documents defined as:

- 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.
- That portion of a report prepared by an investigator at the request of an attorney that contains the 4. 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.

This demand includes:

- 1. The Employee's Claim for Workers' Compensation Benefits, DWC Form 1, showing the employer's date of knowledge of injury, the date the employer provided the form to the employee and the date the employer received the completed form from the employee.
- 2. All documentation of the date the employer provided a claim form to the employee or that the administrator has provided the claim form to the employee.
- 3. All Employer's Report of Occupational Injury or Illness, DLSR Forma 5020, or documentation of reasonable attempts to obtain it.

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,

Attachment

- All Doctor's First Report of Occupational Injury or Illness, DLSR From 5021, or documentation of reasonable attempts to obtain them.
- 5. All medical reports pertaining to the claim, or documentation of reasonable attempts to obtain them.
- All orders or awards of the Workers' Compensation Appeals Board or the Rehabilitation Unit pertaining to the claim.
- 7. The application(s) for adjudication of claim filed with the Workers' Compensation Appeals Board.
- All notices and correspondence related to the Qualified Medical Evaluation process required by Labor Code Section 4061 and 4062.
- 9. All documentation regarding the injured workers earnings and of reasonable attempts to obtain this information.
- 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.
- All notes (including email and computer notes) describing telephone conversations relating to the claim including the dates of calls, substance of calls, and identification of parties to the calls.
- All correspondence (including Email) to and from all medical providers and medical examiners regarding all injuries or illnesses affecting this claim.
- A copy of any and all records regarding applicant. All summaries or analysis of medical records prepared by any
 person other than attorneys.
- 14. All employment records, including personnel records, in all files wherever located, including supervisor files, accident or injury investigation files, personnel files, disciplinary files, and all employment records as defined by Labor Code section 1198.5 in your possession or under your control.
- 15. All documents evidencing that claimant has chosen a pre-designated treating physician(s) before the occurrence of the injuries alleged in this matter.
- All documents showing the employer has contracted with health care organizations to provide services and medical treatment to injured employees that include claimant.
- 17. All statements by any person whether a percipient witness to any alleged injuries or with any knowledge regarding any accidents or injuries to claimant whether written recorded or notes of the conversation.
- 18. All investigation reports involving any known, alleged or reported injuries by claimant.
- All photographs or images of any scenes or locations or of any objects or equipment regarding any accident or know, alleged and reported injury to claimant.
- 20. All ergonomic studies of claimant's work area during the period of the alleged injury to claimant.
- All photographs or images of claimant, including, but not limited to, those depicting any possible visible signs of injuries or disabilities or the lack thereof.
- 22. All films, movies, motion pictures, video tapes in any format or form purporting to depict claimant in any manner or activity whether depicting disability or lack of disability taken at anytime in the possession of deponent or under the control of deponent including any agent or investigators hired by deponent.
- 23. All documents including billing statements and reports regarding any surveillance of claimant by any agent or investigator hired by deponent, employer, insurance company or any agent of deponent, employer or insurance company. The documents are to show the name of the person conducting the surveillance, his or her employer, address of his or her employer, date, starting time of surveillance, and ending time of surveillance, minutes of filming or video taping, and any written notes or reports regarding the surveillance.
- 24. Any documents or records from any index, EDEX, or database of accidents, injuries, or workers' compensation claims attributed to or claimed by claimant, at any time.
- 25. All vocational rehabilitation documents or reports including job descriptions and job analysis prepared by any Qualified Rehabilitation Representative or vocational rehabilitation expert or nurse.
- 26. All documents, notes and reports by medical case managers involving this claim.
- 27. All documents showing proof of compliance with Title 8, California Code of Regulations section 9792.6 for any Utilization Review of any medical request by a physician in this matter.
- If liability for the claim has not been accepted a copy of all investigation and medical evidence considered or relied upon as the basis for not accepting liability.
- 29. All documents showing all efforts by the employer to find modified or alternative work for the claimant.

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 <u>not</u> 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.

Attachment

SCI000006

 All documents showing all efforts by the employer to make reasonable accommodation for claimant's physical or mental disability.

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.

Attachment

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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 through our Internet portal at upload.getrecords.com or on CD.

Case Name: Floreen Rooks v. Dveal Family & Youth Services

Case Number: SIF7024643, SIF10825285, SIF7024645

PROOF OF SERVICE BY MAIL

Notice of Copying, Deposition Notice

I declare that I am employed in the County of Los Angeles, over the age of 18 years and not a party to this action. My business address is: 955 Overland Court, Ste. 200 San Dimas, California 91773.

On 8/26/2020 I caused to be served, at my direction and following ordinary business practices, true copies of the document(s) referenced above for collection and mailing in a sealed envelope and addressed to the parties listed below. I am readily familiar with the business practices of Med-Legal, LLC for collection and processing of correspondence for mailing. The document was set for same day mail processing and collection, with postage fully paid, for delivery by the United States Postal Service or private delivery service following ordinary business practices.

SIBTF SACRAMENTO 160 PROMENADE CIRCLE, SUITE 350 SACRAMENTO CA 95834

I declare under penalty under the penalty of perjury under the laws of the State of California, the foregoing is a true and correct statement. Executed on 8/26/2020 at San Dimas, California.

/s/ Roderic B. Davis Business Document Manager Med-Legal, LLC 21-21912-1

	CASE NUMBER:
APPLICANT/PLAINTIFF/PETITIONER: Floreen Rooks	SIF7024643, SIF10825285,SIF7024645
DEFENDANT/RESPONDENT: Dyeal Family & Youth Services	
PROOF OF SERVICE OF DEF PRODUCTION OF BU	
 I served this Deposition Subpoena for Production of Business Recorr as follows; 	ds by delivering a copy to the person served
Personal DeliveryCertified MailRegular Mail	
a. Person served (name):SCIF	
b. Address where served: 655 N Central Ave, 4th floor C	Stendale, CA 91203
	ime of delivery:
d. Deposition date is: $10/120$ 09/14/20 e. (1) Witness fees were paid.	
Amount: \$	Check Number :
(2) Copying fees were paid. Amount: \$	
f. Fee for service: \$	
2. I received this subpoena for service on (date):	
 Person serving: a. Difference California process server. 	
 b. California sheriff or marshal 	
c. C. Registered California process server.	
d. Employee or independent contractor of a registered C	
e. Exempt from registration under Business and Professi	·
g. Exempt from registration under Business and Profession	
 Name, address, telephone number, and, if applicable, county of regis 	Stration and number:
955 Overland Ct, Suite 200, San Dimas, CA 91773,P	hone 800-244-3495
declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	(For California sheriff or marshal use only) I certify that the foregoing is true and correct.
Date: 91220	Date:
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SCI000009

Records Order Form

Notice of Copying to:

SIBTF SACRAMENTO 160 PROMENADE CIRCLE, SUITE 350 SACRAMENTO, CA 95834

08/25/20

Case Information

Applicant: Floreen Rooks Employer: Dveal Family & Youth Services Case #: SIF7024643, SIF10825285,SIF7024645 DOI: 11/10/07 SS#: 000-00-0000 Claim #: Not Supplied by Carrier Ordering party: Natalia Foley, Esq

Record Location:

State Compensation Insurance Fund

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	Send records:		
Fees set by § 9983 Fees for Copy and Related Services (f)(2) Number of Sets	□ Same as above		
CD Set per Billing Codes WC026 or WC027 Fees set by § 9983 Fees for Copy and Related Services (f)(2) Number of Sets			
	E-mail addresses required for the electronic sets:		
	@		
 Bill to My Office (Invoice will be sent Bill to the Insurance Carrier 	to the address on this notice.)		
(Print your n	name)		
(Sign your n (Signature required)	ame) Control #: 21-21912-1		
Med-Leg	ty x-423/Los Angeles		
955 Overland Court, Suite 200, San Dimas, CA 9	1773, (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. SCI000010





INJURED NAME: Floreen Rooks

CLAIM NUMBER: 05170360

DECLARATION

I hereby declare under penalty of perjury that the following statements are true, to the best of my knowledge and belief.

I am the custodian of records for State Compensation Insurance Fund. The records made available are all records called for in the attached Subpoena which State Compensation Insurance Fund is legally obligated to produce. All other records in State Compensation Insurance Fund's possession are privileged information.

n.	•		

SA Admin Support

Signature

November 9, 2020

Date

05170360



REQUEST FOR INFORMATION

Date: 10/13/2010

To: Dr Tomas Saucedo Phone: 626-289-0178 Fax: 626-308-2083 Injured Employee Name: ROOKS, Floreen Claim Number: 05170360 Tracking #: E000004811507 DOI: 11/10/2007 DOB: 06/20/1949

Dear Dr Saucedo:

Request: Omeprazole 20mg #30. Source Document: E-mail from Express Scripts with 10/11/10 date of service & received by SCIF adjuster on 10/12/10. Prescription written by Dr Tomas Saucedo.

The request has been reviewed in accordance with State Fund's Utilization Review Program.

The following information is necessary to render a Utilization Review Decision and was not provided with the original request for authorization of treatment: <u>**please provide an updated PR-2 with</u> medical necessity for dispensed medication on 10/11/10**

Any further consideration of this treatment request will require your submission of the requested information via facsimile (**FAX**) to the following telephone number:

FAX Number: (818) 550-6707

These requested documents should be prominently identified as **"UR Requested Information**" at the top of the page and include a copy of this **REQUEST FOR INFORMATION**. This additional medical information will be reviewed in accordance with State Fund's Utilization Review Program and the Utilization Review Regulations.

§ 9792.9. Utilization Review Standards—Timeframe, Procedures and Notice Content

(2) If appropriate information which is necessary to render a decision is not provided with the original request for authonization, such information may be requested within five (5) working days from the date of receipt of the written request for authorization to make the proper determination. In no event shall the determination be made more than 14 days from the date of receipt of the original request for authorization by the health care provider.

Thank you for your cooperation. Cllim Abramsky, RN District Office Health Consultant Los Angeles/Tri-County Claims, Glendale PO Box 92622 Los Angeles, CA 90009-2622 Utilization Review Unit Fax: 818-550-6707

This transmission is intended for the individual or entity to which it is addressed and may contain information that is legally privileged, confidential and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient or the employee of the agent responsible for delivering the communication to the intended recipient, you are notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately and arrange for return or destruction of these documents.

Request for Information



REQUEST FOR INFORMATION

Date: 10/13/2010

To: Dr Tomas Saucedo Phone: 626-289-0178 Fax: 626-308-2083

 Injured Employee Name:
 ROOKS, Floreen

 Claim Number:
 05170360

 Tracking #:
 E00004811507

 DOI:
 11/10/2007
 DOI: 06/20/1949

Dear Dr Saucedo:

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655 N. CENTRAL AVENUE, GLENDALE, CA 91203

FACSIMILE COVER SHEET LOS ANGELES ADJUSTING CENTER TELEFAX NUMBER IS:

(818) 291-7754

DELIVER TO: NAME:		NAME:	Alicia					
		COMPANY:	Dr. Tomas Saucedo					
DATE:	10/5/10	TELEFAX NO:	(626) 308-2083					
			AREA CODE					
FROM:			Yolanda Nielsen, Claims Representative					
	DEPART	MENT/SECTION:	Los Angeles Adjusting Center					
		PHONE:	(818) 291-7626 AREA CODE					
MESSAGE: RE: Floreen Rooks, Claim# 05170360								
This is to authorize Dr. Saucedo for an office visit regarding Injured Worker Floreen Rooks. For any further medical treatment, please fax your written request to (818) 550–6707.								

Thanks.

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FROM: DEPARTMENT/SECTION: PHONE:	Yolanda Nielsen, Claims Represent tive Los Angeles Adjusting Center (818) 291–7626

This is to authorize Dr. Saucedo for an office visit regarding Injured Worker Floreen Rocks. For any further inedical treatment, please fax your written request to (818) 550-670", Thanks.

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THIS DOCUMENT IN THIS FASCIMILE TRANSMISSION MAY CONTAIN CONFIDENTIAL HEALTH INFORMATION THAT IS PRIVELEDGE AND LEGALLY PROTECTED FROM DISCLOSURE BY FEDERAL LAW. THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPPA). THIS INFORMATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF YOU ARE NOT THE INTENDED RECEIPIENT, YOU ARE HERBY NOTIFIED THAT READING READING DISSEMINATION, DISCLOSING, DISTRIBUTING, COPYING, ACTING UPON OTHERWISE USING THE INFORMATION CONTAINED IN THIS FACSIMILE IS STRICLY PROHIBITED. IF YOU HAVE RECEIVED THIS INFORMATION IN ERROR, PLEASE NOTIFY THE SENDER IMMEDIATLY AT (826) 282-3577 AND DESTROY THIS FASCIMILE

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P. 4

Health Care Partners 95-4526112 Patient Information Occupational Medicine					
Patient Info	rmation:		Date	03/20/2008	
Name Address Phone Occupation	SAN GABA (626) 573-	ADYS AVE. RIEL, CA 91778	Case # SSN DOB/Age Sex MRN	80283 XXX-XX-8510 06/20/1949 / 58 Female 32-295498	
Employer la	مرجا کار این منظر بر ان ان کرد می کرد. ا				
Name Address Phone Fax	D'Veal Far P.O. Box 4	nily & Youth Services 10255 , CA 91114	Service Contact Phone Fax Email Pager	Agnes Mills (626) 296-8900 (626) -	
Guarantor I				Nolanda Nielsen	
Name Address	State Com P.O. Box 9 Los Angelo			Yolanda Nielser extinuz	
Phone Fax Contact	(616) 291-7000 (818) 291-7301 Glendale Office		FOXT	818 241-7115	
Case Histo	r y:				
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PAMELA SELEVICH

MAY 14 2008

LOS ANGELES CLAIMS

2444 Santa Anita Avenue. Sulte # 205, El Monte, CA 91733

and the second second



FAX REQUEST INFORMATION REQUIRED

APR 0.8 2008

April 08, 2008

To:Healthcare Partners Medical GroupPhone:626-588-1990Fax:626-308-2083ATTN: Jamie

 From:
 Pebbles Draper, RN

 Phone:
 (866) 459-0723

 Fax:
 (866) 881-5412

Number of Pages Including cover sheet: 1

Employee:Floreen RooksClaim Number:05170360DOI:11/10/2007Employer/District Office:Glendale District Office

This is to notify you that additional information is necessary to process your request for 29850 - KNEE

ARTHROSCOPY/SURGERY on the above mentioned employee. <u>Please provide specific CPT codes</u>

for the surgery you are requesting so that I can review for the appropriateness of a polar unit.

The Administrative Director of the State of California Division of Workers' Compensation has adopted regulations setting forth utilization review (UR) standards applicable to workers' compensation insurers and self-insured employers. Insurers and self-insured employers may engage in a case-by-case review of the medical treatment provided injured employees in order to improve care and manage costs. BC Life and Health Insurance Company ("BC Life" is an affiliate of Blue Cross of California, "BCC") has been selected by State Compensation Insurance Fund to administer these UR services. Further, if you are a BCC Prudent Buyer or Workers' Compensation Network Provider, you are subject to the terms of your Participating Provider Agreement.

Sincerely, Pebbles Draper, RN Medical Manager Lead Office Hours Monday-Friday 8:00-5:30

"This fax and any attachment are intended for the above named recipient(s) only and may contain confidential or privileged information. If you are not an intended recipient, please notify the sender and delete the message. Failure to maintain the confidentiality of this fax and any attachment may subject you to penalties under applicable law."

cc: Adjuster: Yolanda Nielsen (electronically) URC (electronically)

> P.O. BOX 70022, Anaheim, CA 92825-0022 BC Life & Health Ins e Company is n Independent Lic of the Blue Cross Association. Registered Mark of the Blue Cross Associatio



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> P.O. BOX 70022, Anaheim, CA 92825-0022 BC Life & Health Ins e Company is n Independent Lic of the Blue Cross Association. Registered Mark of the Blue Cross Associatio

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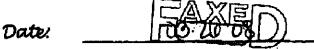
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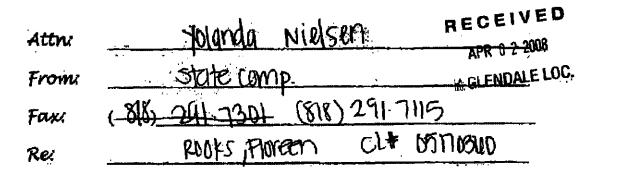
Eastside Orthopedic Medical Associates Diplomates of the American Board of Orthopedic Surgeons Fellows of the American Academy of Orthopedic Surgeons Qualified Medical Examiners

Fax Cover

Total Joints Arthroplasty Industrial Medicine Sports Medicine

CATHY SELLITTO APR 0 3 2008 ta GLENDALE LOC. , RUSH! 17





Message: Attached is hittorization Request for Leftknee Arthroscopy. If you may have any AVESTIONS please feel free to call APR 0-2:2008

GLENDALE LOC. PAULLIANG Thank you APR 0 + 2008 E GLENDALE LOC. FROM: ANGIE GONZALEZ (WORK COMP COORDINATOR) (626) 588-1990 number of pages (including cover sheet)

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Information. This facsimile is intended to be reviewed only by the individual or organization named as addressee. If you have received this facsimile in error please notify HealthCare Partners immediately - by phone number of the sender - and destroy all copies of this message and any attachments. Confidential health information is protected by state and federal law, including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 and related regulations.

5170360

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<u>Clain</u>	<u>no:05124168 A</u> 05170360	MI) EAMS or WCAB Case No. (if any):
ц.		ANA J VITERY declare:
1.	I am over the age of 18	and not a party to this action.
2.	My business address is	= 4940 Van Noys Blud #302, Sherman Oaks CA 91403
3.	On the date shown be comprehensive medica	low, I served the attached original, or a true and correct copy of the original, I-legal report on each person or firm named below, by placing it in a scaled the person or firm named below, and by:
	A (depositing the sealed envelope with the U.S. Postal Service with the postage fully prepaid.
		placing the scaled envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U.S. Postal Service in a scaled envelope with postage fully prepaid.
	C	placing the scaled envelope for collection and overnight delivery at an office $or \epsilon$ regularly utilized drop box of the overnight delivery carrier.
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- placing the sealed envelope for pick up by a professional messenger service for service. (Messenger must return to you a completed declaration of personal service.)
- personally delivering the scaled envelope to the person or firm named below at the address shown below.

Means of service: (For each addressee, enter A - E as appropriate)

Addressee and Address Shown on Enveloper

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-04-15-11 - STATE COMPANIATION INSURANCE FUND p.D. BOX 92622 LOS ANGELEN, CA 90009

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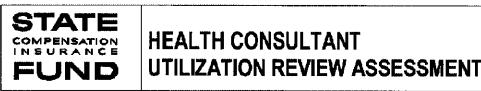
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-04-15-11- FLORREN. LOOKS 1315 S. GLADYS AVE. SAN GABRIEL, CA 917%

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 0 - 15 - 201

Ulen VITERI 9 N A (signature of declarant) (print name)

05170360



Date: 10/22/2010

To: Dr Tomas Saucedo Phone: 626-289-0178 Fax: 626-308-2083

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Injured Employee Name: ROOKS, Floreen Claim Number: 05170360 Tracking #: E000004811507 DOI: 11/10/2007 DOB: 06/20/1949

Treatment Request: Prospective: Omeprazole 20mg #30

Source Document: E-mail from Express Scripts with 10/11/10 date of service & received by SCIF adjuster on 10/12/10. Prescription written by Dr Tomas Saucedo.

Accepted Body Part(s): right foot & left knee

Clinical Summary:

This is a 61 year old female marriage & family therapist who while working for D' Veal Family Youth Services reported a work comp injury. Hire date with company listed as 01/01/2005.

11/20/2007: Drs First report, Dr Michael Hadley, Healthcare Partners, El Monte:

Injury: file notes patient was getting into her car to stop it from rolling when she slipped on the ground & fell. She hit her left knee & left ankle & twisted her right foot.

She went to Kaiser for initial treatment & was told she had fracture of right foot, sprain to left ankle & bruise to left knee.

Xrays- fracture of right foot involving the 4th & 5th metatarsals with angulation present in the 4th metatarsal head. Xray of left ankle reveals presence of hardware but no acute findings (prior surgery/healed scar). Xray left knee unremarkable except for degenerative changes.

04/24/2008 left knee arthroscopy, Dr Saucedo-partial medial & partial lateral meniscectomy with an abrasive chondroplasty of the patellofemoral groove, medial femoral condyle, medial tibial plateau.

9/4/2009: Dr Saucedo,

Patient last seen 12/5/08 & was considered permanent & stationary. This past week she was getting out of a friends car when she apparently twisted her left knee causing pain & discomfort. She felt she needed to be re-examined as she might have re-injured her left knee. She is 5 feet 6 inches tall & weighs 213 lbs.

Impression: left knee re-injury & left knee evidence of mild degenerative osteoarthritis. Patient started on Motrin for pain & inflammation.

10/5/2010- adjuster authorized re-evaluation with Dr Saucedo with confirmed appt set for 10/11/10.

SCIF HC Utilization Review Assessment LATC March 2010

Page 1 of 4

Work status: unknown- none stated on 9/4/09 Dr Saucedo report. Work restrictions provided: no [x] ECF lists patient work status as: is employee still off work? - YES

Contact with requesting Provider:

Date: 10/22/2010 Time: 11:34 a.m. Results: The reviewer spoke with Dr. Saucedo and a peerto-peer case discussion ensued. The determination was provided.

Analysis:

The injured worker is a 61 year-old female, who was employed as a marriage and family therapist, when she sustained an industrial injury on 11/10/2007, when she was getting into her car to stop it from rolling and she slipped on the ground & fell. She has been diagnosed with the following: 1. Left knee re-injury. 2. Mild degenerative osteoarthritis, left knee. The injured worker has been treated with Motrin. Omeprazole is a proton-pump inhibitor (PPI), and is indicated for the following: maintenance therapy for duodenal ulcer patients at reduced dosage after healing of acute ulcers, the treatment of pathological hypersecretory conditions (e.g., Zollinger-Ellison syndrome and systemic mastocytosis, the short-term treatment of active, benign gastric ulcer, maintenance therapy for gastric ulcer patients at reduced dosage after healing of acute ulcers, treatment of GERD, Erosive esophagitis, and/or for maintenance of healing of erosive esophagitis. The data submitted for review failed to document any of the stated indications for omeprazole. However, the CA Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, (page 68), regarding NSAIDs, GI symptoms & cardiovascular risk, set out the following risk factors for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. During the case discussion, Dr. Saucedo indicated that the injured worker has a prior history of gastritis and has been unable to tolerate any NSAIDs without either a PPI or an H-2 receptor antagonist. Based upon that information, this injured worker clearly has a risk factor for a gastrointestinal event. Therefore, the intervention in question meets evidence-based criteria for medical necessity.

Decision:

Authorize: Omeprazole 20 mg. #30.

Supporting references:

The CA Medical Treatment Utilization Schedule (MTUS) includes: Chronic Pain Medical Treatment Guidelines/MTUS/Effective 7/18/09; Pages 68-69: NSAIDs, GI symptoms & cardiovascular risk

Recommend with precautions as indicated below.

Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. <u>Determine if the patient is at risk for gastrointestinal events:</u> (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant;

SCIF HC Utilization Review Assessment LATC March 2010

Page 2 of 4

or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that *H. Pylori* does not act synergistically with NSAIDS to develop gastroduodenal lesions. Recommendations

Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.)

<u>Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:</u>(1) A nonselective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 μ g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44).

Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary.

Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)

<u>Cardiovascular disease</u>: A non-pharmacological choice should be the first option in patients with cardiac risk factors. It is then suggested that acetaminophen or aspirin be used for short-term needs. An opioid also remains a short-term alternative for analgesia.

Major risk factors (recent MI, or coronary artery surgery, including recent stent placement): If NSAID therapy is necessary, the suggested treatment is naproxyn plus low-dose aspirin plus a PPI.

Mild to moderate risk factors: If long-term or high-dose therapy is required, full-dose naproxen (500 mg twice a day) appears to be the preferred choice of NSAID. If naproxyn is ineffective, the suggested treatment is (1) the addition of aspirin to naproxyn plus a PPI, or (2) a low-dose Cox-2 plus ASA. Cardiovascular risk does appear to extend to all non-aspirin NSAIDs, with the highest risk found for the Cox-2 agents. (Johnsen, 2005) (Lanas, 2006) (Antman, 2007) (Laine, 2007) Use with Aspirin for cardioprotective effect;

In terms of GI protective effect: The GI protective effect of Cox-2 agents is diminished in patients taking low-dose aspirin and a PPI may be required for those patients with GI risk factors. (Laine, 2007)

In terms of the actual cardioprotective effect of aspirin: Traditional NSAIDs (both ibuprofen and naproxen) appear to attenuate the antiplatlet effect of enteric-coated aspirin and should be taken 30 minutes after ASA or 8 hours before. (Antman, 2007) Cox-2 NSAIDs and diclofenac (a traditional NSAID) do not decrease anti-platelet effect. (Laine, 2007)

<u>Use of NSAIDs and SSRIs</u>: The concurrent use of SSRIs and NSAIDs is associated with moderate excess relative risk of serious upper GI events when compared to NSAIDs alone. This risk was higher for non-selective NSAIDs when compared to Cox-2 selective agents (adjusted odds ratio of 1.77 and 1.33, respectively). (Helin-Salmivaara, 2007)

Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI.

Harry Eisenbach, M.D. Name

Horry Einbach, M. P. 10/22/2010 Signature

California M.D. License on file (818)662-4829 License No. Telephone

UR Medical Consultant Title

SCIF HC Utilization Review Assessment LATC March 2010

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Occupational Medicine Specialty

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Friday 8:30 AM - 5:00 PM Hours

EK Health Services, Inc. Independently Contracted Utilization Review Physician

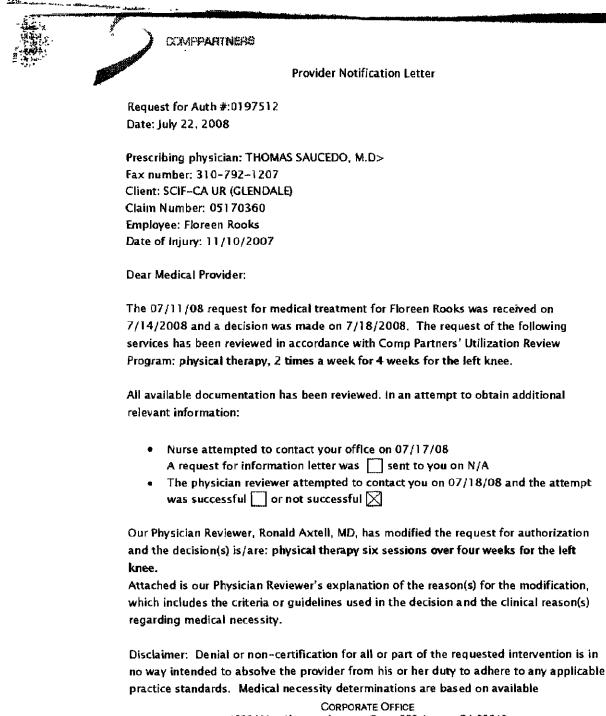
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SCIF HC Utilization Review Assessment LATC March 2010

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CORPORATE OFFICE 18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612 TELEPHONE 949 253-3111 FACSIMILE: 949 253-3099 E-MAIL: MAIL@COMPPARTNERS.COM TOLL FREE 1-877-YOURHOO

AFPARTNERS

Provider Notification Letter

Request for Auth #:0197512 Date: July 22, 2008

Prescribing physician: THOMAS SAUCEDO, M.D> Fax number: 310-792-1207 Client: SCIF-CA UR (GLENDALE) Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 13/10/2007

Dear Medical Provider:

The 07/11/08 request for medical treatment for Floreen Rooks was received on 7/14/2008 and a decision was made on 7/18/2008. The request of the following services has been reviewed in accordance with Comp Partners' Utilization Review Program: physical therapy, 2 times a week for 4 weeks for the left knee.

All available documentation has been reviewed. In an attempt to obtain additional relevant information:

- Nurse attempted to contact your office on 07/17/08
- A request for information letter was sent to you on N/A
- The physician reviewer attempted to contact you on 07/18/08 and the attempt was successful i or not successful

Our Physician Reviewer, Ronald Axtell, MD, has modified the request for authorization and the decision(s) is/are: physical therapy six sessions over four weeks for the left knee.

Attached is our Physician Reviewer's explanation of the reason(s) for the modification, which includes the criteria or guidelines used in the decision and the clinical reason(s) regarding medical necessity.

Disclaimer: Denial or non-certification for all or part of the requested intervention is in no way intended to absolve the provider from his or her duty to adhere to any applicable practice standards. Medical necessity determinations are based on available

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Physician Review Recommendation Prepared for SCIF - Glendale

Patient Name:	Rooks, Floreen	Claim/Policy #:	05170360
CompPartners Case:	SC080718001	DOI:	11/10/07
Requester:	J. Moosmann	Request #:	0197512
Adjuster:	Y, Nielsen	Case#:	08000064020
State:	CA	Date Referred:	7/18/08
Review:	Expedited	Date Completed:	7/18/08

Reason for Referral: Determine the medical necessity for:

1. Request #0197512 - Physical therapy (PT) 2 times a week for 4 weeks for the left knee.

Recommendation: MODIFIED:

1. Request #0197512 - PT six sessions over four weeks for the left knee.

This recommendation is based on medical necessity; it does not guarantee payment or acceptance of additional body parts or injuries into this claim.

Guideline/Reference Used: Official Disability Guidelines, Treatment Index, 6th Edition (Web), 2008, Knee – Physical Therapy – Outlier Status.

Rationale: This 59-year-old male was injured on November 10, 2007, when he fell while trying to get into a moving parked vehicle. He suffered a right 4th and 5th metatarsal fracture and a left knee medial meniscus tear. The patient had a left knee arthroscopy on April 24, 2008, which involved a partial medial and partial lateral meniscectomies and an abrasive chondroplasty of the patellofemoral groove, medial femoral, medial tibial plateau, lateral femoral and lateral femoral plateau cartilage. This surgery is slightly more extensive than the typical arthroscopy for which the Official Disability Guidelines recommends "12 visits over 12 weeks" postsurgery. The patient has been afforded 16 sessions of physical therapy to date. The most recent physical therapy summary note was faxed to this reviewer. The patient from May to June increased the extension by 5 degrees and flexion by 25 degrees, and decreased his pain level on June 18th to 4-5/10. The most recent left knee motion was 0 degrees to 120 degrees with strength listed 4+/5 and pain listed as 2-3/10. The patient continued to show progress and was doing a home exercise program. This patient would be an outlier to the typical guidelines because of the extent of the surgery and the age of the patient. Therefore, the modified determination will be for six additional sessions over four weeks for the left knee to bring about a transition to a home exercise program by the end of treatment.

If non-certification is secondary to lack of sufficient information, what information, or test result would be required? *Peer-to-peer case discussion.*

Reviewed Data:

- 1. Nurse UM Summary dated 7/17/08.
- 2. Fax Cover Sheet/Authorization Request dated 7/18/08, 7/11/08.
- 3. Progress Flow Sheet dated 7/16/08, 6/18/08, 5/22/08.
- 4. Progress Report dated 7/16/08, 6/18/0/8.
- 5. Therapy dated 7/11/08.
- 6. CompPartners Peer Reviewer Final Report dated 6/26/08.
- 7. Supplemental Summary Report dated 6/11/08.

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- 8. Orthopedic Supplemental Report dated 6/6/08.
- 9. Operative Report dated 4/24/08.
- 10. Follow-Up dated 4/23/08

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Requesting Provider/Telephone #: Tomas Saucedo, M.D./626-289-0178

Provider or Designee Contact: No Appeal/reconsideration/disclaimer given: Yes

Date/Time: 07/18/08 / 9:35 am PT Name: Angie G.

Content of Discussion: The doctor was seeing the patient. The nature of the call, a callback number, and the proposed modification were given.

Date/Time: 07/18/08 / 10:00 am PT Name: Angie G.

Content of Discussion: Dr. Saucedo agreed that the 6 sessions were reasonable.

Attestation of lack of conflict of interest: Yes.

This reviewer declares, under penalty of perjury, that the information contained in this report and its attachment, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated 1 received from others. As to that information, this report accurately describes the information provided to me.

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Peer Reviewer Name: Specialty: Board Certified: State/License #: Ronald Axtell, MD Family Medicine Family Medicine effective through 12/31/2010 CA A25374

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COMPPARTNERS

Provider Notification Letter

Request for Auth #:0197512 Date: July 22, 2008

Prescribing physician: THOMAS SAUCEDO, M.D> Fax number: 310-792-1207 Client: SCIF-CA UR (GLENDALE) Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007

Dear Medical Provider:

The 07/11/08 request for medical treatment for Floreen Rooks was received on 7/14/2008 and a decision was made on 7/18/2008. The request of the following services has been reviewed in accordance with Comp Partners' Utilization Review Program: physical therapy, 2 times a week for 4 weeks for the left knee.

All available documentation has been reviewed. In an attempt to obtain additional relevant information:

- Nurse attempted to contact your office on 07/17/08
- A request for information letter was 🛄 sent to you on N/A
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Attached is our Physician Reviewer's explanation of the reason(s) for the modification, which includes the criteria or guidelines used in the decision and the clinical reason(s) regarding medical necessity.

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JUL 2 2 2008

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COMPPARTNERS

information. You are entitled to a voluntary secondary review if the following box is checked:

The request for a secondary review must be submitted by the requesting physician and should be prominently identified as a "UR Appeal" at the top of the page and include a copy of the specific UR decision which you are appealing. In order for an appeal to be considered for review, the requesting physician must outline his or her reason for the appeal citing sources from a nationally recognized, evidence based medical treatment guideline, and/or giving the clinical reasons this specific patient's medical condition warrants care that falls outside of the ACOEM or other evidence based guidelines cited by this reviewer. Appeals received from parties other than the requesting physician, or appeals without such substantial supporting information, will not be considered.

To appeal this medical decision, the requesting physician submit in writing to the assigned Utilization Review Nurse on this claim by mail or fax @ (866) 724-3738 within 10 days. The appeal will be reviewed in accordance with State Fund's internal Utilization Review Appeals process. Participation in this process is entirely on a voluntary basis. If you wish to speak to the Physician Reviewer directly, please contact (949) 253-3111 between the hours of 8am-5pm PST so we may facilitate contact with the Physician Reviewer.

The payment decision for the proposed treatment will be made by the insurer or third party administrator, whichever is applicable.

PLEASE NOTE THE ABOVE CLAIM NUMBER ON ALL CORRESPONDENCE OR BILLING.

Sincerely,

Judith Moosmann, RN/Utilization Review Nurse

JM,RN/eh

PHONE # (949) 253-3111 Ext 2846

- Enc: Physician Peer Review Report Request for Information Letter (if applicable)
- cc: Yolanda Nielsen, Claims Examiner Floreen Rooks; 1315 S. Gladys Ave. ; 5an Gabriel, CA 91776-3623 CORPORATE OFFICE 18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612 TELEPHONE: 949 253-3111 FACSIMILE: 949 253-3099 E-MAIL: MAIL@COMPPARTNERS.COM TOLL FREE 1-877-YOURHCO



NOTICE TO INJURED EMPLOYEE

All utilization review disputes will be resolved in accordance with Labor Code Section 4062.

If you disagree with the utilization review decision and wish to dispute it, you must send written notice of your objection to the claims administrator within 20 days of receipt of the utilization review decision in accordance with Labor Code section 4062. You must meet this deadline even if you are participating in the claims administrator's internal utilization review appeals process.

The 20-day time limit may be extended for good cause or by mutual agreement of the parties. You also have the right to file an Application for Adjudication of Claim and Request for Expedited Hearing, DWC Form 4, showing a bona fide dispute as to entitlement to medical treatment in accordance with Title 8, CCR sections 10136(b)(1), 10400, and 10408.

If you want further information, you may receive recorded information by calling 1-800-736-7401 or you may contact the local state information and Assistance office. A list of the local office numbers are provided below.

You may also consult an attorney of your choice. Should you decide to be represented by an attorney, you may or may not receive a larger award, but, unless you are determined to be ineligible for an award, the attorney's fee will be deducted from any award you might receive for disability benefits. The decision to be represented by an attorney is yours to make, but it is voluntary and may not be necessary for you to receive your benefits.

> CORPORATE OFFICE 18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612 TELEPHONE: 949 253-3111 FACSIMILE: 949 253-3099 E-MAIL: MAIL@COMPPARTNERS.COM TOLL FREE 1-877-YOURHOO

COMPPA	RTNE	RS

i&A Office	Phone Numbers
Anaheim	(714) 738-4038
8akersfield	(661) 395-2514
Eureka	(707) 441-5723
Fresno	(559) 445-5355
Grover 8each	(805) 481-3296
Goleta	(805) 968-4158
Long Beach	(562) 590-5240
Los Angeles	(213) 576-7389
Oakland	(510) 622-2861
Oxnard	(805) 485-3528
Pomona	(909) 6238568
Redding	(530) 225-2047
Riverside	(951) 782–4347
5acramento	(916) 26 3-2741
5alinas	(831) 4433058
San Bernardino	(909) 383-4522
5an Diego	(619) 767-2082
5an Francisco	(415) 703-5020
San Jose	(408) 277-1292
5anta Ana	(714) 558-4597
Santa Monica	(310) 452-1188
Santa Rosa	(707) 576-2452
Stockton	(209) 948-7980
Van Nuys	(818) 901-5367

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SCIF RECD DTE 07/17/2008 BKSCAN 3 07/17/2008 04:55 PM 022999 1510 Cover-letter for Form 3001 11 1 Page 1 of 4

SCAN AS ONE DOCUMENT

July 15, 2008

Comppartners Inc. 18881 Von Karman Avenue Ste. 900 Irvine CA 92612

Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007

Dear CompPartners

Requested Procedure: PT 2 x 4 to Lt knee

Source Document and Location: PTP Dr. Saucedo's PT Rx dated 7-11-08 received by scif UR Faxline on 7-14-08. Rx to be faxed to CP via manual fax.

Due Date: Target due by 7-21-08

Location of additional documents: Addt'I meds to be faxed to CP on ECF.

Sincerely

Paul Liang Paul Liang For Yolanda Nielsen, Adjuster of this claim Adjuster (818)291-7626

Enc: Utilization Review Referral Form Associated Sport Therapy of 06/18/2008 Thomas Saucedo, M.D. of 06/06/2008 Thomas Saucedo, M.D. of 04/24/2008 Thomas Saucedo, M.D. of 04/23/2008 Thomas Saucedo, M.D. of 04/17/2008 Michael Vo, M.D. of 03/20/2008 Thomas Saucedo, M.D. of 03/20/2008 Mri Of Left Knee of 03/19/2008 Michael Vo, M.D. of 02/21/2008 Thomas Saucedo, M.D. of 02/21/2008 Thomas Saucedo, M.D. of 02/21/2008 Michael Vo, M.D. of 01/17/2008 Thomas Saucedo, M.D. of 01/17/2008 Michael Vo, M.D. of 12/20/2007 Thomas Saucedo, M.D. of 12/20/2007 Thomas Saucedo, M.D. of 12/20/2007 Michael Hadley, M.D. of 11/20/2007 Michael Vo, M.D. of 11/20/2007

05170360

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05 M 0360 ZD Galorda Nuesen Int 5 Bowern Marcelo ASSOCIATED SPORTS THERAPY

ASSOCIATED SPORTS THERAPY 880 S. ATLANTIC BLVD STE 203 MONTERAPARK, CA 91754 OFFICE (626) 282-3577 FAX (826) 284-4276

FAX COVER SHEET

DATE: JUL 11 2008	DATE ROOM MENT
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ATTN: Yolanda Mebon	والمتحدث والمتركب والمتراكب والمتركب والمتركب والمتحد والمتحد والمتحد والمتحد والمتحد والمتحد والمتح
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FAX: (8)\$ 291.7115	
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RE: Kook, Floren	
0.002 11	1007
CLAIM #: 00202 DOI: 11	
MESSAGE: AUTHORIZATION REQUEST FOR PHYSICAL	
Please veriew regust for Physic	al herapy
2X4 for Lt knee.	
ENCLOSED, FOR YOUR REVIEW:	nierrou,
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PRESCRIPTION: (DATED) JUL 11 2008	
EVAL/REPORT; PROGRESS NOTE; RE-EVAL: (DATED)	
WORK STATUS SHEET:	
DOCTORS SUPPLEMENTAL REPORT:	
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FROM: Sonia De La Torre NUMBER OF PAGES	. 6
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THIS DOCUMENT IN THIS FASCIMILE TRANSMISSION MAY CONTAIN CONFIDENTIAL HEALTH INFORMATION THAT IS PRIVELEDGE AND LEGALLY PROTECTEO FROM DISCLOSURE BY FEDERAL LAW. THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPPA). THIS INFORMATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF YOU ARE NOT THE INTENDED RECEIPIENT, YOU ARE HERBY NOTIFIED THAT READING READING DISSEMINATION. OISCLOBING, DISTRIBUTING, COPYING, ACTING UPON OTHERWISE USING THE INFORMATION CONTANED IN THIS FASSIMILE IS STRICLY PROHIBITED. IF YOU HAVE RECEIVED THIS INFORMATION IN ERROR, PLEASE NOTIFY THE SENDER IMMEDIATLY AT (826) 282-3577 AND DESTROY THIS FASCIMILE

MYRA GUEVARA

JUL 14 2008

LUS ANGELES CLAIMS

05170360

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COMPPARTNERS

Provider Notification Letter

Request for Auth #:0195096 Date: June 28, 2008

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Prescribing physician: Tomas Saucedo, MD Fax number: 626–582–7953 Claim Number: 05170360 Employee: Floreen Rooks Date of injury: 11/10/2007

Dear Medical Provider:

The 06/06/2008 request for medical treatment for Floreen Rooks was received on 6/19/2008 and a decision was made on 6/25/2008. The request of the following services has been reviewed in accordance with Comp Partners' Utilization Review Program: Physical Therapy, 3 times per week for 4 weeks for the left knee.

All available documentation has been reviewed. In an attempt to obtain additional relevant information:

Nurse attempted to contact your office on 06/25/2008

A request for information letter was \square sent to you on N/A and a copy is attached The physician reviewer attempted to contact you on 06/25/2008 and the attempt was successful \square or not successful \square

Our Physician Reviewer, John R. Coon, MD, has modified the request for authorization and the decision(s) is/are: Physical Therapy, 4 sessions for the left knee. Attached is our Physician Reviewer's explanation of the reason(s) for the modification, which includes the criteria or guidelines used in the decision and the clinical reason(s) regarding medical necessity.

Disclaimer: Denial or non-certification for all or part of the requested intervention is in no way intended to absolve the provider from his or her duty to adhere to any applicable practice standards. Medical necessity determinations are based on available information. You are entitled to a voluntary secondary review if the following box is checked:

The request for a secondary review must be submitted by the requesting physician and should be prominently identified as a "UR Appeal" at the top of the page and include a copy of the specific UR decision which you are appealing. In order for an appeal to be considered for review, the requesting physician must outline his or her reason for the appeal citing sources from a nationaliy recognized, evidence based medical treatment guideline, and/or giving the clinical reasons this

CORPORATE OFFICE 18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612 TELEPHONE: 949 253-3111 FACSIMILE: 949 253-3099 E-MAIL: <u>MAIL@COMPPARTNERS.COM</u> TOLL FREE 1-877-YOURHCO

> JANET PATTERSON JUN 3 0 2008

COMPPARTNERS

secific patient's medical condition warrants care that fails outside of the ACOEM or other evidence based guidelines cited by this reviewer. Appeals received from partles other than the requesting physician, or appeals without such substantial supporting information, will not be considered.

To appeal this medical decision, the requesting physician submit in writing to the assigned Utilization Review Nurse on this claim by mail or fax @ 951-244-1708 within 10 days. The appeal will be reviewed in accordance with State Fund's internal Utilization Review Appeals process. Participation in this process is entirely on a voluntary basis. If you wish to speak to the Physician Reviewer directly, please contact 951-244-0403 between the hours of 8am-5pm PST so we may facilitate contact with the Physician Reviewer.

The payment decision for the proposed treatment will be made by the insurer or third party administrator, whichever is applicable.

PLEASE NOTE THE ABOVE CLAIM NUMBER ON ALL CORRESPONDENCE OR BILLING.

Sincerely,

Michele Forslund, RN

Utilization Review Nurse

Phone: 951-244-0403 Completed by: Erlita Oliver - Assistant

Enc: Physician Peer Review Report Request for Information Letter (if applicable)

cc: Yolanda Nielsen, Claims Examiner Floreen Rooks; 1315 S. Gladys Ave. ; San Gabriel, CA 91776-3623 Sports Therapy Associates Inc; 1545 Bayshore Hwy ; Burlingame, CA 94010

NOTICE TO INJURED EMPLOYEE

All utilization review disputes will be resolved in accordance with Labor Code Section 4062.

If you disagree with the utilization review decision and wish to dispute It, you must send written notice of your objection to the claims administrator within 20 days of receipt of the utilization review decision in accordance with Labor Code section 4062. You must meet this deadline even If you are participating in the claims administrator's internal utilization review appeals process.

CORPORATE OFFICE 18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612 TELEPHONE: 949 253-3111 FACSIMILE: 949 253-3099 E-MAIL: <u>MAIL@COMPPARTNERS.COM</u> TOLL FREE 1-877-YOURHCO

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The 20-day time limit may be extended for good cause or by mutual agreement of the parties. You also have the right to file an Application for Adjudication of Claim and Request for Expedited Hearing, DWC Form 4, showing a bona fide dispute as to entitlement to medical treatment in accordance with Title 8, CCR sections 10136(b)(1), 10400, and 10408.

If you want further information, you may receive recorded information by calling 1-800-736-7401 or you may contact the local state Information and Assistance office. A list of the local office numbers are provided below.

You may also consult an attorney of your choice. Should you decide to be represented by an attorney, you may or may not receive a larger award, but, unless you are determined to be ineligible for an award, the attorney's fee will be deducted from any award you might receive for disability benefits. The decision to be represented by an attorney is yours to make, but it is voluntary and may not be necessary for you to receive your benefits.

I&A Office	Phone Numbers	
Anaheim	(714) 738-4038	
Bakersfield	(661) 395–2514	
Eureka	(707) 441–5723	
Fresno	(559) 445–5355	
Grover Beach	(805) 481-3296	
Goleta	(805) 968-4158	
Long Beach	(562) 590-5240	
Los Angeles	(213) 576-7389	
Oakland	(510) 622-2861	
Oxnard	(805) 485-3528	
Pomona	(909) 623-8568	
Redding	(530) 225-2047	
Riverside	(951) 782-4347	
Sacramento	(916) 263-2741	
Salinas	(831) 443–3058	
San Bernardino	(909) 383-4522	
San Diego	(619) 767–2082	
San Francisco	(415) 703-5020	
San Jose	(408) 277-1292	
Santa Ana	(714) 558-4597	
Santa Monica	(310) 452-1188	
Santa Rosa	(707) 576-2452	
Stockton	(209) 948–7980	
Van Nuys	(818) 901-5367	

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COMPPARTNERS



Physician Reviaw Recommendation Prepared for SCIF - Glendala

Patient Name:Rooks,CompPartners Case:SC080Requester:M. ForAdjuster:Y. NieState:CAReview:Expedit

Rooks, Floreen SC080625015 M. Forslund Y. Nielsen CA Expedited

Claim/Policy #: DOI: Request #: Case #: Date Referred: Date Completed: 05170360 11/10/07 195096 08000064020 6/25/08 6/26/08

Request # 195096: PT 3x4 left knee.

Recommendation:

Request # 195096: MODIFIED - Physical therapy four sessions for the left knee.

Gnideline/Reference Used: 1. ACOEM Guidelines do not apply. 2. Official Disability Guidelines, Treatment Index, 6th Edition, 2008 Knee - Physical Therapy.

This 59-year-old female sustained an industrial injury on November 10, 2007, when she fell while trying to get into a moving vehicle. The claimant's diagnosis is status post fourth and fifth metatarsal fractures and status post left knee arthroscopy on April 24, 2008. Provided for review was an operative report dated April 24, 2008, with a preoperative diagnosis of left knee internal derangement. The procedure performed was a left knee diagnostic and surgical arthroscopy to include partial medial and lateral meniscectomies, abrasive chondroplasty of the patellofemoral groove, medial femoral, medial tibial plateau, lateral femoral, and tibial plateau cartilage. The most current evaluation provided for review was a PR-2 conducted by the requesting physician, Tomas Saucedo, M.D., dated June 6, 2008. At that time the claimant was noted to be six weeks post arthroscopic knee surgery and was demonstrating improvement and had been attending physical therapy for the previous four weeks. The left knee examination noted diffuse mild tenderness with swelling and well healed surgical arthroscopic portals. Range of motion of the left knee was noted to be 0-100 degrees. Treatment recommendations were for continuation of an aggressive physical therapy program three times a week for four additional weeks as well as an aggressive home exercise program. As per the nurse UM summary, the claimant has received 12 sessions of physical therapy with the current request for 12 additional sessions. Following meniscal surgeries the Official Disability Guidelines support 12 visits of physical therapy over 12 weeks. In a lengthy case discussion with Dr. Saucedo, it was noted that this claimant had very complex tears of both the medial and lateral menisci and her recovery was delayed due to the complexity of the underlying pathology. In agreement with Dr. Saucedo there will be a modification for four additional sessions of physical therapy following which the claimant should be able to continue and complete her rehabilitation through an independent home exercise program,

If non-certification is secondary to lack of sufficient information, what information or test result would be required? Not applicable.

Reviewed Data:

- 1. Nurse UM Summary dated 6/25/08.
- 2. Physical Therapy Progress Report dated 6/18/08.
- 3. Orthopedic Supplemental Report/Letter dated 6/6/08, 4/17/08, 2/21/08.
- 4. Prescription Treatment dated 6/6/08.
- 5. Orthopedic Supplement Summary Report dated 6/6/08.

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6. Operative Report dated 4/24/08.

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- 7. Right Foot X-ray dated 3/20/08.
- 8. Orthopedic Re-Examination Letter dated 3/20/08.
- 9. Left Knee MRI dated 3/19/08.

Requesting Provider/Telephone #: Tomas Saucedo, M.D./626-289-0178

Provider or Designee Contact: Yes Appeal/reconsideration/disclaimer given: Yes

Date/Time: 06/25/08 11:15am PT Name: Angie G.

Content of Discussion: A case discussion ensued with Dr. Saucedo and the determination was provided and agreed upon.

Attestation of lack of conflict of interest: Yes.

This reviewer declares, under penalty of perjury, that the information contained in this report and its attachment, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, this report accurately describes the information provided to me.

Mean

Pcer Reviewer Name: Specialty: State/License #:

John R. Coon, MD General Practice CA A25456

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"forr: FAXina" To: 16263082083 Page: 2/10 Date: 1/2008 11:48:31 AM

REVIEW DETERMINATION S 86-April 15, 2008 Health care Partners Medical Group 3144 Santa Maria Avenue El Monte, CA 91733-1316 REVIEW DATE: 4/15/2008 EMPLOYEE: Floreen Rooks LOCATION: Outpatient, CLAIM 05170360 **REVIEW TYPE:** Prospective REFERENCE# 08000094192 SERVICE TYPE: Surgical Procedure DOI: 11/10/2007 District Office: Clandale District Office A Physician Advisor has reviewed this request and made the recommendation(s) listed on the attached "Physician Advisor Review". SERVICE(S) PROCEDURE DESCRIPTION FROM 70 QTY Requested: Polar Unit/Cold Therapy Unit I unit Crutches l unit 29877 - ARTHROSCOPY, KNEE, CHONDROPLASTY l unit Left Knee 29881 - ARTHROSCOPY, MENISCECTOMY Left Knee Certified: Crutches 4/15/2008 6/15/2008 1 amit 29877 - ARTHROSCOPY, KNEE, CHONDROPLASTY 1 unit Left Knee 29831 - ARTEROSCOPY, MENISCECTOMY Left Knee Not Certified: Polar Unit/Cold Therapy Unit 4/15/2008 1 unit Physician Advisor: Thomas Grogan, MD Specialty: 450 - ORTHOPEDIC SURGERY Pb#: (310) 828-5441 Hours: \$:00-4:30 M-F The Administrative Director of the State of California Division of Workers' Compensation has adopted regulations setting forth utilization review (UR) standards applicable to workers' compensation insurers and solf-insured employers. Insurers and self-insured employers may engage in a case-by-case review of the medical treatment provided injured employees in order to improve care and manage costs. BC Life and Health Insurance Company ("BC Life" is an affiliate of Blue Gross of California, "BCC") has been selected by State Compensation Insurance Fund to administer these UR services. Further, if you are a BCC Prudent Buyer or Workers' Compensation Network Provider, you are subject to the terms of your Participating Provider Agreement. BC Life used the American College of Occupational and Environmental Medicine (ACOBM) Practice Guidelines in reaching this decision. Additional guidelines may include the McKesson Care Enhanced Review Manager Guidelines. as well as Blue Cross of California Medical Policy. A copy of the relevant portion of the criteria applied in this case is sttached for your reference. Per California Labor Code 139.3, "it is unlawful for a physician to refer a person for elimical laboratory, diagnostic nuclear medicine, rediation oncology, physical therapy, physical rehabilitation, psychometric testing, home infusion P.O. Box 70022, Anaheim, CA 92825-0022 RC Use & Health Insurance Company is an Independent Licrores of the Line Closs Association. Registered Mark of the Rive Cross Association 001080905



Provider Certification Letter

VERONICA ARRIAGA

MAY 2 0 2008

SECTENDALEDOC.

Date: May 19, 2008 Auth Number: 0191182

Prescribing Physician: Thomas Saucedo MD Fax number: 626-582-7953

Claim Number: 05170360 Employee: Floreen Rooks Client: SCIF-CA UR (GLENDALE) Date of Injury: 11/10/2007

Dear Medical Provider:

The 5/9/08 request for medical treatment for Floreen Rooks was received on 5/14/08 and a decision was made on 5/19/08. The request of the following services has been reviewed in accordance with Comp Partners' Utilization Review Program:

Your request for (PT 3x4 left knee) is certified.

Approved facility:Insurer to determineUnits:12Dates of 5ervice:5/19/2008 to 7/18/2008

This notification does not guarantee acceptance of causality or compensability nor does it guarantee payment which remains the responsibility of the insurer.

If you need to discuss this certification please call me at the following telephone number: 951-244-0403 This certification is valid for 60 days from the date of this notice. Sincerely, Michele Forslund, RN / Utilization Review Nurse

cc: Claims Adjuster - Yolanda Nielsen

CORPORATE OFFICE 18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612 TELEPHONE: 949 253-3111 FACSIMILE: 949 253-3099 E-MAIL: <u>MAIL@COMPPARTNERS.COM</u> TOLL FREE 1-877-YOURHCO SCIF RECD DTE 05/05/2008 BKSCAN 11 05/05/2008 01:26 PM 026885 23 2

From: FAXminimin To: 16269062083 Page: 2/10 Date: 1/2006 11:46:31 AM

PC: (# & Hoald	REVIEW DETERMINATION				
April 15, 2008					
Healthcare Parts 3144 Santa Mari El Monte, CA 91					
REVIEW DATI			<u> </u>	<u></u>	
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CLAIM#: REFERENCE#	05170360	REVIEW TYP	=		
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DOI:	11/10/2007	District Office	: Glendele Dis	trict Office	
Advisor Review" SERVICE(S) Requested:	PROCEDURE DESCRI		FROM	70	QTY
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Not Certified: Physician Adviso Pb#: (310) 828-5 The Administrati setting forth uti employers. Insur provided injured Life" is an affilis to administer the	Crutches 29877 - ARTHROSCOPY, KNEE, CH Left Knee 29881 - ARTHROSCOPY, MENISCH Polar Unit/Cold Therapy Unit In Thomas Grogan, MD 441 the Director of the State of California I lization review (UR) atandards applic ers and self-insured employers may e employees in order to improve care and to of Blue Cross of California, "BCC") the UR services. Further, if you are a	HONDROPLASTY <u>SCTOMY Left Knee</u> Specialty: 450 - Hours: 8:00- Division of Workers' 400 vgage in a case-by-c manage costs, BC Lift has been selected by 3 BCC Prodent Buyer	4/15/2008 ORTHOPED 4:30 M-F Compensation in mpensation in see review o e and Health b State Compen- or Workers'	hes adopted a neurers and s f the medical neurence Com-	1 unit
Not Cartified: Physician Adviso Pb#: (310) 828-5 The Administrati setting forth uti cmployers. Insur provided injured Life" is an affilia to administer that Provider, you are BC Life used that reaching this dec as well as Blue C attached for your Per California La	Crutches 29877 - ARTHROSCOPY, KNEE, CH Left Knee 29881 - ARTHROSCOPY, MENISCE Polar Unit/Cold Therapy Unit Thomas Grogan, MD 441 we Director of the State of California I lization review (UR) atandards applic ers and self-insured employers may e employees in order to improve care and to of Blue Cross of California, "BCC") as UR services. Further, if you are a subject to the terms of your Participating American College of Occupational and ision. Additional guidelines may include tooss of California Medical Policy. A cop	HONDROPLASTY <u>SCTOMY Left Knee</u> Specialty: 450 - Hours: 8:00- Division of Workers' co ugage in a case-by-c manage costs, BC Lift has been selected by 3 BCC Prodent Buyer g Provider Agreement I Environmental Medi the MoKesson Care F by of the relevant porti- visician to refer a person	4/15/2008 ORTHOPED 4:30 M-F Compensation in mensation in mess review o e and Health h State Compen- or Workers' cine (ACOEM inhanced Revi ion of the crite n for elinical h	IC SURGERY hes adopted a neurers and s f the medical neurers and s f the medical neurons and s f the medical neurons and s compensation () Practice Gu ew Manager (ris applied in t aborstory, diag	1 unit 1 unit 1 unit 1 unit 1 unit 1 unit 1 unit regulations elf-insured treatment pany ("BC ance Fund a Network idelines in roidelines, this case is gnostic

VERONICA ARRIAGA

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REVIEW DETERMINATION

April 15, 2008

Healthcare Partners Medical Group 3144 Santa Maria Avenue El Monte, CA 91733-1316

REVIEW DATE: 4/15/2008

 EMPLOYEE:
 Floreen Rooks

 CLAIM#:
 05170360

 REFERENCE#:
 08000094192

 DOI:
 11/10/2007

LOCATION:	Outpatient
REVIEW TYPE:	Prospective
SERVICE TYPE	Surgical Procedure
District Office: G	endale District Office

A Physician Advisor has reviewed this request and made the recommendation(s) listed on the attached "Physician Advisor Review".

SERVICE(S)	PROCEDURE DESCRIPTION	FROM	TO	QTY
Requested:	Polar Unit/Cold Therapy Unit Crutches 29877 - ARTHROSCOPY, KNEE, CHONDROPLASTY Left Knee 29881 - ARTHROSCOPY, MENISCECTOMY Left Knee			l unit 1 unit 1 unit
Certified:	Crutches 29877 - ARTHROSCOPY, KNEE, CHONDROPLASTY Left Knee 29881 - ARTHROSCOPY, MENISCECTOMY Left Knee	4/15/2008	6/15/2008	1 unit 1 unit
Not Certified:	Polar Unit/Cold Therapy Unit	4/15/2008		1 unit

Physician Advisor: Thomas Grogan, MD Ph#: (310) 828-5441 Specialty: 450 - ORTHOPEDIC SURGERY Hours: 8:00-4:30 M-F

The Administrative Director of the State of California Division of Workers' Compensation has adopted regulations setting forth utilization review (UR) standards applicable to workers' compensation insurers and self-insured employers. Insurers and self-insured employers may engage in a case-by-case review of the medical treatment provided injured employees in order to improve care and manage costs. BC Life and Health Insurance Company ("BC Life" is an affiliate of Blue Cross of California, "BCC") has been selected by State Compensation Insurance Fund to administer these UR services. Further, if you are a BCC Prudent Buyer or Workers' Compensation Network Provider, you are subject to the terms of your Participating Provider Agreement.

BC Life used the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines in reaching this decision. Additional guidelines may include the McKesson Care Enhanced Review Manager Guidelines, as well as Blue Cross of California Medical Policy. A copy of the relevant portion of the criteria applied in this case is attached for your reference.

Per California Labor Code 139.3, "it is unlawful for a physician to refer a person for clinical laboratory, diagnostic nuclear medicine, radiation oncology, physical therapy, physical rehabilitation, psychometric testing, home infusion

P.O. Box 70022, Anaheim, CA 92825-0022

BC Life & Health In: e Company h a Independent Lic of the Blue Cro's As: into . Registered Mark of the Blue Cro's As:

therapy, outpatient surgery or diagnostic imaging goods or services whether for treatment or medical legal purposes if the physician or his or her immediate family has a financial interest with the person or in the entity that receives the referral." The prohibition shall not apply to an outpatient surgical center where the referring physician obtains a service preauthorization from the insurer or self-insured employer after disclosure of the financial relationship.

Per California Labor Code 4604.5, for injuries occurring on or after January 1, 2004, an injured worker shall be entitled to no more than 24 chiropractic and 24 physical therapy and 24 occupational therapy visits per industrial injury. This letter is not to be misconstrued as the written authorization from the insurance carrier for additional services beyond the 24 visits.

This certification is valid for 60 days. Extension or changes in the treatment plan will require additional certifications. This certification is based on the information provided, and is of medical necessity only and is not a guarantee that payment will be made. Payments are based on the employee's injury being accepted as a compensable claim. Payment could also be limited for a number of other reasons (For example: if the information submitted with your claim differs from that given by phone, or if the employer or Workers' Compensation Carrier determines that the condition is not payable.)

If this Injured Worker is in a Medical Provider Network (MPN), medical treatment for the Injured Worker may be required to be provided by a MPN provider. For further information, you may contact the Division of Workers' Compensation website at <u>www.ca.gov</u>, or the claims administrator.

PROVIDER APPEALS

You may telephone the undersigned within ten (10) business days to initiate an expedited appeal; or you may submit within thirty (30) days a letter in writing requesting a standard appeal and submit pertinent clinical information in support of your request, which will be reviewed by another Physician Advisor.

All correspondence regarding this certification should be addressed to the attention of the Nurse Case Manager listed below.

Pebbles Draper, RN Nurse Case Manager (866) 459-0723

OFFICE HOURS: MON-FRI 8:00-5:30

CC:

Yolanda Nielsen, CE (electronically) URC, (electronically)

Attachments Physician Advisor Review Criteria: BC Policy # MED.00066

P.O. Box 70022, Anaheim, CA 92825-0022 BC Life & Health Ins e Company is a Independent Lic of the Blue Cross As: intio Registered Mark of the Blue Cross As:

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REVIEW DETERMINATION

April 15, 2008

Floreen Rooks 1315 S Gladys Avenue San Gabriel, CA 91776

REVIEW DATE: 4/15/2008

 EMPLOYEE:
 Floreen Rooks

 CLAIM#:
 05170360

 REFERENCE#:
 08000094192

 DOI:
 11/10/2007

LOCATION: Outpatient REVIEW TYPE: Prospective SERVICE TYPE: Surgical Procedure

District Office: Glendale District Office

A Physician advisor has reviewed this request and made the recommendation(s) listed on the attached "Physician Advisor Review"

SERVICE(S)	PROCEDURE DESCRIPTION	FROM	ТО	QTY
Requested:	Polar Unit/Cold Therapy Unit			l unit
-	Crutches			1 unit
	29877 - ARTHROSCOPY, KNEE, CHONDROPLASTY			1 unit
	Left Knee	•		
	29881 - ARTHROSCOPY, MENISCECTOMY Left Knee			
Certified:	Crutches	4/15/2008	6/15/2008	1 unit
	29877 - ARTHROSCOPY, KNEE, CHONDROPLASTY		1	1 unit
	Left Knee		1	
	29881 - ARTHROSCOPY, MENISCECTOMY Left Knee			
Not Certified:	Polar Unit/Cold Therapy Unit	4/15/2008	1	1 unit

The Administrative Director of the State of California Division of Workers' Compensation has adopted regulations setting forth utilization review (UR) standards applicable to workers' compensation insurers and self-insured employers, Insurers and self-insured employers may engage in a case-by- case review of the medical treatment provided injured employees in order to improve care and manage costs. BC Life and Health Insurance Company ("BC Life" is an affiliate of Blue Cross of California, "BCC") has been selected by State Compensation Insurance Fund to administer these UR services.

BC Life used the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines in reaching this decision. Additional guidelines may include the McKesson Care Enhanced Review Manager Guidelines, as well as Blue Cross of California Medical Policy. A copy of the relevant portion of the criteria applied in this case is attached for your reference.

Per California Labor Code 139.3, "it is unlawful for a physician to refer a person for clinical laboratory, diagnostic nuclear medicine, radiation oncology, physical therapy, physical rehabilitation, psychometric testing, home infusion therapy, outpatient surgery or diagnostic imaging goods or services whether for treatment or medical legal purposes if the physician or his or her immediate family has a financial interest with the person or in the entity that receives the referral." The prohibition shall not apply to an outpatient surgical center where the referring physician obtains a service preauthorization from the insurer or self-insured employer after disclosure of the financial relationship.

P.O. Box 70022, Anaheim, CA 92825-0022 BC Life & Health Im a Company II in Independent Lic of the Blue Cro's As: lattic Registered Mark of the Blue Cro's As: Per California Labor Code 4604.5, for injuries occurring on or after January 1, 2004, an injured worker shall be entitled to no more than 24 chiropractic and 24 physical therapy and 24 occupational therapy visits per industrial injury. This letter is not to be misconstrued as the written authorization from the insurance carrier for additional services beyond the 24 visits.

This certification is valid for 60 days. Extension or changes in the treatment plan will require additional certifications. This certification is based on the information provided, and is of medical necessity only and is not a guarantee that payment will be made. Payments are based on the employee's injury being accepted as a compensable claim. Payment could also be limited for a number of other reasons (For example, if the information submitted with your claim differs from that given by phone, or if the employer or Workers' Compensation Carrier determines that, the condition is not payable.)

PROVIDER APPEALS INFORMATION

The provider may telephone the undersigned within ten (10) business days to initiate an expedited appeal, or may submit within thirty (30) days a letter in writing requesting a standard appeal and submit pertinent clinical information in support of the request, which will be reviewed by another Physician Advisor.

INJURED WORKER INFORMATION

Any dispute with this determination shall be resolved in accordance with the provisions of Labor Code 4062. If you disagree with the utilization review decision and wish to dispute it, you must send written notice of your objection to the claims administrator within 20 days of the utilization review decision in accordance with Labor Code 4062. You must meet this deadline even if you are participating in the claims administrator's internal review appeal process. The 20-day time limit may be extended for good cause or by mutual agreement of the parties.

You may also file an Application for Adjudication of Claims and Request for Expedited Hearing, DWC Form 4. showing a bona fide dispute as to entitlement to medical treatment in accordance with sections 10136(b)(1), 10400, and 10408.

If you want further information, you may contact the local state Information and Assistance office by calling the Information and Assistance office closest to you. (See below), or you may receive recorded information by calling 1-800-736-7401.

You may also consult an attorney of your choice. Should you decide to be represented by an attorney, you may or may not receive a larger award, but, unless you are determined to be ineligible for an award, the attorney's fees will be deducted from any award you might receive for disability benefits. The decision to be represented by an attorney is yours to make, but it is voluntary and may not be necessary for you to receive your benefits.

Pebbles Draper, RN Medical Manager Lead (866) 459-0723

OFFICE HOURS: MON-FRI 8:00-5:30

Attachments

Physician Advisor Review Criteria: BC Policy # MED.00066

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Anaheim 92801-1162	Riverside 92501-3337	Santa Ana 92701-4033
1661 N. Raymond Avenue	3737 Main Street	28 Civic Center Plaza
Room 202	Suite 300	Suite 451
(714) 738-4000	(951) 782-4269	(714) 558-4121
Bakersfield 93301-1929	Sacramento 95825-2403	San Jose 95113
180 0 30th Street	2424 Arden Way	100 Paseo de San Antonio
Suite 100	Suite 230	Room 241
(661) 395-2723	(916) 263-2735	(408) 277-1246
Eureka 95501-0481	Salinas 93906-2204	Santa Rosa 95404-4771
100 "H" Street	1880 North Main Street	50 "D" Street
Suite 202	Suite 100 & 200	Suite 420
(707) 445-6518	(831) 443-3060	(707) 576-2391
Fresno 93721-2280 2550 Mariposa Street Suite 4078 (559) 445-5051	Pomona 91768-2653 732 Corporate Center Drive (909) 623-4301	Stockton 95202-2314 31 East Channel Street Room 344 (209) 948-7759
Goleta 93117-5551	Redding 96001-2740	Van Nuys 91401-3370
6755 Hollister Avenue	2115 Civic Center Drive	6150 Vao Nuys Blvd.
Suite 100	Suite 15	Suite 105
(805) 968-0258	(530) 225-2845	(818) 901-5367 x3501
Grover Beach 93433-2261 1562 W. Grand Avenne (805) 481-4912	San Bernardino 92401-1411 464 W. Fourth Street Suite 239 (909) 383-4341	San Diego 92108-4424 7575 Metropolitan Drive Suite 202 (619) 767-2083
Long Beach 90802-4304 300 Oceangate Street Suite 200 (562) 590-5001	Sau Francisco 94102-7014 455 Golden Gate Avenue 2nd Floor (415) 703-5011	Oakland 94612-1402 1515 Clay Street, 6th floor (510) 622-2866
Los Angeles 90013-2329	Marina del Rey 90292	Oxnard 93036-8293
320 W. 4th Street	4720 Lincoln Blvd	220 E Gonzales Road
9th floor	2 nd Floor	Suite 100
(213) 576-7335	(310) 482-3820	(805) 485-3528

INFORMATION & ASSISTANCE UNIT -- DISTRICT OFFICES

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APR 15 2008

PHYSICIAN ADVISOR:Thomas Grogan, MDPATIENT:Rooks, FlorineCLAIM NUMBER:5170360CASE NUMBER:8000094192DATE OF DICTATION:04/14/08NURSE:Pebbles Draper, R.N.

REASON FOR REFERRAL: Evaluate the necessity of polar care unit following surgery.

SUMMARY OF REVIEW: I spoke to Jamie in the office of Dr. Tomas L. Saucedo at 626-588-1990. Dr. Saucedo will not be in the office until the 16th. I explained to Jamie that we do not approve the polar care unit and will recommend use of conventional cold application. She understands and will inform Dr. Saucedo.

SPECIFIC RECOMMENDATION: Do not approve the polar care unit per the MED policy 00066. Alternatively, the patient should be using conventional means of cold application.

Board Certification: Fellowship Trained Orthopedic License Number: G45906

DISCLOSURE: I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I 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. Further, I have not violated the provisions of Labor Code Section 139.3.

TG/smy/rmc D: 04/14/08 T: 04/15/08

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			VERONICA ARRIAGA
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×		Medical Policy	,
Subject: Cooling Devices in	the Outpatient Setting		
Policy #: MED.00066	Current Effective Date:	11/13/2006	
Status: Reviewed	Last Review Date:	ם 09/14/2006	
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Description/Scope

Continuous cooling devices can be broadly subdivided into those providing passive cold therapy and those providing active cold therapy using a mechanical device. The policy addresses both passive and active cooling devices.

Policy Statement

Not Medically Necessary:

The use of active or passive cooling devices is considered not medically necessary in the postoperative care of patients undergoing musculoskeletal surgery.

Investigational/Not Medically Necessary:

Other applications of passive cooling devices, including but not limited to their use for nonoperative musculoskeletal injuries, are considered investigational/not medically necessary.

The use of active cooling devices with additional pneumatic compression is considered investigational/not medically necessary, for all indications, including, but not limited to, the post operative care of patients.

Rationale

The standard postoperative treatment of musculoskeletal surgeries consists of icepacks and various types of compressive wraps. Therefore, to document the medical necessity of passive cooling devices, randomized controlled trials are required that demonstrate that passive cooling devices provide a greater likelihood of benefit compared to conventional ice packs when used in the outpatient setting. Both the ice packs and the passive cooling devices are essentially designed to provide cold therapy, with the primary difference being that water recirculation is more convenient with passive cooling devices. Therefore, to document a benefit beyond convenience, the trial design must control the number of exchanges of ice bags and episodes of water recirculation. In contrast, active cooling devices are designed to provide a steady low temperature, which might provide a unique benefit compared to the more variable temperature achieved with ice packs or passive cooling devices. Benefit is typically focused on pain control and swelling. The discussion below focuses only on randomized studies.

Passive Cooling Devices

Schroder and Passler compared the CryoCuff@ device to traditional ice therapy in 44 inpatients that had undergone repair of the anterior cruciate ligament (ACL) (Schroder, 1994). Those receiving ice therapy received an ice bag three times per day postoperatively, while the CryoCuff group used the device. While those randomized to the CryoCuff group reported significant decreases in pain, swelling and analgesic use, it was not reported how frequently the cold water was recirculated in the device. Additionally, the inpatient setting is not relevant to this policy, particularly since in this German study, patients were hospitalized for 14 days. Whitelaw and colleagues reported on the results of a trial that randomized 102 patients undergoing knee arthroscopy in the outpatient setting to receive either a CryoCuff device or traditional ice therapy (Whitelaw, 1995). The number of exchanges of ice packs and water recirculation was not reported. There was no significant difference in average pain assessment, while those in the CryoCuff group reported decreased pain medication compared to the control group. Healy and colleagues reported that the CryoCuff device provided no benefit to pain control or swelling compared to ice packs in a randomized trial of 76 patients (105 knees) undergoing total knee arthroplasty (Healy, 1994). No data was provided on the number of ice pack exchanges, although the water was recirculated in the CryoCuff device every one

Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Medical Policy, which addresses medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

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Physician Review Recommendation Prepared for SCIF - Glendale

Patient Name:	Rooks, Floreen	Claim/Policy #:	05170360
CompPartners Case:	SC080222015	DOI:	11/10/07
Requester: Adjuster:	J. Moosmann Y. Nielsen	Request #	0179808
State:	CA	Date Referred:	2/28/08
Review:	Reconsideration	Date Completed:	2/29/08

Reason for Referral: Determine the medical necessity for: Request #0179808 - MRI of the left knee.

Recommendation: CERTIFIED -

Request #0179808 - MRI of the left knee.

This recommendation is based on medical necessity; it does not guarantee payment or acceptance of additional body parts or injuries into this claim.

Guideline/Reference Used: American College of Occupational and Environmental Medicine (ACOEM),

Occupational Medical Practice Guidelines, Second Edition, Chapter 13, Page 348-350. "MRI indicated when:

1. Significant inability to bear weight or ambulate greater than 4-6 weeks.

2. Presence of locking or catching of the knee.

3. Objective evidence of ligamental injury on physical exam.'

Rationale: The patient is a 58-year-old female with the date of injury of November 10, 2007. The mechanism of injury was a fall on gravel, with a resultant fracture of the foot. The diagnoses were fractured fourth and fifth metatarsals, degenerative narrowing of the ankle mortise, and mild osteoarthritis of left knee. The patient was diagnosed with a sprain at the Kaiser Emergency Room. The patient was given a Cam Walker and a knee immobilizer for the left knee. The patient was seen on November 10, 2007, with the note not indicating the treating physician. The patient complaining of mild discomfort in left ankle, left knee, but there was significant right foot discomfort. The patient had a prior history of left ankle fracture that was treated operatively in 1992. On that date, physical examination noted impaired weight bearing secondary to pain and altered gait secondary to pain. The patient was ambulating with the aid of a Cam Walker. The left ankle noted an old healed surgical scar, trace tenderness, and edema acutely. The left knee noted valgus tenderness anteriorly with trace edema. Full flexion was noted but painful. The patient was to be referred to an orthopedic surgeon. Dr. Saucedo then noted a plan of treatment for this patient and on December 20, 2007, the fourth and fifth metatarsals fractures were noted to be healing in an overall good position. The patient was recommended to continue off work and was to continue using the CAM walker. A knee immobilizer was provided for the left knee, and the patient was to weight bear as tolerated with assistive devices. The January 17, 2008, report by Dr. Saucedo noted the patient complained of pain, especially in the left knee with swelling and effusion and difficulty squatting, kneeling, and climbing. The patient's physical examination noted tenderness to the dorsal aspect of the fourth and fifth metatarsals, minimal swelling was noted, motor and sensory function were intact. Left knee examination noted swelling and medial joint line tenderness. Range of motion was 0 to 110 degrees, with no evidence of pain and

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> > JANET PATTERSON MAR 0 3 2008

discomfort, a positive McMurray, and a positive Apley's sign. He felt the fractures of the foot were healing quite well. The patient was to continue conservative measures with the Cam Walker for weeks. The patient was to return in four weeks. An MRI was felt to be indicated and was ordered. On February 21, 2008, a PR-2 by Dr. Saucedo indicated continued medial joint line tenderness with effusion, positive grind, Apley, and McMurray tests. The MRI was again recommended. The patient had greater than four to six weeks since the injury with ongoing positive physical findings of effusion, positive McMurray, positive Apley, and positive grind test, all indicative of a probable internal derangement. The patient had been treated with a knee immobilizer, and therefore, at this time, this reviewer does feel that in line with the ACOEM Guidelines, the patient does have objective findings of internal derangement, and the MRI is indicated since there was difficulty bearing weight at greater than four to six weeks.

If non-certification is secondary to lack of sufficient information, what information, or test result would be required? See above rationale.

Reviewed Data:

- I. Nurse UM Summary dated 2/28/08.
- 2. Orthopedic Supplemental Report/Letter dated 2/21/08, 12/20/07, 1/17/08
- 3. CompPartners Peer Reviewer Final Report dated 2/11/08.
- 4. Right Foot X-Rays dated 1/17/08, 12/20/07, 11/20/07.
- 5. Referral Slip dated 1/17/08.
- 6. PR-1 dated 11/20/07.

Requesting Provider/Telephone #: Thomas Saucedo, M.D./626-582-7989

Provider or Designee Contact: No.

Appeal/reconsideratinn/disclaimer given: Yes.

Time/Date: 2:44 p.m. CT/February 28, 2008 Name: Anna G. Content of discussion: Anna G. indicated the physician was not available. The determination, disclaimer, and appeals were given.

Attestation of lack of conflict of interest: Yes.

This reviewer declares, under penalty of perjury, that the information contained in this report and its attachment, if any, is true and correct to the best of my knowledge and belief, except as to information that 1 have indicated I received from others. As to that information, this report accurately describes the information provided to me.

Peer Reviewer Name: Specialty: State/License #: Glenn Smith, DO Orthopedic Surgery OK 1667 TX E3458 CA 20A9245

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REVISED' DATES

COMPPARTNERS

Provider Certification Letter(Reconsideration)

Date: March 03, 2008 Auth Number: 0179808

Prescribing Physician: SAUCEDO, TOMAS, MD Fax number: 310-792-1207 Claim Number: 05170360 Employee: Floreen Rooks Client: SCIF-CA UR (GLENDALE) Date of Injury: 11/10/2007

Dear Medical Provider:

The 02/25/08 reconsideration request for medical treatment for Floreen Rooks was received on 2/25/2008and a decision was made on 2/29/2008. The request of the following services has been reviewed in accordance with Comp Partners' Utilization Review Program:

Your reconsideration request for an MRi of the left knee, is CERTIFIED, by Peer Reviewer Glenn Smith, DO.

Approved facility:insurer To DetermineUnits:1Dates of Service:2/25/2008 to 4/25/2008

This notification does not guarantee acceptance of causality or compensability nor does it guarantee payment which remains the responsibility of the insurer.

If you need to discuss this certification please call me at the following telephone number: (949) 253-3111 Ext 2846

This certification is valid for 60 days from the date of this notice.

Sincerely,

Judith Moosmann, RN / Utilization Review Nurse

JM.RN/eh

cc: Claims Adjuster - Yolanda Nielsen

CORPORATE OFFICE 18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612 TELEPHONE: 949 253-3111 FACSIMILE: 949 253-3099 E-MAIL: <u>MAIL@COMPPARTNERS.COM</u> TOLL FREE 1-877-YOURHCO

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DATE: 2125108	
TO: UP Del	FROM: Una Gomez
	PHONE (626) 582-7950
FAX #: 818.550	6707 FAX #: (626)582-7928
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Provider Notification Letter

Request for Auth #:0179808 Date: February 12, 2008

Prescribing physician: THOMAS SAUCEDO Fax number: 310-792-1207 Client: SCIF-CA UR (GLENDALE) Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007

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Dear Medical Provider:

The 01/17/08 request for medical treatment for Floreen Rooks was received on 2/5/2008 and a decision was made on 2/8/2008. The request of the following services has been reviewed in accordance with Comp Partners' Utilization Review Program: an MRI of the left knee.

All available documentation has been reviewed. In an attempt to obtain additional relevant information:

Nurse attempted to contact your office on 02/08/08
 A request for information letter was _____ sent to you on /NA
 The physician reviewer attempted to contact you on 02/08/08 and the attempt was successful _____

Our Physician Reviewer, David Poder, DO, has denied the request for authorization of the following service(s)/item(s): an MRI of the left knee. Attached is our Physician Reviewer's explanation of the reason(s) for the denial, which includes the criteria or guidelines used in the decision and the clinical reason(s) regarding medical necessity.

Disclaimer: Denial or non-certification for all or part of the requested intervention is in no way intended to absolve the provider from his or her duty to adhere to any applicable practice standards. Medical necessity determinations are based on available

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JANET PATTERSON

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information. You are entitled to a voluntary secondary review if the following box is checked: \boxtimes

The request for a secondary review must be submitted by the requesting physician and should be prominently identified as a "UR Appeal" at the top of the page and include a copy of the specific UR decision which you are appealing. In order for an appeal to be considered for review, the requesting physician must outline his or her reason for the appeal citing sources from a nationally recognized, evidence based medical treatment guideline, and/or giving the clinical reasons this specific patient's medical condition warrants care that falls outside of the ACOEM or other evidence based guidelines cited by this reviewer. Appeals received from parties other than the requesting physician, or appeals without such substantial supporting information, will not be considered.

To appeal this medical decision, the requesting physician must submit in writing to the assigned Utilization Review Nurse on this claim by mail or fax @ (866) 724-3738 within 10 days. The appeal will be reviewed in accordance with State Fund's internal Utilization Review Appeals process. Participation in this process is entirely on a voluntary basis. If you wish to speak to the Physician Reviewer directly, please contact (949) 253-3111 between the hours of 8am-5pm PST so we may facilitate contact with the Physician Reviewer.

The payment decision for the proposed treatment will be made by the insurer or third party administrator, whichever is applicable.

PLEASE NOTE THE ABOVE CLAIM NUMBER ON ALL CORRESPONDENCE OR BILLING.

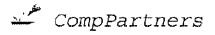
Sincerely,

Judith Moosmann, RN/Utilization Review Nurse JM,RN/eh PHONE # (949) 253-3111 Ext 2846 Enc: Physician Peer Review Report

Request for Information Letter (if applicable)

cc: Yolanda Nielsen, Claims Examiner Floreen Rooks; 1315 S. Gladys Ave. ; San Gabriel, CA 91776~3623 CORPORATE OFFICE 18881 VON KARMAN AVENUE, SUITE 390, IRVINE, CA 92612 TELEPHONE: 949 253-3111 FACSIMILE: 949 253-3099 E-MAIL: MAIL@COMPPARTNERS.COM TOLL FREE 1-877-YOURHCO

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NOTICE TO INJURED EMPLOYEE

All utilization review disputes will be resolved in accordance with Labor Code Section 4062.

If you disagree with the utilization review decision and wish to dispute it, you must send written notice of your objection to the claims administrator within 20 days of receipt of the utilization review decision in accordance with Labor Code section 4062. You must meet this deadline even if you are participating in the claims administrator's internal utilization review appeals process.

The 20-day time limit may be extended for good cause or by mutual agreement of the parties. You also have the right to file an Application for Adjudication of Claim and Request for Expedited Hearing, DWC Form 4, showing a bona fide dispute as to entitlement to medical treatment in accordance with Title 8, CCR sections 10136(b)(1), 10400, and 10408.

If you want further information, you may receive recorded information by calling 1-800-736-7401 or you may contact the local state information and Assistance office. A list of the local office numbers are provided below.

You may also consult an attorney of your choice. Should you decide to be represented by an attorney, you may or may not receive a larger award, but, unless you are determined to be ineligible for an award, the attorney's fee will be deducted from any award you might receive for disability benefits. The decision to be represented by an attorney is yours to make, but it is voluntary and may not be necessary for you to receive your benefits.

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I&A Office	Phone Numbers
Anaheim	(714) 73 8 –4038
8akersfield	(661) 395-2514
Eureka	(707) 441-5723
Fresno	(559) 445-5355
Grover Beach	(805) 481-3296
Goleta	(805) 968-4158
Long Beach	(562) 590-5240
Los Angeles	(213) 5 76-73 8 9
Oakland	(510) 622-2861
Oxnard	(805) 485-3528
Pomona	(909) 623- 8 568
Redding	(530) 225-2047
Riverside	(951) 782-4347
5acramento	(916) 263-2741
5alinas	(831) 443-3058
San 8ernardino	(909) 383-4522
San Diego	(619) 767–2082
San Francisco	(415) 703-5020
San Jose	(408) 277-1292
Santa Ana	(714) 558–4597
Santa Monica	(310) 452-1188
Santa Rosa	(707) 576-2452
Stockton	(209) 948-7980
Van Nuys	(818) 901-5367

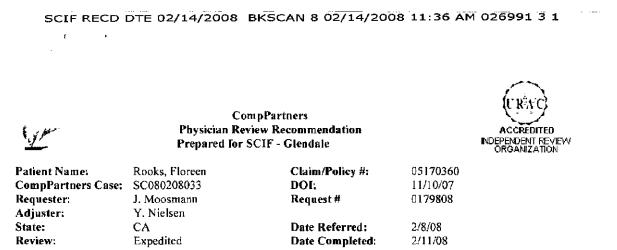
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CORPORATE OFFICE 18881 VON KARMAN AVENUE, SUITE 390, IRVINE, CA 92612 TELEPHONE: 949 253-3111 FACSIMILE: 949 253-3099 E-MAIL: <u>MAIL@COMPPARTNERS.COM</u> TOLL FREE 1-877-YOURHOO

SCI000068



Reason for Referral: Determine the medical necessity of:

1. Request #0179808 - MRI of the left knee.

Recommendation: NON-CERTIFIED:

1. Request #0179808 – MRI of the left knee.

Guideline/Reference Used: ACOEM Guidelines, 2nd Edition, Chapter 13.

Rationale: The patient is a 58-year-old female who fell onto the ground after fracturing her right foot on November 10. 2007. The diagnoses are status post fractures of fourth and fifth metatarsal of the right foot and left knee sprain. A doctor's first report of occupational illness or injury, dated November 20, 2007, indicated that this patient had a right foot fracture and a left knee contusion. X-rays of the right foot revealed a fracture involving the fourth and fifth metatarsal bone. Examination of the left knee revealed full flexion with pain and trace edema. X-rays of the knee in three view showed mild degenerative changes. No joint effusion was seen. On December 20, 2007, Dr. Saucedo saw this patient who stated that he had some pain and discomfort in her left knee, but had improved subjectively since her previous visit. On physical examination of the left knee; there was only mild tenderness, no swelling, no spasm, and no gross effusion noted. There was also no laxity. However, on January 17, 2008, approximately one month later, a PR-2 report from Dr. Saucedo indicated that now the patient had notable swelling in her left knee. There was small amount of effusion, medial joint tenderness. Flexion of the knee was from 0-110 degrees with no reducible pain and discomfort. McMurray's and Apley's signs were both positive. There therefore appeared to be a great deal of discrepancy between these two reports. A case discussion with Dr. Saucedo was unsuccessful, and it was unclear if this patient has had any conservative management to the left knee. According to the ACOEM Guidelines, 2nd Edition, Chapter 13; an MRI is indicated when there is a significant inability to bear weight or ambulate greater than 4-6 weeks, the presence of locking or catching of the knee, objective evidence of ligament injury on physical examination. From reviewing this medical record, it does not appear that the patient had met any of these criteria, and without a case discussion with Dr. Saucedo to discuss the discrepancy in his report, this reviewer will have to non-certify this request, which is not supported by the ACOEM Guidelines in any event.

If non-certification is secondary to lack of sufficient information, what information, or test result would be required? NA

Reviewed Data:

- 1. Nurse UM Summary dated 2/8/08.
- 2. Orthopedic Supplemental Report Letter dated 1/17/08, 12/20/07.
- 3. Referral Slip dated 1/17/08.
- 4. Right Foot X-Ray dated 1/17/08, 12/20/07, 11/20/07.
- 5. PR-1 dated 11/20/07.

JANET PATTERSON FEB 13¹ 2008

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Requesting Provider/Telephone #: Thomas Saucedo, M.D./626-582-7989 Provider or Designee Contact: Yes. Appeal/reconsideration/disclaimer given: Yes.

 Time/Date: 4:00 pm PT / 2/8/08
 Name: Voicemail of Dr. Saucedo's office

 Content of discussion: The final determination and appeal were given to the voicemail of Dr. Saucedo's office.

Attestation of lack of conflict of interest: Yes.

This reviewer declares, under penalty of perjury, that the information contained in this report and its attachment, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, this report accurately describes the information provided to me.

Down J. Pach Do

Peer Reviewer Name: Specialty: State/License #: David Poder, DO General Practice CA 20A4153 00001

TCN 0/0

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V CompPartners

Provider Notification Letter

Request for Auth #:0179808 Date: February 12, 2008

Prescribing physician: THOMAS SAUCEDO Fax number: 310-792-1207 Client: SCIF-CA UR (GLENDALE) Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007

Dear Medical Provider:

The 01/17/08 request for medical treatment for Floreen Rooks was received on 2/5/2008 and a decision was made on 2/8/2008. The request of the following services has been reviewed in accordance with Comp Partners' Utilization Review Program: an MRI of the left knee.

All available documentation has been reviewed. In an attempt to obtain additional relevant information:

Nurse attempted to contact your office on 02/08/08
 A request for information letter was _____ sent to you on /NA
 The physician reviewer attempted to contact you on 02/08/08 and the attempt was successful _____ or not successful _____

Our Physician Reviewer, David Poder, DO, has denied the request for authorization of the following service(s)/item(s): an MRI of the left knee. Attached is our Physician Reviewer's explanation of the reason(s) for the denial, which includes the criteria or guidelines used in the decision and the clinical reason(s) regarding medical necessity.

Disclaimer: Denial or non-certification for all or part of the requested intervention is in no way intended to absolve the provider from his or her duty to adhere to any applicable practice standards. Medical necessity determinations are based on available

> CORPORATE OFFICE 18881 VON KARMAN AVENUE, SUITE 390, IRVINE, CA 92612 TELEPHONE: 949 253-3111 FACSIMILE: 949 253-3099 E-MAIL: MAIL@COMPPARTNERS.COM TOLL FREE 1-877-YOURHCO

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JANET PATTERSON

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CompPartners

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information. You are entitled to a voluntary secondary review if the following box is checked: \boxtimes

The request for a secondary review must be submitted by the requesting physician and should be prominently identified as a "UR Appeal" at the top of the page and include a copy of the specific UR decision which you are appealing. In order for an appeal to be considered for review, the requesting physician must outline his or her reason for the appeal citing sources from a nationally recognized, evidence based medical treatment guideline, and/or giving the clinical reasons this specific patient's medical condition warrants care that falls outside of the ACOEM or other evidence based guidelines cited by this reviewer. Appeals received from parties other than the requesting physician, or appeals without such substantial supporting information, will not be considered.

To appeal this medical decision, the requesting physician must submit in writing to the assigned Utilization Review Nurse on this claim by mail or fax @ (866) 724-3738 within 10 days. The appeal will be reviewed in accordance with State Fund's internal Utilization Review Appeals process. Participation in this process is entirely on a voluntary basis. If you wish to speak to the Physician Reviewer directly, please contact (949) 253-3111 between the hours of 8am-Spm PST so we may facilitate contact with the Physician Reviewer.

The payment decision for the proposed treatment will be made by the insurer or third party administrator, whichever is applicable.

PLEASE NOTE THE ABOVE CLAIM NUMBER ON ALL CORRESPONDENCE OR BILLING.

Sincerely,

Judith Moosmann, RN/Utilization Review Nurse JM,RN/eh PHONE # (949) 253-3111 Ext 2846 Enc: Physician Peer Review Report Request for Information Letter (if applicable)

cc: Yolanda Nielsen, Claims Examiner Floreen Rooks; 1315 S. Gladys Ave. ; San Gabriel, CA 91776-3623 CORPORATE OFFICE 18881 VON KARMAN AVENUE, SUITE 390, IRVINE, CA 92612 TELEPHONE: 949 253-3111 FACSIMILE: 949 253-3099 E-MAIL: <u>MAIL@COMPPARTNERS.COM</u> TOLL FREE 1-877-YOURHCO



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NOTICE TO INJURED EMPLOYEE

All utilization review disputes will be resolved in accordance with Labor Code Section 4062.

If you disagree with the utilization review decision and wish to dispute it, you must send written notice of your objection to the claims administrator within 20 days of receipt of the utilization review decision in accordance with Labor Code section 4062. You must meet this deadline even if you are participating in the claims administrator's internal utilization review appeals process.

The 20-day time limit may be extended for good cause or by mutual agreement of the parties. You also have the right to file an Application for Adjudication of Claim and Request for Expedited Hearing, DWC Form 4, showing a bona fide dispute as to entitlement to medical treatment in accordance with Title 8, CCR sections 10136(b)(1), 10400, and 10408.

If you want further information, you may receive recorded information by calling 1-800-736-7401 or you may contact the local state information and Assistance office. A list of the local office numbers are provided below.

You may also consult an attorney of your choice. Should you decide to be represented by an attorney, you may or may not receive a larger award, but, unless you are determined to be ineligible for an award, the attorney's fee will be deducted from any award you might receive for disability benefits. The decision to be represented by an attorney is yours to make, but it is voluntary and may not be necessary for you to receive your benefits.

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I&A Office	Phone Numbers
Anaheim	(714) 738-4038
8akersfield	(661) 395-2514
Eureka	(707) 441-5723
Fresno	(559) 445-5355
Grover 8each	(805) 481-3296
Goleta	(805) 968-4158
Long Beach	(562) 590-5240
Los Angeles	(213) 576-7389
Oakland	(510) 622-2861
Oxnard	(805) 485-3528
Pomona	(909) 623-8568
Redding	(530) 225-2047
Riverside	(951) 782-4347
Sacramento	(916) 263-2741
Salinas	(831) 443-3058
San Bernardino	(909) 383-4522
San Diego	(619) 767-2082
San Francisco	(415) 703-5020
San Jose	(408) 277-1292
Santa Ana	(714) 558-4597
Santa Monica	(310) 452-1188
Santa Rosa	(707) 576-2452
Stockton	(209) 948-7980
Van Nuys	(818) 901-5367

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CORPORATE OFFICE 18881 VON KARMAN AVENUE, SUITE 390, IRVINE, CA 92612 TELEPHONE: 949 253-3111 FACSIMILE: 949 253-3099 E-MAIL: <u>MAIL@COMPPARTNERS.COM</u> TOLL FREE 1-877-YOURHCO FAX NO. :6262968911

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State of California	Estado de Californ
Department of Industrial Relations	Departamento de Relaciones Industriale
DIVISION OF WORKERS' COMPENSATION	DIVISION DE COMPENSACIÓN AL TRABAJADO
WORKERS' COMPENSATION CLAIM FORM (DWC 1)	DETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)
Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporar Recelpt" until you receive the signed and dated copy from you employer. You may call the Division of Workers' Compensation an- near recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of the form.	y a su empleador. Quédese con la copia designada " Recibo Temp ar rai del Empleado " hasta que Ud. reciba la copia firmada y fecha d de su empleador. Ud. puede ilamar a la Division de Compensaci of al Trabajador al (800) 736-7401 para oir información gravada. I
You should also have received a pamphlet from your employe describing workers' compensation benefits and the procedures to obtain them.	er Ud. también debería haber recibido de su empleador un folle o describiendo los beneficios de compensación al trabajador lesionad y los procedimientos para obtenerlos.
Any person who makes or causes to be made any knowingly	Toda aquella persona que a propósito haga o causo quo
false or traudulent material statement or matorial representation	se produzoa cualquier declaración o representación ma- terial falsa o fraudulenta con el fin de obtoner o negar
for the purpose of obtaining or denying workers' componsation benefits or payments is guilty of a felony.	beneficios o pagos de compensación a trabajadores
benefits of payments is going of a terriny.	lesionados es cuipable de un crimen mayor "felonia".
	pleado - complete esta sección y note la nolación arriba.
1. Name. Nombre. FLOREEN BOOKS	Today's Date. Fecha de Hoy 11 16 07
2. Home Address. Dirección Residencial. B15 S. Gladys	Asre.
s. City. Ciudad San Gabriel	State Estado, CA Zip. Código Postal 91776
4. Date of Injury. Fecha de la lesión (accidente). 11 10 07	Time of injury. Hora en que ocurrio
5. Address and description of where injury happened. Dirección/lugar dón	ade occuritó el accidente INVVV occurad # 335 E.
Altadena Drive, Altadena, og g1001 while T	xicking up a client.
6. Describe Injury and part of body affected. Describe la lesión y parte del	
fractured right foot to prevent rolling c	
7. Social Security Number. Número de Seguro Social der Empleado.	mla
Employer - complete this section and see note below. Emp	pleador - complete esta sección y note la notación abajo.
9. Name of employer. Nombre del empleador.	·/
10. Address. Dirección. 1845 N. Frid Ork	c la - Sur 2600 - Builder
11. Date employer first knew of injury. Fecha en que el empleador supo po	or primera vez de la lesión o accidente. $11 - 13 - 84^{25}$
12. Date claim form was provided to employee. Fecha en que se le entrego	
13. Date employer received claim form. Fecha en que el empleado devolv	
14. Name and address of insurance carrier or adjusting agency. Nombre y	
de seguros. State Compensation Insurance Fund	allendon de la competitie de seguros o agencia administratoria
-	
15. Insurance Policy Number. El número de la póliza de Seguro.	
16. Signature of employer representative. Firma del representante del emp	
	ione. Telétono <u>626-296</u> -8980
Employer: You are required to date this form and provide copies to your insure or claims administrator and to the employee, dependent or representative wh filed the claim within <u>ona working day</u> of receipt of the torm from the employee	 a su compania de seguros, administrator de rectarins, o dependien representante de reclamos y al empleado que hayan presentado e petición dentro del plazo de <u>un día trábil</u> desde el momento de haber s recibida la forma del empleado.
SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY	EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION OE RESPONSABILIDA
SIGNING THIS FORM IS NOT AN ADDITION OF	
🗌 Employee copyl Copia del Empleador 👘 Employee copyl Copia del Empleado 🛛 🔛	Cialmo Administratorf Administration de Recisimos 💿 🗖 Temporary Receipu Recibo del Em

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Page 3 of 3 received on 3/18/2010 11:08:25 AM [Pacific Daylight Time] on server FDICRF01 from 62629689

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Ď	VEAL FAMILY AND	YOUTH SERVICES
1845	NORTH FAIR OAKS	AVENUE., STE #2600
	PASADENA, CALI)	FORNIA 91103
(626)	296-8900 - PHONE /	(626) 296-8911 - FAX
	CONFIDENTIAL I	NFORMATION

FACSIMILE TRANSMITTAL SHEET

TO:		FROM:	AGNES MILLS	
Yolanda Niel	sen,Adjuster			
сомрану: State Fund		DATE: 03/	18/2010	· · · · · · · · · · · · · · · · · · ·
FAX NUMBER:		TOTAL NO	D. OF PAGES INCLUDING	COVER:
PHONE NUMBER:	······	SENDER'S	REFERENCE NUMBER:	
RB:		YOUR REP	BRENCE NUMBER:	
<u>x urgent</u>	G FOR REVIEW	PLEASE COMMENT	C PLEASE REPLY	PLEASE RECYCLE
SENDING OUT 1				waa

ING OUT THE FOLLOWING:

Copy of Original claim for Rooks dated 11/10/2007.

COMMENTS OR NOTE:

*Privacy Notice: "This message, and any attachments, is ittended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, or exempt from disclosure under federal or state law. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message the intended, you are hereby notified that any dissemination, distribution, or copying of this communication in error, please notify the sender and destroy the facsimile and all attachments."

DIVISION O REQUEST 1	State of California F WORKERS' COMPENSATION FOR QME PANEL UNDER LABO	- MEDICAL UNIT R CODE § 4062.1	
١.	UNREPRESENTED (Please print or type)		05124168
Request date (Required): 3 1010	Date of Injury (Required): 8/9/2007	Claim Number (Required):	05170360
Specialty Requested (Required):	11/10/2007	Requesting party (Check o	
$\frac{M052}{(use 3 letter code only)}$. ,	Unrepresented Injured E	
Reason QME panel is being requested (Check one box only	Claims Administrator, if	none, Employer
(\$ 4060 (compensability exam)		Defense Attorney	1
§ 4061 (permanent impairment or disabil	ity dispute)		
	treatment determination, UR dispute or other	4062 reason)	
	eatment medical determination or non-UR re-		
	nent and permanent impairment or disability	•	
If the Claims administrator is requesting a 406	52 panel explain the reason for the request:		
Answer each question below:			•
Has this claim been denied?	No Has any body pa	rt in this claim been accepted?	Yres INO
If yes, indicate the date of the denial			/
Did notice to injured employee state employer			Yes No
Does dispute involve an MPN : 🔲 Continuity or	Transfer of Care Permanent Disability, Fu	ture Medical, UR decision 📃 🗌	iagnosis/Treatment ?
	Employee Information		
First Name: FLORAN 2		ROOK S	
12:5 0 00	Middle Imital: Last Name:	FOOT	
Street Address: $73/3$ S. $6Ca$.	ags are not		
First Name: FLORGEN & Street Address : 1315 S. Gla. City: San Gabriel	State: CA Zip Code: 91776	Daytime Phone Not	354-4900
If you now live out of state, list the California of	city and zip code of your residence when inju	red:	A
If you never resided in California, list the Calif	ornia zip code in which you would like to be	evaluated:/	7
Emplo	yer and Claims Administrator Info	rmation	
~ /		ERVICES	
Claims Administrator Name: State			
Adjustor name: Jolanda	L. Nielsen		
Adjustor name: YolandA Street Address or P.O. Box: P.O. Box	92622.		
city: Los Angeles	State: CA Zip Code: 900	09 Phone No. (818)	291-7626
QME Form 105 (rev. February 2009)	Page 1 of 3	v	ue form on next page)

SCI000077

Page 1 of 2 received on 3/1/2010 1:44:59 PM [Pacific Standard Time] on server FDICRF01 from .

	07124160
	Claim Number: 05170360
Prior QME Panel Infor	mation (Answer all that apply)
Has the employee ever received a QME panel before?	TYes No Unknown
If yes, did the employee ever see any QME from that panel?	🗌 Yes 🛄 No 🛄 Unknown
If yes, has that claim been settled or resolved?	Yes 🗍 No 📋 Unknown
If yes, name of QME seen:	Specialty:
Date of Injury: Body parts	Date of Exam:
Panel Number (If known): Is that QM]	E available now: Yes No Unknown
Division of Workers' Co P.O. Box 71010, ((510) 286-3700	m must be mailed to: Impensation-Medical Unit Oakland, Ca 94612 Dor (800) 794-6900 Hour J. Joolo
Print Name of Requestor	Signature of Injured Employee

*****•

Note: Each employer or claims administrator submitting this form to request a QME panel <u>must</u> attach a copy of the correspondence and required notices sent to the injured employee with the panel request form

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QME Form 105 (rev. February 2009)

Page 2 of 3

SCI000078

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IN REPLY REFER TO:

November 15, 2007

Floreen Rooks 1317 1/2 S Gladys Ave San Gabriel CA 91776 Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007

Dear Floreen Rooks

Please list below the medical treatment(s) you have received during the last 10 years, sign the enclosed medical release permit(s) and return this form and the medical release permit(s) to this office WITHIN 10 DAYS. The permit(s) and the information below will aid us in the adjustment of this claim.

Doctors or Medical Facilities	Address or Location	Part of Body Treated or Type of Treatment	Approx. Date of Treatment
Karser	1011 Baldwin AC	- risht foot	11/12/07
Dr. Nomis/+ Dr. Le	470 W. Las Tures San Botyrel, CPr	heft antle, Knee + hip	8 2007
Dv. Grmbandella	301 Dough Larce	Knee	9/2007
Dr. Jung	same add A	ANTOR	9/2007
Julia Gomez	Paseder a	Anske Kree	9/2007
Dr. Novnis	420 W. Las have Sam (Morriel, CH	" left ankee	2005
<u>, au 1811 188</u>			

List any other names you may have used in the last 10 years.

1,

2._____

Sincerely

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SCIF 19180

Mailing Address: P.O. Box 92622 • Los Angeles, CA 90009-2622

221 378

324022 00000001

02

Hease Note My address is 1315 S Gladys Are San Gabriel, CA 91776

NOT 1317/2 Thank you Pre Frik

SASCAN2+24 NOU+64630+14+0

05170360

222 378

0000000000000

324022

02



FLOREEN ROOKS 1317 1/2 S GLADYS AVE SAN GABRIEL, CA 91776 IN REPLY REFER TO Date: 11/19/2007 Claim No: 05170360 Adj Code: LG

** NOTICE OF PHARMACY CLAIMANT HANDBOOK MAILING ** **THIS IS A SYSTEM GENERATED NOTICE**

Please note that an Express Scripts Pharmacy Claimant Handbook was mailed out to the above injured employee.

Printed on the front inside cover of this handbook is SCIF's standard introductory letter that contains general information about the program. The following is the full text of the introductory letter:

"State Compensation Insurance Fund and Express Scripts, a Pharmacy Benefit Management Company have teamed up to provide a program to simplify the prescription process for your work-related injury.

Prescription Drug ID Card

If you have an accepted work-related injury with authorized pharmaceutical medical benefits, please detach the Prescription Drug ID Drug Card from the back cover of this pamphlet and take it to any Express Scripts' participating pharmacy. Many of the pharmacies participating in this program are open 24 hours a day, 7 days a week.

Through this program, the chances of you paying any out of pocket expense for prescription medicine will be greatly reduced. The pharmacy will be paid directly by Express Scripts. The pharmacist will receive authorization to fill your approved prescription much faster than before, thus reducing the amount of time spent waiting at the pharmacy for your prescription.

To locate a pharmacy in your neighborhood, you can call Express Scripts at the customer service number below, refer to the list of pharmacies in this handbook, or access Express Scripts' Pharmacy Locator at www.express-scripts.com/custom/scif

Please remember to present the card to the pharmacist when you fill a prescription.

Please note that if you are treating with Kaiser Permanente for your work-related injury, please continue to utilize a Kaiser Permanente Pharmacy to fill your prescriptions.

If you have any questions, feel free to call Express Scripts Customer Service Representatives at 1-888-201-5389. They are available 24 hours a day, 7 days a week."

'or questions relating to the Pharmacy Benefit Program, please contact State 'und's Claims Rehabilitation Department by calling 323-266-5110 or by mail at '. O. Box 92503 Los Angeles CA 90009-2503.



AUTHORIZATION FOR THE RELEASE OF ALL MEDICAL INFORMATION (IN COMPLIANCE WITH CIVIL CODE SECTION 56 et. seq.)

CLAIM NO: 05170360 INJURED'S NAME: FLOREEN ROOKS

I, <u>to deliver</u>, disclose, and release all information concerning medical care rendered to me, including diagnosis, x-rays, x-ray interpretation, laboratory and pathological tests, medical history obtained, medical reports of medical examination (both inpatient and outpatient), pre-operative reports, operative reports and billings or charges for all or part of said services to:

STATE COMPENSATION INSURANCE FUND

And/or its authorized representatives including but not limited to attorneys, claims adjusters, investigators, and consulting physicians.

I understand that the medical information to be furnished pursuant to this medical release may be used by State Compensation Insurance Fund only in a manner relating to any claim made by me or on my behalf for workers' compensation benefits in which State Compensation Insurance Fund is the workers' compensation insurance carrier or in any manner specifically authorized by law.

This medical release shall be valid for a period of two years from the date hereof and will then expire without any further notice or condition.

I understand and have been informed that I have a right to receive a copy of this authorization and I hereby acknowledge receipt of a true copy of this medical release.

A carbon copy, photostatic copy or facsimile copy of this true medical release shall be as valid as an original of same. \wedge

(Signed) Dated

Information regarding workers' compensation HIPAA exclusion.

STATE COMPUNISATION IN BURNANCE FUND	AUTHORIZATION FOR THE RELEASE OF ALL MEDICAL INFORMATION (IN COMPLIANCE WITH CIVIL CODE SECTION 56 et. seq.)
	CLAIM NO: 05170360 INJURED'S NAME: FLOVEEN RODES
I, <u>FLOVEEN</u> Nar	Pouks, hereby authorize te of Applicant Kaiser IOII Baldwin Park Blud. Baldwin Park, CA 91706

to deliver, disclose, and release all information concerning medical care rendered to me, including diagnosis, x-rays, x-ray interpretation, laboratory and pathological tests, medical history obtained, medical reports of medical examination (both inpatient and outpatient), pre-operative reports, operative reports and billings or charges for all or part of said services to:

STATE COMPENSATION INSURANCE FUND

And/or its authorized representatives including but not limited to attorneys, claims adjusters, investigators, and consulting physicians.

I understand that the medical information to be furnished pursuant to this medical release may be used by State Compensation Insurance Fund only in a manner relating to any claim made by me or on my behalf for workers' compensation benefits in which State Compensation Insurance Fund is the workers' compensation insurance carrier or in any manner specifically authorized by law.

This medical release shall be valid for a period of two years from the date hereof and will then expire without any further notice or condition.

l understand and have been informed that l have a right to receive a copy of this authorization and I hereby acknowledge receipt of a true copy of this medical release.

A carbon copy, photostatic copy or facsimile copy of this true medical release shall be as valid as an original of same.

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Name and relationship of party signing if other than applicant

Page 1 of 2

ORIGINAL - SCIF COPY - INJURED SCIF 3439 (REV. 9-07)



AUTHORIZATION FOR THE RELEASE OF ALL MEDICAL INFORMATION (IN COMPLIANCE WITH CIVIL CODE SECTION 56 et. seq.)

CLAIM NO: 05/16360 INJURED'S NAME: B& FLORED ROSK

Information regarding workers' compensation HIPAA exclusion.

State Compensation Insurance Fund acknowledges the Health Insurance Portability and Accountability Act (HIPAA) requirements medical providers must follow to protect patients' privacy. Workers' compensation is specifically excluded from HIPAA regulations. Because the federal government excluded workers' compensation from HIPAA, we do not anticipate a change in how we obtain medical information from medical providers.

Under Title 45 of the Code of Federal Regulation (CFR), Part 164.512, Section (1), a medical provider may disclose protected health information to State Fund as authorized by and to the extent necessary to comply with laws relating to California's workers' compensation. The law reads as follows:

"1) Standard: disclosures for workers' compensation. A covered entity may disclose protected information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault."

In addition, the Public Health Service Act, Title 42 of the United States Code, Part C, Section 300gg-91(c)(1) "Definitions", states that workers compensation is listed as an excepted benefit and therefore exempt from HIPAA.

SCIF 3439 (REV. 9-07)

Page 2 of 2

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FROM : DVEAL

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FAX NO. : 6262968911

Mar. 18 2010 12:12PM P3

State of California Department of Industrial Relations DIVISION OF WORKERS' COMPENSATION	Estado de Calilo Departamento de Relaciones Industri DIVISIÓN DE COMPENSACIÓN AL TRABAJAD
WORKERS' COMPENSATION CLAIM FORM (DWC 1)	DETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)
Eraployee: Complete the "Eraployee" section and give the for your employer. Keep a copy and mark it "Employee's Tempo Receipt" until you receive the signed and dated copy from employer. You may call the Division of Workers' Compensation hear recorded information at (600) 738-7401. An explanatio workers' compensation benefilts is included as the cover sheet of form.	wary a su empleador. Quecese con la copia designada "Hacibo Ten your ni del Empleado" hasta que Ud. reciba la copia limada y fech and de su empleador. Ud. puede liamar a la Division de Compensa n ot al Trabajador al (800) 736-7401 para ofrinformación gravacia
You should also have received a pamphlet from your empl describing workers' compensation benefits and the procedure obtain them.	loyer Ud. también debena haber recibido de su empleador un to as to describlendo los beneficios de compensación al trabajador leelor y los procedimientos para obtenerlos.
Any person who makes or causes to be mark any knowing taken rised one material statement or mature, representation for the purpose of obtaining or denying workers' corrigonated benefits or payments is guilty of a fearing.	0 to del face e servicione de la delener e de la constitución de
Employee - complete this section and see note above.	Empleado - complete esta scoolón y note le notaolón arriba. Today's Data. Feoha de Hoy. 11 16 01
2. Home Address. Direction Residencial 315 S. G. ady	
3. City. Ciuded San Gabriel	State Estado, CA Zip. Codigo Postal 91771
4. Date of Injury, Featra de la loción (accidente). 11 10 01	Time of Injury. Hora en que ocurrio
5. Address and description of where injury happened. Direction/ugar	
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e, Describe injury and part of body affected. Describa la lesión y parts	
fractured right foot to prevent rolling	, car from entering into encoming duttic.
7. Sociel Security Number, Número de Seguro Social de Empleado.	
8. Signature of employee. Firms del empleado.	Rools
	Empleader - complete esta sección y note la notación abajo.
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9. Name of employer. Nombre del empleador.	c A Canton A
10. Address. Dirección. 1895 N. That Or	Le les 2600- Opplant
11. Date employer first know of injury. Fachs on que el empleador sup	no por primera vez de la lesión o accidente. $\mu = 1.3 - 3.3 - 3.3$
12. Date claim form was provided to employee. Feeha on que se le ont	tregó al empleado la petición5 - 2-3 -3 -7
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14. Name and address of insurance carrier or adjusting agency. Nombula de seguros. 15. Insurance Policy Number. El número de la póliza de Seguro. 16. Signature of employer representative. Firma del representante del la 17. Title. Titulo. 17. Title. Titulo. 18. Signature of employer representative. Firma del representante del la 17. Title. Titulo. 19. Signature of employer representative. Firma del representante del la 17. Title. Titulo. 18. Titulo. 19. Signature of employer representative. Firma del representante del la 17. Title. Titulo. 19. Signature of employer representative. Firma del representante del la 17. Title. Titulo. 19. Signature of employer representative. Firma del representante del la 17. Title. Titulo. 19. Signature of employer representative. Firma del representante del la 17. Title. 19. Signature of employer representative. 19. Signature del la policit del la signatitative.	empleador ampleador Ampleador laphone. Teléfono <u>(JZ-L296-890-0</u> surer Empleador: Se regulére que Ud. teche esta forma y que provée cu a su competita de seguros, administrador de rectarnos, o dependé representante de reclamos y al empleado que havan presentado petición dentro del plazo de <u>un día tabili</u> deede el momento de habel recibida la forma del empleado. EL FinelAR ESTA FORMA MO SIGNIFICA ADMISIÓN DE RESPONSABILA
14. Name and address of insurance carrier or adjusting agency. Nombra de seguros. 15. Insurance Policy Number. El número de la póliza de Seguro. 16. Signature of employer representative. Firma del representante del n 17. Title. Titulo. Difference in the security of the form and provide copies to your im or claims administrator and to the employee, dependent or representative filed the claim within <u>one working day</u> of receipt of the form from the employee. BURINGE THIS PORMER NOT AN ADMISSION OF LIABILITY Discourse administrator	empleador ampleador lephone. Teléfono <u>(2 - L - 2 9 6 - 89 0 - 0</u> surer Empleador : Se requiere que Ud. teche esta forma y que provée o a su competita de seguros, administrador de rectemos, o depend representante de reclamos y al empleado que havan presentado petición dentro del plazo de <u>un día faibil</u> desde el momento de habe reclaida la forma del empleado.

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Medical record(s) enclosed for your review.

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COMPENSATION FUND

November 23, 2010

Thomas Fell, Jr., M.D. 4940 Yan Nuya Bivd Ste 302 Sherman Daks CA, 91403 Ctaim Number: 05170360 Employee: Floreen Roots Date of Injury: 11/10/2007

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Dear Thomas Fell, Jr., M.D.

Thank you for agreeing to examine Floreen Rooks on January 6, 2011 at 11:00 a.m. as the Agreed Panel Qualified Medical Evaluator.

You are being asked to examine Floreen Rooks because there exists a dispute with the findings of the medical determination, regarding the following:

a. Permanent and stationary status

- b. The extent and scope of medical treatment
- c. The employee's preduction or likely preclusion from engaging in her usual
 - occupation
- d. The level of permanent disability
- e. The existence of new and further disability

BACKGROUND:

Floreen Rooks sustained an injury to her foot (right), knee (left) on Novamber 10, 2007 while employed by D*Veal Family & Youth Services as a therapist.

MEDICAL RECORDS:

Medical record(s) enclosed for your review.

Please list all medical and non-medical records that you review in preparing your report pursuant to Section 10606(d) of the Celifornia Code of Regulations (CCR). Please dispose of the records in a manner that ensures medical confidentiality or return them to State Fund for disposal.

PLEASE ADDRESS THE FOLLOWING QUESTIONS IN YOUR REPORT:

1. A detailed medical and employment history, including any outside activities.

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COMPENSATION FUND

November 23, 2010

Thomas Fell, Jr., M.D. 4940 Van Nuys Blvd Ste 302 Sherman Oaks CA 91403

Claim Number, 05170360 Employee: Floreen Rocks Date of Injury: 11/10/2007

Dear Thomas Fell, Jr., M.D.

Thank you for agreeing to examine Floreer, Rooks on January 6, 2011 at 11:00 a.m. as the Agreed Panel Qualified Medical Evaluator.

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- d. The level of permanent disability
- e The existence of new and further disability

BACKGROUND:

Floreen Rooks sustained an injury to her foot (right), knee (left) on November 10, 2007 while employed by D'Veal Family & Youth Services as a therapist.

MEDICAL RECORDS:

Medical record(s) enclosed for your review.

Please list all medical and non-medical records that you review in preparing your report pursuant to Section 10808(d) of the California Code of Regulations (CCR). Please dispose of the records in a manner that ensures medical confidentiality or return them to State Fund. for disposal.

PLEASE ADDRESS THE FOLLOWING OUESTIONS IN YOUR REPORT.

1. A detailed medical and employment history, including any outside activities.

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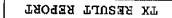
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COMPENSATION FUND

November 23, 2010

Thomas Fell, Jr., M.D. 4940 Van Nuys Blvd Ste 302 Sherman Oaks CA 91403

Claim Number 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007

Dear Thomas Feil, Jr., M.O.

Thank you for agreeing to examine Floreer: Rooks on January 6, 2011 at 11.00 a.m. as the Agreed Panel Qualified Medical Evaluator.

You are being asked to examine Fiorean Rocks because there exists a dispute with the findings of the modical determination, regarding the following:

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MEDICAL RECORDS:

Medical record(s) enclosed for your review.

Please list all medical and non-medical records that you review in preparing your report pursuant to Section 10606(d) of the California Code of Regulations (CCR). Please dispose of the records in a manner that ensures medical contidentiality or return them to State Fund for disposal.

PLEASE ADDRESS THE FOLLOWING QUESTIONS IN YOUR REPORT:

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COMPENSATION 1 N S U R A N C B FUND

November 23, 2010

Thomas Fell, JL, M.D. 4940 Van Nuys Blvd Ste 302 Sherman Oaks CA 91403

Clarn Number 05170360 Employee Floreen Rooks Date of injury: 11/10/2007

Dear Thomas Feil, Jr., M.D.

Thank you for agreeing to examine Floreen Rooks on January 6, 2011 at 11.00 a.m. as the Agreed Panel Qualified Medical Evaluator

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- d The level of permanent disability e The existence of new and further disability

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PLEASE ADDRESS THE FOLLOWING QUESTIONS IN YOUR REPORT:

1 A detailed medical and employment history, including any outside activities.

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		landa Nielse s Angeles A		Representative enter
_		8) 291-76	26	

This is to authorize Dr. Saucedo for an office visit regarding Injured Worker Floreen Rooks. For any further medical treatment, please fax your written request to (818) 550-6707 <u>Thanks</u>

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Floreen Rooks

1315 S. Gladys Avenue

San Gabriel, CA 91776

September 18, 2008

State Compensation Insurance Fund

PO Box 92622

Los Angeles, CA 90009-2622

Fax: 707 646-2609

To Whom It May Concern:

This letter is to request your consideration for a Permanent Disability Advance in the amount of \$2720. Since my return to work on September 15, 2008, I was informed by my employer, D'Veal Family and Youth Services, that my health insurance during my disability for 10 months had been paid. Consequently, the agency is requesting monthly repayments of \$260 over a ten month period. In addition, I have to pay my current premiums at \$280 monthly, which will result in a financial hardship.

Currently, I'm on Modification Work Status. However, this situation is causing significant stress and anxiety. Furthermore, the indicated rate of reduction in salary will render me unable to afford my monthly living expenses in-particular my rent, which has recently been substantially increased.

Thank you for your consideration in this matter.

Sincerely, ok N Floreen Rooks

Claim Number: 05170360

01/11/2011 11:06 FAX 818 990 6045

MED HEALTH SERVICES

MED HEALTH SERVICES, INC.

Sherman Oaks . 4940 Van Nuys Slvd.#302 50 N. La Clenage Slvd.#205 630 W. Duarta Road #203 819 Auto Canter Driva Sharman Oaks, CA 91403 Severly Hills, CA 90211 (818)990-4497

Bevarly Hills (323)966-4566

Arcadia, CA 91007 (626)447-8870

Arcadia

Palmdele Palmdals, CA 93661 (661)266-0993

Paramount 16444 Paramourn: Slvd.#204 Paramount, CA 90723 (662)408-2247

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If there are any problems with this transmission, please call (818) 990-4497 or fax to (818) 990-6045. Fax responses must be no more than 20 pages in length.

please note, potent did not show for her panel and evaluation w/ Dr. feel on 1/6/11@ 11am, do you want to ris patient, please contact our office, 1991044917 Thank you

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Medical +0 2 Shermen Oaks 4940 Ven Nuys Bivd Sherman Oeks, CA S (B18)990-4497	S MED HEALTH SERVICES, INC. Arcadia 1:#302 50 N. La Cienege Bivd.#205 8everly Hills, CA 90211 (323)966:4568 Arcadia, CA 91007 (626)447:8870 Beamdale, CA 93551 (626)447:8870	Paramount 16444 Paramount Blvd.#204 Paramount, CA 90723 (562)408-2247
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EXAM CONFI EXAMINATIO	RMATION MEMO: THE ABOVE NOTED PATIENT IS SCHEDUL	ED FOR A CRIME
WITH DR	Thomas Fell MD	

FLEASE SEND MEDICALS AT LEAST ONE WEEK IN ADVANCE TO THE SHERMAN OAKS OFFICE.

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	_ 11/15/2010 10:30 FAX 818 990 6045 MED HEALTH SERVICES	Ø 002
	OME/AME APPOINTMENT NOTIFICATION FORM (Form 110)	
ъ	EMPLOYEE INFORMATION	
Page 2 of	CLAIMANT'S NAME: FLOREEN ROOKS STREET ADDRESS: 1315 S. GLADYS AVE ALHAMBRA, CA 91776	
N	TELPHONE NO: (626)573-1906 SOCIAL SEC#: 130-38-8570	
eceiv	DATE OF INJURY: 11/10/07 PANEL #: 1193683 CLAIM NO: 05170360	
ved o	EMPLOYER INFORMATION	
	EMPLOYER'S NAME: D-VEAL SERVICES	
115	EMPLOYERS ADDRESS:	
5/2010	INSURER OR CLAIMS ADMINSTRATOR INFORMATION	
0 9:26:	INSURANCE CO: STATE COMPENSATION INS. FUND	
5:50	INS COMPANY ADDRESS: P.O. BOX 92622	
	LOS ANGELES, CA 90009	
AM [Pacific	ADJUSTER'S NAME: YOLANDA NIELSEN PHONE NO: (818)291-7626	
i.	APPOINTMENT INFORMATION	
Standard Ti	Date of Appt Call: 11/15/10 DATE OF APPT & TIME: 01/06/11 11:00am MED REALTS DESVICES LOCATION OF APPOINTMENT: 630 W. DUARTE RD., SUITE 203 ARCADIA, CA 91007 (626) 447-8870	
me] on serv	CERTIFIED INTERPRETER REQUIRED (language) COPY OF THIS FORM SENT TO: Employee Claims Admin Def. Attorney App. Attorney Signature of QME Fell	_
erver V	NAME OF OME: THOMAS W FELL, JR., MD.	
Î Î		
VLICRF2 from	ADDRESS/TELEPHONE: (mail all records & info for QME to): MED HEALTH SERVICES, INC. (818) 990-4497 4940 Van Nuys Blvd, Suite 302, Sherman Oaks, CA 91403	
818 99	Note of Claims Administrator: Please forward DEU form 101 "Request for Summary Rating" & all medical re prior to exam to QME. Also provide employee with DEU Form 100 "Employees Disability Questionaire" prior	cords r te exam.
0 604	STATE OF CALIFORNIA - IMC Form 110 (substitute)	

State of California

DIVISION OF WORKERS' COMPENSATION

Department of Industrial Relations

INJURED	WORK	ER	INFORMATION
	Panel	#:	1193683

 Date Request Received:
 10/13/2010
 Date Mailed:
 I0/20/2010
 No. of Req. 1

 Claim No(s):
 05124168, 05170360

 Date(s) of Injury:
 08/09/2007, 11/10/2007

Employee:

Employer.

FLORMEN ROOKS 1315 S GLADYS AVE SAN GABRIEL, CA 91775 DIVEAL FAMILY AND YOUTE SERVICES

To: YOLANDA NIELSEN SCIF CMS MONTEREY PARK PO BOX 92622 LOS ANGELES, CA 90009

SELECTED QUALIFIED MEDICAL EVALUATOR PANEL:

PHYSICIAN'S NAME ADDRESS SPECIALTY YEARS IN PRACTICE PHYSICIAN'S EDUCATION PHYSICIAN'S TRAINING	ANANT RAM, MD 430 S GARFIELD AVE STE 418 ALHAMBRA, CA 91801-3877 Tel No.: (800) 242-0880 Orthopaedic Surgery Twenty-Nine SN MEDICAL COLLEGE AGRA INDIA, AGRA INDIA, Degree awarded in 1960 SURGERY-MAIMONEDES MEDICAL CENTER, BROOXLYN, NY, 1977-1978 SURGERY-METHODIST HOSPITAL, BROOKLYN, NY, 1978-1979 ORTHOPAEDIC-KINGS COUNTY HOSPITAL, BROOKLYN, NY, 1978-1960 ORTHOPAEDIC-KINGS COUNTY HOSPITAL, BROOKLYN, NY, 1981-1982
PHYSICIAN'S NAME Address	THOMAS W. JR. FELL, MD 630 W DUARTE RD STE 203 ARCADIA, CA 91007 Tel No. (626) 447-8870
SPECIALTY	ARCADIA, CA 91007 Tel No.: (626) 447-8870 Orthopaedic Surgery
YEARS IN PRACTICE	Thirty-Seven
PHYSICIAN'S EDUCATION	NEW JERSEY COLLEGE OF MEDICINE, NEWARK, NEWARK, NJ
	Degree awarded in 1965
PHYSICIAN'S TRAINING	ORTHOPEDIC SURGERY-NORTH CAROLINA MEMORIAL HOSPITAL, CHAPEL HILL, NC, 1969-1970 ORTHOPAEDIC-NORTH CAROLINA MEMORIAL HOSPITAL,CHAPEL HILL,NC,1971-1974
PHYSICIAN'S NAME	DAVID R, JOHNSON, MD
ADDRESS	10301 GARVEY AVE STE 100
	EL MONTE, CA 91733-2180 Tel No.: (800) 242-0980
SPECIALTY	Orthopaedic Surgery
YEARS IN PRACTICE	Fifty
PHYSICIAN'S EDUCATION	LOMA LINDA UNIVERSITY MEDICAL SCHOOL, LOMA LINDA, CA
	Degree awarded in 1961
PHYSICIAN'S TRAINING	ROTATING-WHITE MEMORIAL HOSPITAL, LOS ANGELES, CA, 1961-1962 GENERAL SURGERY-GLENDALE SANITARIUM & HOSPITAL,GLENDALE,CA,1962-1963 ORTHOPEDIC SURGERY-WHITE MEMORIAL HOSBITAL,LOS ANGELES,CA,1964-1965 ORTHOPEDIC SURGERY-WHITE MEMORIAL HOSPITAL,TAMPA,FL,1966-1968 ADULT RECONSTRUCTIVE-RANCHO LOS AMIGOS/USC,CA,1968-1970



Dr. Tomas Saucedo 3144 Santa Anita Ave, Module A El Monte, CA 91733

RE: Floreen Rooks/ Claim Number 05170360

Dear Dr. Saucedo:

We have received the permanent and stationary report dated 12/5/08.

In the apportionment section, you have indicated that there are no prior injuries regarding the left knee.

Attached is a permanent and stationary report dated 11/26/07 from Dr. Ralph Gambardella regarding a previous injury on the left knee.

Please submit to State Fund a supplemental report addressing the apportionment regarding the left knee resulting from both injuries.

Thank you for your immediate attention and cooperation.

Sincerely,

Uolanda Nielsen

Yolanda Nielsen Claims Representative Los Angeles/Tri-County Claims (818) 291-7626

Enc. Medicals

Mailing Address: P.O. Box 92622 • Los Angeles, CA 90009-2622

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6264050973 00/04/2011 14:30 DVEAL PAGE 01/02 FAX: 707-646-2609 N: Yolanda L. Nielsen D a Q e 4 ĝ N Social Security Administration Form Approved Consent for Release of information received OMB No 0960-0566 Social Security Administration TO: 130-38-8510 Social Security 9 I authorize the Social Security Administration to release information or records about me to: 8/4/2011 Name Address NuQuest/Bridge Pointe P.O. Box 91561,9 Longwood, FL 32791-5619 (P) 865-858-7161 2:30:48 (F) 407-389-0199 I want this information released because; To determine if my case meets the CMS review threshold in order to protect Medicare's interests under the Medicare Secondary Payer Statute. R (There may be a charge for releasing information) Pac Please release the following information: 10 Social Security Number Identifying information (includes date and place of birth, parent's names) Daylight Monthly Social Security benefit amount: Monthly Supplemental Security Income payment amount Information about benefits/payments I received from All Dates to Information about my Medicare claim/coverage from All Dates to Medical records Medical records Record(s) from my file (specify) Other (specify) Verify Social Security antidement status, date of SS entitiement or date of application, date of der isl, date of appeal, status of appeal, basis for entitisment (disputity or age), name of representative payee if dati and number of aligible work quantum, if quantum adequite for Social Security be write, Medicare status, date of entitioment for Medicare A and B. Timej 9 I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I declare under penalty of perjury that I have examined all the ir formation on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this ir formation, or causes someone else to do sb, commits a crime and may be sent to prison, or in ay face VLICRF2 other penalties, or both. Signature: Show signatures, names and address of two people if signed b / mark) from 6264058973. 1 Date: Relationship; Form SSA-3286 (3-2005) EF (3-2005) TE:01 TIOS E0.0UA

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6264058973 08/04/2011 14:30 DVEAL PAGE 02/02 Page CMS/Medicare Authorization for Information Release 0 N N The Privacy Act of 1974 (Public Law 93-579) prohibits the government from reveating information from personal files without the express written permission of the person involved. Disclosure of personal records to an attorney or other representative who is acting on behalf of another person is prchibited, unless the individual to whom the record pertains has consented. ZORDEN ROOKS hereby authorize the Cariters for Medicare & Medicaid ŝ Services (CMS), its agents and/or contractors to disclose, discuss, and/or release, orally or in writing, information related to my accident, injury and/or settlement to the individual(s) and/or 8/4/2011 2:30:48 PM [Pacific Daylight Time] on firm(s) listed below. I also hereby authorize NuQuest/Bridge Pointo to register me under the "myMedicare.gov" website to obtain from said website conditional payment information related to my workers' compensation claim. This authorization for release is for m / current accident, injury, or claim and is on an ongoing basis. An additional consent to release form will not be necessary unless or until I revoke this authorization (which must be in writing). PLEASE CHECK: Claimant's attorney (name and/or firm) Employer's attorney (hame and/or firm) Other (name and/or firm) ŗ. MSA Vendor NuQuest/Bridge Points X (name and/or firm) erver VLICRF2 2011 Claimant's Signature Date Signed 07 + 11/10/07 130-38-8510 Social Security Number or Health Date of Injury 1 cm Insurance Claim Number 6264058073 YDC:03'S0IT T0+35 7.00/ 20018 LLLL®

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Date: 02/11/2011

I REPLY REFER TO

Floreen Rooks 1315 South Gladys Avenue San Gabriel, CA 91776 Claimant: FLOREEN ROOKS Claim No: 05170360 Adj Code: LG

** NOTICE OF PHARMACY CLAIMANT HANDBOOK MAILING ** **THIS IS A SYSTEM GENERATED NOTICE** Please note that an Express Scripts Pharmacy Claimant Handbook was mailed out to the above injured employee.

Printed on the front inside cover of this handbook is SCIF's standard introductory letter that contains general information about the program. The following is the full text of the introductory letter:

"State Compensation Insurance Fund and Express Scripts, a Pharmacy Benefit Management Company have teamed up to provide a program to simplify the prescription process for your work-related injury.

Prescription Drug ID Card

If you have an accepted work-related injury with authorized pharmaceutical medical benefits, please detach the Prescription Drug ID Drug Card from the back cover of this pamphlet and take it to any Express Scripts' participating pharmacy. Many of the pharmacies participating in this program are open 24 hours a day, 7 days a week.

Through this program, the chances of you paying any out of pocket expense for prescription medicine will be greatly reduced. The pharmacy will be paid directly by Express Scripts. The pharmacist will receive authorization to fill your approved prescription much faster than before, thus reducing the amount of time spent waiting at the pharmacy for your prescription.

To locate a pharmacy in your neighborhood, you can call Express Scripts at the customer service number below, refer to the list of pharmacies in this handbook, or access Express Scripts' Pharmacy Locator at www.express-scripts.com/custom/scif.

Please remember to present the card to the pharmacist when you fill a prescription.

Please note that if you are treating with Kaiser Permanente for your work-related injury, please continue to utilize a Kaiser Permanente Pharmacy to fill your prescriptions.

If you have any questions, feel free to call Express Scripts Customer Service Representatives at 1-888-201-5389. They are available 24 hours a day, 7 days a week."

For questions relating to the Pharmacy Benefit Program, please contact State Fund's Claims Rehabilitation Department by calling 323-266-5110 or by mail at P. O. Box 92503 Los Angeles CA 90009-2503.

cc: Glendale - A Legal

LEGAL DEPARTMENT 655 North Central Avenue • Glendale, CA 91203-1400 (818) 291-7100 Mailing Address: P.O. Box 92622 • Los Angeles, CA 90009-2622

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Date: 02/11/2011

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Date: 02/11/2011

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Floreen Rooks 1315 South Gladys Avenue San Gabriel, CA 91776 Claimant: FLOREEN ROOKS Claim No: 05170360 Adj Code: LG

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October 14, 2011

State Fund-CA Attn.: Yolanda Nielsen P.O. Box 92622 Los Angeles, CA 90009-2622

 Claimant:
 Floreen Rooks

 Claim No.:
 05170360, 05124168

 Date of Loss:
 11/10/07, 08/09/07

 Our File Nn.:
 29858

This file was referred to NuQuest/Bridge Pointe for the purpose of completing a Medicare Set-Aside Allocation. We have received the benefit status information from the Social Security Administration office for Floreen Rooks.

Social Security and Medicare Benefit Status

Based on the information provided, it has been determined that Floreen Rooks has not applied for Social Security Disability benefits as of 10/14/11.

Medicare Reporting and Conditional Payment Identification

Not appropriate at this time

We strongly recommend re-verifying the claimant's Social Security Disability henefit status, prior to finalizing settlement of the case. Should Floreen Rooks become enrolled in Medicare prior to the finalization of the settlement, it is required that State Fund-CA report the details of the case to Medicare in order to notify them of the above listed date of injury and as well as to initiate a Medicare conditional payment Identification.

Need for Review by The Centers for Medicare and Medicaid Services (CMS)

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• Not appropriate at this time

Based on the current information provided, CMS review of a proposed Medicare Set-Aside allocation cost projection is not appropriate at this time as this case currently does not meet the below review thresholds established by The CMS.

CMS Review Thresholds

- 1. A Medicare beneficiary at the time of settlement and the total settlement* is greater than \$25,000 OR
- 2. Not a Medicare beneficiary at the time of settlement but if there is a reasonable expectation that Medicare enrollment will occur within 30 months of the settlement <u>AND</u> the total settlement* exceeds \$250,000.00

The CMS review thresholds are CMS workload review thresholds only, not substantive dollar or "safe harbor" thresholds for complying with the Medicare Secondary Payer law. Therefore, Medicare's interests must always be considered and protected when settling any workers' compensation case; even if CMS review thresholds are not met.

Please advise our office if yon would like us to complete a Medicare Set-Aside allocation and submit the proposed MSA to The CMS for approval.

P.O. Box 915619 Longwood, Fl 32791 Phone 866-858-7161 · Fax 407-389-0299 · www.NQBP.com

Documentation Needed to Complete a MSA Allocation Report

- All medical records for the last 2 years of treatment (if treatment was limited, last 5 years)
- Medical claims and indemnity payment history for the last 2 years of medical treatment/receipt of indemnity benefits (if treatment was limited, last 5 years)
- Last 2 years of prescription drug history or pharmacy bills

Information can be forwarded via any of the following methods: 1) mail to the address below, 2) fax to 407-389-0299, 3) upload directly to our system via any screen of the online referral application at www.nqbp.com, or 4) request free, on-site copy service by calling 866-858-7161 and select option 2 for a Service Coordinator

121

NuQuest / Bridge Pointe P.O. Box 915619 Longwood, FL 32791-5619

*The computation of the total settlement amount must include, but is not limited to, wages, attorney fees, all future medical expenses, and repayment of any Medicare conditional payments, and that payout totals for all annuities to fund the above expenses should be used rather than cost or present values of any annuities. Also note that any previously settled portion of the above listed claim must be included when the computing the total settlement amount.

If you should require assistance, please do not hesitate to contact the Service Coordinator listed below.

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Thank you for the opportunity to service your Medicare Set-Aside needs.

Lisa Cooper

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Extension 4866 Direct Fax Number: (321) 460-5166

P.O. Box 915619 Longwood, Fl 32791 · Phone 866-858-7161 · Fax 407-389-0299 · www.NQBP.com

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Proposed WC Medicare Set-Aside Allocation Report

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Report Date: Report Prepared For: Report Prepared By:

02/17/2012 ed For: State Fund-CA/Yolanda Nielsen ed By: Nancy Leone, RN, MSN, CCM, MSCC

1

Identifying Information Claimant: Workers' Compensation Floreen Rooks Case Type: 06/20/1949 Date of Birth: State of Jurisdiction: California Date of Injury: 11/10/2007 Claim #: 05170360 08/09/2007 05124168 Rated Age: 68 Years 16 Years Life Expectancy:

MSA Recommendation:	
Total Proposed MSA Amount:	\$27,621.00
Future MSA Medical Treatment Amount:	\$27,621.00
Future MSA Prescription Drug (Medicare Part D) Amount:	\$0.00

Medical Record/Document Review

This file was referred by Yolanda Nielsen from State Fund-CA for the purpose of completing a Medicare Set-Aside allocation cost projection. A review of provided documentation including medical records has been completed. The following is our opinion and recommendations in regard to the Medicare Set-Aside allocation in this case.

ICD-9	Diagnos	es <i>Related</i> to This	s Claim	
•	719.46	Left knee pain		

ICD-9 Diagnoses Disputed/Denied

None

Pre-existing or Co-Morbid Conditions Unrelated to This Claim

- Smoker one pack daily
- Obesity 5'6" 213 pounds (BMI: 34.4)
- Hypertension
- Surgical history: open reduction and internal fixation (ORIF) of left ankle fracture (early 1990s)

. Dox 915019 Longwood, F152791 * Filone B00-856-7101 * Pax 407-569-0299 * <u>WWW.IN.DFA</u>

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Claimant Name:	Floreen Rooks
Date of Report:	February 17, 2012
Page:	2

DOB:	06/20/1949
Actual Age:	62 Years
Rated Age:	68 Years
	Determination of Rated Age by Medical Underwriting utilizes a statistical methodology matching characteristics of individual medical histories to long-term mortality and/or survival rates of individuals with similar medical history characteristics.
Life Expectancy:	16 Years (Rounded to the nearest whole number) (Life table for total population: Unite States, 2007)
Source:	Centers for Disease Control and Prevention, U.S. Department of Health and Human
	Services, National Center for Health Statistics, Division of Data Services, Hyattsville,
	MD, 20782. United States Life Tables, 2007, National Vital Statistics Reports, Volume
	59, Number 9, September 28, 2011

If Floreen Rooks's case meets the CMS review thresholds and CMS approval of the Medicare Set-Aside arrangement is required; please provide all rated ages that you may have knowledge of, generated any time on or after the Date of Incident for Floreen Rooks. Per the CMS memorandum dated 05/14/2010, this information is required to be provided with a Medicare Set-Aside proposal to CMS. If this information is not received by NuQuest/Bridge Pointe upon submission of the Medicare Set-Aside arrangement, it will be assumed that this information does not exist.

Description of Initial Injury/Illness and Initial Treatment

Floreen Rooks is a 62 year old woman who was working as a marriage and family therapist when she sustained a twisting injury to ber left knee and ankle in an industrial accident on 8/9/2007. She subsequently sustained injuries to her left knee, left ankle and right foot when she slipped and fell while trying to stop her car from rolling in a second industrial accident on 11/10/2007. She was treated conservatively for right foot fractures and following failure of conservative treatment she underwent left knee arthroscopic surgery on 4/24/2008.

Key Treatment Events

- 9/4/2009 through 1/26/2011 Tomas Saucedo M.D., orthopedic surgeon: He reported that Ms. Rooks was deemed
 permanent and stationary on 12/5/2008. He recommended medication for flare-up of left knee pain. On 10/11/2010 he
 reported new complaint of low back pain [this appears to be nonindustrial as this is the first report of this complaint]
 which he opined was a new problem. On 1/26/2011 he reported left knee joint steroid injection with immediate relief of
 symptoms. He opined that future treatment may include a total knee arthroplasty.
- 3/17/2011 Thomas W. Fell Jr. M.D., orthopedic surgeon [agreed panel qualified medical evaluation (PQME)]: He
 reported current medications included Lisinopril, Hydrochlorothiazide, Ibuprofen and Vicodin. He provided diagnoses of
 sprain/strain of left knee aggravating degenerative arthritis status post arthroscopic surgery; left ankle sprain temporarily
 aggravating significant pre-existing arthritis and fracture of right foot metatarsals. He opined that right foot fractures
 healed with no residuals. He opined that she had achieved maximum medical improvement (MMI). He opined that future
 care for left knee would include orthopedic visits with corticosteroid injections, viscosupplementation such as Synvisc
 and total knee replacement should her symptoms interfere with her quality of life. He opined that any future care for left
 ankle would be for pre-existing arthritis and not her industrial accident and no further care was indicated for right foot.

Anticipated Future MSA Medical Treatment

Ms. Rooks is medically stable. Based upon the interventions reflected in available medical records, recommendations for future treatment, and Medicare allowable services/items, provisions for future treatment related to the compensable injury will include the following:

- Physician services: Orthopedic surgery visits
- Surgeries/procedures: Left knee joint steroid injections, Synvisc injections, total knee arthroplasty
- Therapies: Postoperative physical therapy and intermittent physical therapy for home exercise program and exacerbations
- Diagnostic testing: X-rays, MRIs

Per California Statute, Sections 133, 4603.5 and 5307.3, Labor Code. Reference: Sections 4062, 4600, 4600.4, 4604.5 and 4610, Labor Code; the American College of Occupational and Environmental Medicine's Occupational Medicine (ACOEM) Practice Guidelines were utilized for this review to determine if anticipated future medical treatment followed these guidelines.

Current Prescription Drug Utilization (Medicare Part D)

None Prescribed

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Claimant Name: Floreen Rooks Date of Report: February 17, 2012 Page: 3

Anticipated Future MSA Prescription Drug Utilization (Medicare Part D)

In compliance with the May 14, 2010 CMS memorandum, Drug Reviews are being completed by Progressive Medical to determine if off-label usage is supported by the compendia for inclusion in the MSA.

Dr. Fell indicated that Ms. Rooks was taking oral medication however there is no documentation in Dr. Saucedo's office notes of an ongoing need for medication and there is no documentation of any prescription medication refills in the medical payouts or prescription medication claims detail since 10/11/2010. Therefore no prescription medication is anticipated in the future.

Complications

While it is impossible to accurately predict the nature and frequency of complications, the historical nature and frequency of complications specific to this case have been considered in the preparation of this report.

Proposed Consideration of Medicare's Interests

Proposed Medicare Set-Aside Allocation Amount

\$27,621.00 is our proposed total Medicare Set-Aside allocation amount; which includes \$27,621.00 for future medical treatment and \$0.00 for future prescription drug treatment (Medicare Part D). These amounts are to be designated for future illness/injury related medical needs related to the claim being settled that are of the type otherwise covered by Medicare for Floreen Rooks's life expectancy.

See attached Medicare Set-Aside Cost Projection for detailed breakdown of the recommended amount.

Additional Recommendations

The projectious contained in the proposed Medicare Set-Aside allocation are based upon the good faith professional judgment of NuQuest/Bridge Pointe, its employees or agents based on the information available to NuQuest/Bridge Pointe as of the time the report was completed.

Should you have any questions or need assistance, please feel free to contact your assigned Service Coordinator listed below at 866-858-7161 and select option 2.

Service Coordinator:Lisa Cooper, lcooper@nqbp.comDirect Fax Number:(321) 460-5166

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Attachments: MSA Cost Projection

cc:

Yolanda Nielsen/State Fund-CA Fax: (707) 646-2609

P.O. Box 915619 Longwood, F132791 · Phone 866-858-7161 · Fax 407-389-0299 · www.NQBP.com

Medicare Set-Aside Cost Projection

Claimant: Floreen Rooks

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Date of Injury: 11/10/2007, 8/9/2007

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Life Expectancy (rounded to the nearest whole number): 18

State of Jurisdiction: California

Method of Calculating Costs: Workers' Compensation (WC) Reimbursement Schedule

Method of Calculating Prescription Drug Costs (Medicare Part D): N/A

Date of Report: 2/17/2012

Service Description	CPT Code	Service Frequency	Occurring Every x Years	Over Total # of Years	Price Per Service Frequency	Total
man alter People inception.		والمراجع المراجع				· · · · · · · · · · · · · · · · · · ·
Angland Standar						
Orthopedic surgeon: routine	99213	1.00	1.00	16.00	\$56.93	
Physician Services Sub-Total						\$910.88
Smallanzaranerinias						
	20610					
Left knee joint steroid injections	J1030		1.00	3.00	\$49.62	\$148.86
	20610					
Left knee Synvisc injections	J7322	1.00			\$60.63	
Left total knee replacement	27447	1.00	1.00	1.00	\$20,000.00	
Surgeries/Procedures Sub-Total						\$20,330.75
541 (1 ml 11 (-2)						
Postoperative physical therapy following	97110					
total knee replacement	97530		1 00		\$00.00	#0 004 J0
total knee replacement	97530		1.00	1.00	\$99.63	\$2,391.12
Intermittent physical therapy	97530		1.00	3.00	\$99.63	A-1 702 74
Therapies Sub-Total	31000	0.00	1.00	3.00	\$99.03	
Therapies Sub-Total						\$4,184.46
DELINOST + TESTINE	•					
Left knee x-rays	73564	1.00	1.00	16.00	\$55.81	\$892.96
Left knee MRI	73722	1.00				,
Diegnostic Testing Sub-Total						\$2,194.94
war and a Statistic for a summer		Berlin in deserv				State of the
-uun: UST De sauptor, 2005. Vertigie Petro)						
Drug Name and Dosage	NDC	Amount per Month	Months per Year	Total # of Years	Price Per Unit	Total
None anticipated	· · · · ·					\$0.00
ojal Futur e Prescription Diugs	al a la constante la constante		A CARLER AND A CARLE			
Medicard Part D			2492 ⁴ 42 ¹⁰		19	430.00
SASTANO LOIANTOIAMSAMSOKS			kon r	an existent dara		
Teatment and Total MSA Prescription					1441/24 \$1441.45	\$975.624200

Generic equivalents are used when available for calculating prescription drug costs. Per CMS protocol, the following calculation formula was used: '# of years' divided by 'Every X Years' multiplied by 'Frequency' multiplied by 'Price per Service' = Total

Nancy Leone RN, MSN, CCM, MSCC Medical Cost Projection Specialist

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FROM:state fund TO:916264058973 03/09/2012 14:29:17 #4776 P.001/001

9. The parties wish to settle these matters to avoid the costs, hezards and delays of further litigation, and agree that a

Page N of 2 received on 3/9/2012 2:38:31 PM [Pacific Standard Time] on server VLICRF2 from 6264058973.

9. The partles wish to sett serious dispute exists as OR HIS/HER REPRESEN SETTLEMENT.	te these matters to avoid the costs, høzerda and delays of furthar littigation, and agree that a to the following issues (initial only those that apply). ONLY ISSUES INITIALED BY THE APPLICANT ITATIVE AND DEFENDANTS OR THEIR REPRESENTATIVES ARE INCLUDED WITHIN THIS
	eaming? temporary disability jurisdiction apportionment employment injury AOE/COE serious and wiliful misconduct discrimination (Labor Code §132a) statute of limitations Mure medical treatment other <u>A1J. ISSUES</u> 24% LT ANKLE/LT KNEE
CONTINUALLY NEED FOR A M	permainent disability 24% LT ANKLE/LT KNEE self-procured medical treatment, except as provided in Paragraph 7 vocational rehabilitation benefits/supplemental job displacement benefits KER IS NOT RECEIVING MEDICARE BENEFITS AT THIS TIME AND IS CURRENTLY WORKING FULL. TIME WITH BYEAL FAMILY & YOUTH SERVICES SO THERE IS NO EDICARE SET ASIDE ALLOCATION REPORT AT THIS TIME. UT BASED ON PANEL QHE REPORT OF DR. THOMAS FELL PARES 3/17/00 ES ADDENDA' A 40 B."

Any accrued chaims for Labor Code section 5814 penalties are included in this settlement unless expressly excluded

10, it is agreed by all parties hereto that the filling of this document is the filling of an application, and that the workers' compensation administrative law judge may in its discretion set the matter for hearing as a regular application, reserving to the parties the right to put in issue any of the facts admitted herein and that if hearing is held with this document used as an application, the detendants shall have available to them all defenses that were available as of the date of filing of this document, and that the workers' compensation administrative law judge may thereafter either approve this Compromise and Release or disapprove it and issue Findings and Award after hearing has been held and the matter regularly submitted for decision.

DWQ-CA form 10214 (c) (Rev. 11/2008) (Page 7 of Ø)

Tracking Id: 12369162

70360

D'VEAL FAMILY AND YOUTH SERVICES

FACSIMILE TRANSMITTAL SHEET FROM: KOOKS DATE: 2609 TOTAL NO. OF PAGES, INCLUDING COV PHONE NUMBER: 3 RË: CAR \geq D PLEASE COMMENT D PLEASE REPLY PLEASE RECYCLE URGENT **D** FOR REVIEW NOTES/COMMENTS: For further questions please contact: Hella () is Pg Topq Duc-cat from attached and 5 pgs 10214 that I thought would 744-1906 626 855 N. ORANGE GROVE BLVD., PASADENA, CA 91103, (626) 796-3453

Page 1 of 2 received on 3/9/2012 2:38:31 PM [Pacific Standard Time] on server VLICRF2 from 6264058973



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Ms. Floreen Rooks 1315 South Gladys Avenue San Gabriel, CA 91776-3623

COPY TO CLAIMS NOV 06 2009

Re: Floreen Rooks v. D'Veal Family & Youth Services WCAB Case No. Unassigned

Dear Ms. Rooks:

The Glendale - A Legal Department and the undersigned have been assigned the legal defense of the above-captioned case.

Please send all notices, pleadings and correspondence addressed to State Compensation Insurance Fund, Legal Department, at the address shown below. Be further advised that notices of hearings or depositions served on any other address may not be legally effective under the doctrine stated in *Hartford Accident and Indemnity Co. v. WCAB (Phillips)*, 86 Cal. App. 3d 1, 43 CCC 1193 (1978). Also, please serve a separate copy of any application(s), medical report(s) and any other pleading(s) or document(s) on this office. Pursuant to Labor Code § 4906, please forward the attorney disclosure form to my office.

State Compensation Insurance Fund requests that you comply with Title 8, Section 10418, which requires notice of medical-legal examinations. We will object to any billings and entry into evidence of reports that do not comply with this section.

Please serve any medical reports in your possession or control as prescribed by the Rules of Practice and Procedure.

Defendant State Compensation Insurance Fund will not accept service by facsimile.

Very truly yours,

Attorney (818)662-6736 adr

cc: D'Veal Family & Youth Services, Post Office Box 40255, Pasadena, CA 91114 Yolanda L. Nielsen, Glendale Unit 5 (SA) Claims Department

> LEGAL DEPARTMENT 655 North Central Avenue • Glendale, CA 91203-1400 (818) 291-7100 Mailing Address: P.O. Box 92622 • Los Angeles, CA 90009-2622

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Applicant						
FLOREEN						
First Name	·		M	l		
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Defendants					•	
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Decision	
	PS Submitted for Approval
LIEN STIPS and ORDER	N.O.I. to Allow/Disallow Issued
Set On At	
Location	
Refere Judge	
Supplemental Pages Attached	Pages
MAR 1 2 2012 Date - MM/DD/YYYY	Calmer & Olimo
	WORKERS' COMPENSATION ADMINSTRATIVE LAW JUDGE JUDGE LYNN A. DEVINE Pursuant to Rule 10500 you are designated to serve this/these
	document(s) on all parties.
Served on parties and lien claimants pre-	sent
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TO: SCIF RECD DTE 04/11/2012 VLSCAN 42 04/12/2012 10:12 AM 038861 10 4 **REQUEST FOR ASSISTANCE** A. EMPLOYEE C NAME OF CALLER: And the state of the second state of the second state of the B. EMPLOYER () C. INS. CARRIER () D. PHYSICIAN) (E. APP. ATTORNEY) (I&A #:. F. DEF. ATTORNEY (1) REPRESENTING G. UNION REP. C) H. LIEN CLAIMANT (PHONE) DEB #: J. DIA/WGAB () K. LEGISLATOR ()L OTHER ()() TELEPHONED) PLEASE CALL () WAS IN f WCAB # (S) () RETURNED CALL WILL CALL AGAIN () WANTS TO SEE YOU (. EMPLOYEE: D/1:. CARRIER CLAIN # ADDRESS: ٩. TELEPHONE OTHER GLAIX #: EMPLOYER ATTORNEY: TELEPHONE ADDRESS: INSURANCE CARRIER: ADDRESS: DOCTOR: TELEPHONE MEMO: [1 M 81 Lena W. Tsei A11-----MAR 122011 daim# 05124168 RESOLUTION DIA FORM JAB-4 RESOLVED 0 ì DEPARTMENT OF INDUSTRIAL RELATIONS ILON & ASSISTANCE OFFICER **LNSORN**A NOT RESOLVED (1 DIVISION OF INDUSTRIAL ACCIDENTS DEFERRED INFORMATION AND ASSISTANCE BUREAU () 144 BUREAU (LOCATION)

PROOF OF SERVICE BY MAIL - CCP 1013a, 2015.5

SCIF INSURED GLENDALE UNIT A 1 SALLY JACQUELINE G. SMITH 818-291-7270 2 SJGSMITH@SCIF.COM

SCAN AS ONE DOCUMENT

4 I declare that I am employed in the County of Los Angeles, State of California. I am over the age of eighteen years and not a party to the within entitled cause. My 5 business address is: 655 North Central Avenue, Suite 400, Glendale, California 91203-6 7 1400. On April 11, 2012, 1 served the attached ORDER APPROVING COMPROMISE & RELEASE WITH C&R PAPERS; MINUTES OF HEARING 8 on the interested parties in said cause, by placing a true copy thereof, enclosed in an 9 10 envelope addressed as follows:

11 Floreen Rooks 2374 Olive Avenue 12 Altadena, CA 91001

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COPY TO CLAIMS APR 10 2012

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I am readily familiar with the firm's practice of collection and processing 14 correspondence for mailing. Under that practice such envelope would be sealed and 15 deposited with U.S. postal service on that same day with postage thereon fully prepaid at 16 Glendale, California in the ordinary course of business. I am aware that on motion of the 17 party served, service is presumed invalid if postal cancellation date or postage meter date 18 is more than one day after the date of deposit for mailing in this affidavit. 19

I declare under penalty of perjury under the laws of the State of California that the 20 foregoing is true and correct. Executed on April 11, 2012, at Glendale, California. 21

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auline Cisneros

Floreen Rooks 05170360 ADJ7024643

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STATE OF CALIFO DEPARTMENT OF INDUSTR DIVISION OF WORKERS' C	RIAL RELATIONS
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Applicant	· · · · · · · · · · · · · · · · ·
FLOREEN First Name	
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Pooks	
Last Name VS	
Defendants	
DVEAL FAMILY AND YOUTH SERVICES Employer Name (Please leave blank spaces between numbers, names or wo	ords)
Applicant Present Not Present	Attorney Hearing Rep
Applicant Present Not Present	
/	
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		and a start
Set On 3/12/12 At	A.30	
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DWC-CA form 10245 (11/2008) (Page 3)

1 2	Lena W. Tsui (SBN) State Compensation Insurance Fund 655 North Central Avenue, Suite 400			05170360	
	Glendale, CA 9120			COPYTO	
3 4	Mailing Address:	P.O. Box 65005 Pinedale, CA 936	650-500	COPY TO CLAIMS FEB 2 1 2012	
5	Telephone: 818-5	550-6736		1012	
6	Fax: 818-2	291-7881			
7	Attorney for Defend State Compensation				
8		DIVISION OF WO	RKER	S' COMPENSATION	
9		STATE	OF CAI	LIFORNIA	
10					
11	FLOREEN ROOKS	,		Case No. ADJ7024643	
12		Applicant	,		
13		v.		NOTICE OF HEARING	
14	D'VEAL FAMILY				
15	STATE COMPENS FUND,	ATION INSURAN	CE		
16		Defendant	ts.		
17	NOTICE IS	HEREBY GIVEN 1	that this	action has been set for hearing before the	
18	Division of Workers	Compensation as	follows	:	
19 00	DATE:		Mond	lay, March 12, 2012	
20	TIME:		08:30	AM	
21	TYPE OF H	IEARING:	MSC		
22	LOCATION	OF HEARING:	Divisi	on of Workers' Compensation	
23				V. 4 th Street, 9 th Floor .ngeles, CA 90013	
24 25	JUDGE:		Lynn	Devine	
25					
26					
27					

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1	Please take notice that th	e claimant/applicant has the right to have a qualified
2	interpreter present at this proceed	ing if he/she does not proficiently speak or understand
3	the English language.	
4	DATED: February 22, 2012	STATE COMPENSATION INSURANCE FUND
5		Kena /m
б		By: Lena W. Tsui, Attorney
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 SALLY JACQUELINE G. SMITH 818-291-7270
 SJGSMITH@SCIF.COM
 PROOF OF SERVICE BY MAIL - CCP 1013a, 2015.5
 I declare that I am employed in the County of Los Angeles, State of California. I
 am over the age of eighteen years and not a party to the within entitled cause. My
 business address is: 655 North Central Avenue, Suite 400, Glendale, California 91203-

SCIF INSURED GLENDALE UNIT A

7 1400. On February 22, 2012, 1 served the attached NOTICE OF HEARING;
8 MINUTES OF HEARING on the interested parties in said cause, by placing a true copy
9 thereof, enclosed in an envelope addressed as follows:

Floreen Rooks
2374 Olive Avenue
Altadena, CA 91001
D'Veal Family & Youth Services
P.O. Box 40255
Pasadena, CA 91114

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

I declare under penalty of perjury under the laws of the State of California that the
 foregoing is true and correct. Executed on February 22, 2012, at Glendale, California.

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Floreen Rooks 05170360

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DIVISION OF WORKERS' COMPENSATION

WORKERS' COMPENSATION APPEALS BOARD

NOTICE OF HEARING

DATE OF SERVICE: 02/10/2012

EAMS CASE NBR(s): ADJ7024643

EMPLOYEE: FLOREEN ROOKS

EMPLOYER: D'VEAL FAMILY & YOUTH SERVICES

INSURER: SCIF INSURED GLENDALE

TYPE OF HEARING: MSC

DATE OF HEARING: 03/12/2012 MONDAY

TIME OF HEARING: 08:30 A.M.

HEARING LENGTH (HOURS):

LOCATION: 320 W. 4TH ST. #900 LOS ANGELES CA 90013

Map available at: http://www.dir.ca.gov/dwc/dir2.htm

JUDGE: Lynn Devine 213 576-7335

SPECIAL COMMENTS/INSTRUCTIONS:

You are hereby notified that the above entitled case is set for hearing before the Division of Workers' Compensation of the State of California. Continuances are not favored and will be granted only upon clear showing of good cause. Please arrive before scheduled appearance time.

NOTICE TO PARTIES: Disability Accommodation is available upon request. Individuals with a disability requiring a reasonable accommodation (such as an auxiliary aid or service or a modification of policies or procedures) to ensure effective communication and eccess to the programs of the Division of Workers' Compensation, should contact the Disability Accommodation Coordinator at the local District Office of the DWC, or the Statewide Disability Accommodation Coordinator at 1-866-581-1459 (toil free) or through the California Relay Service, by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY-Spanish).

Accommodations can include reasonable modifications of procedures or the provision of auxiliary alds or services including, but not limited to, assistive listening devices (ALD). Computer-Alded Realtime Translation (CART), sign language interpreters, documents in alternative formats, magnifiers, and audio cassette recordings. Accommodation requests should be made as soon as possible and at least five (5) days before the hearing, especially for requests for an ALD, a sign language interpreter, or CART.

NOTICE TO INSURER : The employer will not receive Notice of Hearing.

WC01

SCI000123

05170360



LAO-ADJ 320 W. 4TH ST. #900 LOS ANGELES CA 90013

SCIF INSURED GLENDALE PO BOX 65005 PINEDALE CA 93650



DIVISION OF WORKERS' COMPENSATION

WORKERS' COMPENSATION APPEALS BOARD

NOTICE OF HEARING

DATE OF SERVICE: 02/10/2012

EAMS CASE NBR(s): ADJ7024645

EMPLOYEE: FLOREEN ROOKS

EMPLOYER: D'VEAL FAMILY & YOUTH SERVICES

INSURER: SCIF INSURED GLENDALE

TYPE OF HEARING: MSC

DATE OF HEARING: 03/12/2012 MONDAY

TIME OF HEARING: 08:30 A.M.

HEARING LENGTH (HOURS):

LOCATION: 320 W. 4TH ST. #900 LOS ANGELES CA 90013

Map available at: http://www.dir.ca.gov/dwc/dir2.htm

JUDGE: Lynn Devine 213 576-7335

SPECIAL COMMENTS/INSTRUCTIONS:

You are hereby notified that the above entitled case is set for hearing before the Division of Workers' Compensation of the State of California. Continuances are not favored and will be granted only upon clear showing of good cause. Please arrive before scheduled appearance lime.

NOTICE TO PARTIES: Disability Accommodation is available upon request. Individuals with a disability requiring a reasonable accommodation (such as an auxiliary aid or service or a modification of policies or procedures) to ensure effective communication and access to the programs of the Division of Workers' Compensation, should contact the Disability Accommodation Coordinator at the local Diatrict Offica of the DWC, or the Statewide Disability Accommodation Coordinator at 1-866-881-1459 (toll free) or through the California Relay Service, by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY-Spanish).

Accommodations can include reasonable modifications of procedures or the provision of auxiliary aids or services including, but not limited to, assistive listening devices (ALD), Computer-Aided Realtime Translation (CART), sign language interpreters, documents in alternative formats, magnifiers, and audio cassette recordings. Accommodation requests should be made as soon as possible and at least five (5) days before the hearing, especially for raquests for en ALD, e sign language Interpreter, or CART.

NOTICE TO INSURER : The employer will not receive Notice of Hearing.

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LAO-ADJ 320 W. 4TH ST. #900 LOS ANGELES CA 90013

SCIF INSURED GLENDALE PO BOX 65005 PINEDALE CA 93650

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DIVISION OF WORKERS' COMPENSATION

WORKERS' COMPENSATION APPEALS BOARD



DATE OF SERVICE: 01/09/2012

EAMS CASE NBR(s): ADJ7024643

EMPLOYEE: FLOREEN ROOKS

EMPLOYER: D'VEAL FAMILY & YOUTH SERVICES

INSURER: SCIF INSURED GLENDALE

TYPE OF HEARING: Status Conference

DATE OF HEARING: 02/09/2012 THURSDAY

TIME OF HEARING: 08:30 A.M.

HEARING LENGTH (HOURS):

LOCATION: 320 W. 4TH ST. #900 LOS ANGELES CA 90013

Map available at: http://www.dir.ca.gov/dwc/dir2.htm

JUDGE: Lynn Devine 213 576-7335

SPECIAL COMMENTS/INSTRUCTIONS:

RE: OSA

You are hereby notified that the above entitled case is set for hearing before the Division of Workers' Compensation of the State of California. Continuances are not favored and will be granted only upon clear showing of good cause. Please arrive before scheduled appearance time.

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NOTICE TO INSURER : The employer will not receive Notice of Hearing.

WC01

3. Applicant releases Defendants and State Compensation Insurance Fund from further liability for any claim that applicant may have against Defendants and State Compensation Insurance Fund for, or as a result of, any and all claims against Applicant made by CMS against these settlement proceeds, and for sums which may be paid by Medicare to the applicant in the future for this industrial injury. Applicant releases Defendants and State Compensation Insurance Fund from any liability for any claim made by or against applicant due to loss, either at present or in the future, of Federal Program benefits, including but not limited to: Social Security, the aforementioned Medicare benefits including prescriptions, and possibly other relief and entitlement benefits governed by Federal Statute, to the extent the Applicant would have been entitled to same in the absence of this settlement. Applicant acknowledges and verifies he/she has read (or has had read to him/her) the entire Compromise and Release, including this Addendum. He/She understands and accepts the provisions of these documents. Applicant acknowledges he/she has the right to discuss these documents with legal counsel, and if represented, he/she has had the opportunity to confidentially discuss same with legal counsel su as to fully understand the significance of these documents.

Medicare Addendum C

Page 3 of 3

(rev 3/10/2010)

D'VEAL FAMILY AND YOUTH SERVICES

FACSIMILE TRANSMITTAL SHEET FROM: F. KOOKS DATE: 2609 NUMBER TOTAL NO. OF PAGES, INCLUDING CO PHONE NUMBER: \leq R.E. 1-1< ۶ U URGENT **D** FOR REVIEW D PLEASE COMMENT D PLEASE REPLY PLEASE RECYCLE NOTES/COMMENTS: For further questions please contact: Hell O attached are 5pgp that I thought would that I thought would the If not call LX 144-1906 -22 rlene 626 855 N. ORANGE GROVE BLVD., PASADENA, CA 91103, (626) 796-3453

03/05/2012 11:16 6264058973 DVEAL

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FROM.state fund TO.916264056973 03/01/2012 14:25:54 #4460 P.008/016

11. WARNING TO EMPLOYEE: SETTLEMENT OF YOUR WORKERS' COMPENSATION CLAIM BY COMPROMISE AND RELEASE MAY AFFECT OTHER BENERITS YOU ARE RECEIVING TO WHICH YOU BECOME ENTITLED TO RECEIVE IN THE FUTURE FROM SOURCES OTHER THAN WORKERS' COMPENSATION, INCLUDING BUT NOT LIMITED TO SOCIAL SECURITY, MEDICARE AND LONG-TERM DISABILITY BENEFITS. THE APPLICANT'S (EMPLOYEE'S) SIGNATURE MUST BE ATTESTED TO BY TWO DISINTERESTED PERSONS OR ACKNOWLEDGED BEFORE A NOTARY PUBLIC By signing this agreement, applicant (employee) acknowledges that he/she has read and understands this agreement and has had any questions he/she may have had about this agreement answered to his/her satisfaction. Witness the signature hereof this 5

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Witness 2

#nterpreter

MARC 20 12 day of at (Dote) Applicant (Emp (Date) Alterney for Applicant (Cala) (Dole) Attorney for Defendant (Date) Attomey for Defendant (L)ate) Attorney to: Defendant (Date) Allomey for Defendant (Date)

DMC-CA form 10214 (c) (Rev. 11/2008) (Page 8 of 9)

Tracking Id: 12369162

3. Applicant releases Defendants and State Compensation Insurance Fund from further liability for any claim that applicant may have against Defendants and State Compensation Insurance Fund for, or as a result of, any and all claims against Applicant made by CMS against these settlement proceeds, and for sums which may be paid by Medicare to the applicant in the future for this industrial injury. Applicant releases Defendants and State Compensation Insurance Fund from any liability for any claim made by or against applicant due to loss, either at present or in the future, of Federal Program benefits, including but not limited to: Social Scenrity, the afforementioned Medicare benefits including prescriptions, and possibly other relief and entitlement benefits governed by Federal Statute, to the extent the Applicant would have been entitled to same in the absence of this settlement. Applicant acknowledges and verifies he/she has read (or has had read to him/her) the entire Compromise and Release, including this Addondum. He/She understands and accepts the provisions of these documents. Applicant acknowledges he/she has the right to discuss these documents with legal counsel, and if represented, he/she has had the opportunity to confidentially discuss same with legal counsel ao as to fully understand the significance of these documents.

!	signed this 5 day of March 2012 at L.A. County.
¢	lalifornia.
f	APPI.ICANT
A	APPLICANT'S ATTORNEY
	NTERPRETER
	ERTIFICATION NUMBER

Medicare Addendum C

Page 3 of 3

(rev 3/10/2010)

FROM:state fund TO:016264058073 03/01/2012 14:26:46 #4480 P.013/016

3. RODGERS/CARTER RELEASE - Supplemental Job Displacement Benefits

In the event applicant has participated, is participating, or later participates in an education related retraining or skill enhancement program or plan, pursuant to Labor Code section 4658.5, the following release applies: Applicant has been advised, fully understands, and specifically agrees this settlement agreement releases all liability of the defendants for any workers' compensation benefits including, but not limited to, potential disability benefits and medical benefits, to which applicant may be entitled for any injury or injuries to applicant that may occur or might have occurred during education related retraining or skill enhancement program which are a direct and natural consequence of the original injury or injuries recited in this Compromise and Release. The applicant hereby agrees to waive such potential claim or claims for workers' compensation benefits pursuant to Rodgers v. Workers' Comp. Appeals Bd. et al. (1985) 168 Cal. App.3d 567, 50 Cal. Comp.Cases 299, and Carter et al., v. County of Los Angeles et al. (1986) 51 Cal.Comp.Cases 255 (en hone).

Floreen Rook DATE March 5,2013 APPLICANT

APPLICANT'S ATTORNEY_____

DEFENDANT'S ATTORNEY_____ DATE

DATE____

C&R Addendum - (rev. 07/08/2009) Page 2 of 2 DOI on or after 1/1/2004

FROM:state fund TO:916264058973 03/01/2012 14:25:19 #4480 P.006/016

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	requested as applicant's attorney's fee.		
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D'VEAL FAMILY AND YOUTH SERVICES

FACSIMILE TRANSMITTAL SHEET TO FROM: KOOKS DATE: 2609 TOTAL NO. OF PAGES, INCLUDING COVE PHONE NUMBER: RE: CAR Þ URGENT G FOR REVIEW D PLEASE COMMENT D PLEASE REPLY D PLEASE RECYCLE NOTES/COMMENTS: For further questions please contact: Hella (i) attached are 5pgp that I thought would makine. If not call to manage 144-1906 rlese 626 855 N. ORANGE GROVE BLVD., PASADENA, CA 91103, (626) 796-3453

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SCIF RECD DTE 03/16/2012 VLSCAN 50 03/19/2012 08:17 AM 039367 3 1 360 STATE OF CALIFORNIA WORKERS' COMPENSATION APPEADS BOARD ADJ 7024643 Case No(s): ADJ-702412 FLOREEN ROOK Applicant, ORDER APPROVING COMPROMISE AND RELEASE VS. And D'VEAL FAMILY & YOUTH SERVICES; AWARD STATE COMPENSATION INSURANCE FUND JOINT ORDER APPROVING C&R Defendants: The parties have filed a Compromise and Release in the above-entitled action together with the entire medical record, which is admitted into evidence and have waived the provisions of Labor Code § 5313. For the reasons set forth in the Compromise and Release and based upon an evaluation of the entire record, the settlement appears adequate and should be approved. The court has considered the release of applicant's dependents' rights to death benefits in <u>)</u>x(determining the adequacy of the Compromise and Release. Sumner v. WCAB, 48 CCC 369. The court has considered the applicant's release of Supplemental Job Displacement Benefits in X the Compromise and Release. In view of the contested issues as set forth in the offer of proof, there are good faith issues, which, if resolved against the employee, would defeat the employee's right to compensation. The parties have filed a Medicare Set Aside as part of the Compromise and Release. Now therefore, IT IS ORDERED that said Compromise and Release is approved. Addendums attached are side agreements that do not require judicial approval or exceed jurisdiction. AWARD is made in favor of FLOREBIN ROOKS and against in the sum of STATE COMPENSATION INSURANCE FUND iess the sum of \$ ___ as reasonable attomey's fees, NA payable to \$16425.14 and less permanent disability advances, according to proof, of ۵× D and less 45.564.80 leaving a balance payable to applicant of ί¥. The Board retains jurisdiction over liens fied to date and penalties and interest thereon. MAR 1 2 2012 Dated: LYNN A DEVINE Workers' Compensation Judge Defendant/ applicant Ordered to serve YOLANDA NIELSEN Official Address Record: By Date: MAR 1 4 2012 ha glendale loc.

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9. The parties with to settle these mothers to each the costs, hezerde and delays of inther litigation, and agree that a settle dispute exists to the following issues (initial only those that apply). ONLY ISSUES INITIALED BY THE APPLICANT OR HIB/HER REPRESENTATIVES ARE INCLUDED WITHIN THIS SETTLEMENT.

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Any assued clums for Labor Code acction 5514 panalities are included in this settlement lintess expressly exploded

10. It is agreed by all parties here's that the sling of this document is the filing of an application, and that he workers' compression administrative law judge may in its discretion set the matter to hearing is had with this document used as an application, the schendard's shall have available to them and that it hearing is had with this document used as an application, the obtendard's shall have available to them all defines and that it hearing is had with the date of King of the application, the obtendard's shall have available to them all defines that were working is had with the compromise and document, and that the workers' compression contribution is administrative to the matter beam and there are the shall be an administrative to the part of the there exists and document, and that the workers' compression and administrative to be part beam held and the matter regulaty submitted for decision.

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SOCIAL SECURITY, MEDICARE AND LONG-TERM DISABILITY BENEFITS.

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숺. PAGE 03/06 11. WARKING TO EMPLOYEE SETTLEMENT OF YOLR WORKERS' CONPENSATION CLAIN BY COMPROMISE AND RELEASE MAY AFFECT OTHER BENEFITS YOU ARE RECEIVING TO WHICH YOU BECOME ENTITLED TO RECEIVE IN THE FUTURE FROM SOURCES OTHER THAN WORKERS' COMPENSATION, INCLUDING BUT NOT LIMITED TO THE APPLICANT'S (EMPLOYEE'S) SIGNAYURE MUST BE ATTESTED TO BY TWO DISINTERESTED PERSONS OR ACKNOWLEDGED SEPORE A NOTARY PUBLIC By signing like agreement, applicant (sinokyee) adknowledges that have has road and understands this agr ient and has had any questions he/she may have had about this agreement answered to tristher satisfaction. 3 0 (Çq RELIEN · C / Ph 145 ADJUSTEN Э, A-55151742-11 CLAIMS 1 Cate MAMAKEEr Alternay for Date (Date)

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DVVC-CA form 10214 (c) (Rev: 11/2008) (Page 9 of 9)

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APPLICANT: FLOREEN ROOKS WCAB CASE NUMBER(S): ADI7024643, ADJ 7024645 SCIF CLAIM NUMBER(S): 05170360 AND 65124/68 <u>.</u>...

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LIEN ADDENDUM

LIENS OF RECORD AND AFFIDAVIT RE: GOOD FAITH EFFORTS TO RESOLVE LIENS

The following are the iens of record as of the date of this Compromise and Release. Defendants will pay, adjust, or higher, the following liens, less credit for payments previously made.

Jarisdiction is reserved with the Workers' Compensation Appeals Board as to all issues that may arise regarding disposition of these liens. .

Lien Claimant Name & Address	Amount	Description, Date & Result of Lien Resolution Efforts	
There are no liens on record for this claim.			
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T declare under penalty of perjury as follows:

I am the representative for defendant State Compensation Insurance Fund. I have made the abovereferenced good faith efforts to resolve each of the listed liens.

-31-12 State Fund Representative Date YOLANDA NIELSEN CLAIMS ADJUS PEN Date

05170360

APPLICANT: Floreen Rooks WCAB NO: ADJ7024643 & ADJ7024645

STATE FUND CLAIM NO: 05170360 & 05124168

SJDB/Rodgers & Carter/Accrued Benefits Addendum

1. SETTLEMENT OF ACCRUED BENEFITS

The settlement includes any claims for retroactive benefits and reimbursement, including, but not limited to, temporary disability indemnity, mileage reimbursement, out-of-pocket medical expense, and any interest or penalties, including, but not limited to, sanctions and self-imposed penalties, claimed up to the date of the Order Approving Compromise and Release.

2. SUPPLEMENTAL JOB DISPLACEMENT BENEFITS [SELECT ONE]

- Applicant is not prevented from returning or has returned to work for the employer, therefore, applicant is not entitled to the supplemental job displacement benefit.
- The employer has offered modified or alternative work; therefore, applicant is not entitled to the supplemental job displacement benefit.
- As a result of the injury settled herein, applicant is entitled to a SJDB voucher in an amount (select one of the following amounts if entitled to SJDB voucher)

up to \$4,000 (PD less than 15%) up to \$6,000 (PD: 15% to 25%)

up to \$8,000 (PD: 26% to 49% up to \$10,000 (PD: 50% to 99%)

☐ The settlement amount indicated in paragraph 7 includes consideration to settle the potential eligibility for the SJDB voucher. Therefore, no supplemental job displacement benefit is owed to applicant. [8 CCR 10133.52]

C&R Addendum - (rev. 07/08/2009) Page 1 of 2. DOI on or after 1/1/2004

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3. RODGERS/CARTER RELEASE - Supplemental Job Displacement Benefits

In the event applicant has participated, is participating, or later participates is an education related retraining or skill enhancement program or plan, pursuant to Labor Code section 4658.5, the following release applies: Applicant has been edvised, fully understands, and specifically agrees this settlement agreement releases all liability of the defendants for any workers' compensation benefits including, but not limited to, potential disability benefits and medical benefits, to which applicant may be entitled for any injury or injuries to applicant that may occur or might have occurred during education related retraining or skill enhancement program which are a direct and natural consequence of the original injury or injuries recited in this Compromise and Release. The applicant hereby agrees to walve such potential claim or claims for workers' compensation benefits parsonnt to Rochers v. Workers' Comp. Appends Bd. at al. (1985) 168 Cal.App.3d 567, 50 Cal.Comp.Cases 299, and Carter et al., v. County of Los Angeles et al. (1986) 51 Cal.Comp.Cases 255 (on binsc).

vier Kork APPLICAN

DATE March

APPLICANT'S ATTORNEY

DATE

DEFENDANTIS Yoransa MERIEN. CLAINS ADJUSTO ATTORNEY

3-5-12 DATE.

C&R Addendues ~ (rev. 674)8/2909) Page 2 oF 2 DDI op or after 1/1/2904

4	*
APPLICANT Floreen Rooks	·
SOCIAL SECURITY NUMBER 130-38-8570	
WCAB NUMBER ADJ7024643 & ADJ7024645	
CLAIM NUMBER 05170360 & 05124168	

ADDENDUM & B MEDICARE ELIGIBILITY VERIFICATION

I, <u>Floreen Rooks</u>, attest that I am not currently receiving, nor have I ever received Medicare benefits at the time of the approval of the Compromise and Release in this matter.

1. I do understand that this Medicare Eligibility Verification is an essential part of the settlement on my workers compensation case by way of a Compromise and Release. I do understand that I have a right to seek the advice of an attorney if I have any questions. I do understand that, under Federal Law: I, as beneficiary am "...responsible for taking whatever action is necessary to obtain any payment that can reasonably be expected under workers compensation"; and that Medicare will not pay benefits until my remedies under workers compensation are exhausted. (Title 42CFR 411.43)

2. I do understand that, in the event that I have ever received, are currently receiving, or have ever applied for Medicare benefits, my failure to advise Medicare of my receipt of benefits under the Workers Compensation System in the State of California may result in Medicare's refusal to pay for any medical services until such time as my medical expenditures have exhausted the amount of this Compromise and Release or the portion of the Compromise and release which clearly relates to medical care.

Medicare Addendum C

Page 1 of 3

(rev 3/10/2010)

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 $\boxed{21,965.00}$ in consideration for the applicant's Permanent Disability, estimated to be rated at $\boxed{24}$ %, with regard to the industrial injury. The settlement amount also takes into consideration other disputed benefits, such as temporary disability benefits, past and future, non-Medicare covered expenses such as nursing home fees, all or a portion of sums which are claimed as regular non-medical benefits. The balance of settlement proceeds is paid in consideration of potential medical benefits, including pharmacy costs, which is valued at the sum of \$27, 621.69 PER MSA 2-17-12

B. The Applicant and Defendant agree that the settlement sum indicated in Paragraph #7 of this Compromise & Release includes S______ (total MSA recommended amount) in consideration for the Applicant's estimated Medicare-covered future medical expenses due to the industrial injury. A third-party vendor specializing in Medicare allocation and set-aside issues has reviewed the Applicant's history of medical expenses and treatment resulting from the subject industrial injury and made a recommendation for the Medicare Set-Aside. See attached report from

(*name of third-party vendor*), which is incorporated herein by reference. The Medicare Set-Aside allocation has been completed but not submitted to the Centers for Medicare and Medicaid Services for approval. A copy of the Medicare Set-Aside allocation has been provided to the Applicant.

Medicare Addenduro C

Page 2 of 3

(rev 3/10/2010)

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3. Applicant releases Defendants and Some Compensation insurance Fund from further liability for any claim that applicant may have sgainst Defendants and State Compensation insurance. Fund for, or as a result of, any and all claims against Applicant made by CMS against these settlement proceeds, and for sums which may be paid by Medicare to the applicant in the future for this industrial injury. Applicant releases Defendants and State Compensation insurance Fund form any liability for any claim made by or against applicant due to loss, either al present or in the future, of Pederal Program benefits, including but not limited to: Social Security, the aforementioned Medicare benefits including prescriptions, and possibly other relief and entitlement benefits governed by Federal Statute, to the extant the Applicant would have been criticle to same in the absence of this syntement. Applicant acknowledges and verifies he/she has read for has had read to him/her) the entire Compromise and Release, including this Addundum. He/She understands and accepts the provisions of these documents. Applicant as the right to discuss these cocuments with legal control, and If represented, ho/she has had the opportunity to confidentially discuss same with legal control as as to fully undurstand the significance of these documents.

Signed this 5 day of March 2012 at L.A. County.
California.
APPLICANT Horeen Kooks
APPLICANT'S ATTORNEY
INTERPRETER
CERTIFICATION NUMBER

Medicars Addendum C

Page 3 of 3

(rev 3/10/2010)

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8. Any accrued claims for Labor Code section 5814 penalties are included in th	
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PENALTIES AND INTERESTS WILL BE WAIVED IF AWARD IS FROM DATE OF RECEIPT OF STATE FUND.	PAID WITHIN 30 DAYS
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6/06/2011 AX707-646-2-609 June 3, 2011 Floreen Rooks Claim Number: 05170360 2374 Olive Ave Employee: Floreen Rooks Attadena CA 91001-5542 Date of Injury: 11/10/2007 Dear Ms. Rooks Enclosed are Stipulations with Request for Award in the above-entitled matter. We ask that you sign the form, Please also sign and date the enclosed Addendum(s) to the form. If you have any questions, you may contact me or a State Information and Assistance Office at 1-800-736-7401 or call your local information and Assistance Officer at (213)576-7389. Please complete the form(s) using all CAPITAL, letters and in BLACK ink only. Do no: fold, staple or bend any of the pages of the forms and return the form(s) in the unclosed envelope. Please return the executed Stipulations with Request for Award to this office. I will the a complete and submit it to the assigned Workers' Compensation Appeals Board for approval and will return an Sincerely Yolanda L. Nielsen Yolanda L. Nielsen Adjuster (818)291-7826 End: Business Reply Envelope (SCIF 19619) Stipulation with Request for Awards (DWC-CA Form 10214(a) thacked is signed

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P.O. Box 65005 * Pinedalo, CA 93650-5305

STATE OF CALIFORNIA Division of Workers' Compensation Workers' Compensation Appeals Board

FLOREEN ROOKS,

Applicant, vs.

D'VEAL FAMILY & YOUTH SERVICES; SCIF INSURED GLENDALE;

Defendant.

Case No. ADJ7024643; ADJ7024645

ORDER SUSPENDING ACTION

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The above document is on file herein. Approval thereof will be stayed and the matters set for hearing.

Action has been suspended for the following reason(s):

- \boxtimes 1. The stipulation does not address adequately address the two injuries, in particular the apportionment claimed between the two events, in particular the left ankle or right foot.
- 2. Dr. Saucedo MD does not perform an examination or report for all the parts of body at issue adequate to support the proposed stipulated awards or be rated by the DEU; the apportionment is unsupported by the medical record.

DATE: 01/06/2011

Lynna. Deime

Lynn Devine Workers' Compensation Administrative LAW JUDGE

Served on relevant parties as shown on the OAR/ POS attached By: ________ON: 01/19/2012 Lydia Hunter

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

01-19-2012

OFFICIAL ADDRESS RECORD-PROOF OF SERVICE BY MAIL - CCP 1013a, 2015.5

ORDER SUSPENDING ACTION ON STIPULATIONS W/REQUEST FOR AWARD

Case Number: ADJ7024643; ADJ7024645

Employer, 855 N ORANGE GROVE BLVD PASADENA CA 91103

D'VEAL FAMILY & YOUTH SERVICES

FLOREEN ROOKS

Injured Worker, 1315 S GLADYS AVE SAN GABRIEL CA 91776

SCIF INSURED GLENDALE

Insurance Company, PO BOX 65005 PINEDALE CA 93650

PARTY(IES) IN BOLD PRINT HAS/HAVE BEEN SERVED VIA U.S. MAIL

I am over age 18, not a party to this proceeding, and am employed by the State of California, DWC, Los Angeles District Office of the WCAB, located at 320 W. 4th Street, Los Angeles, CA 90013.

On 01/19/2012 I deposited in the United States mail at 320 W. 4th Street, Los Angeles CA 90013, a scaled envelope containing a copy of ORDER SUSPENDING ACTION ON STIPULATIONS W/REQUEST FOR AWARD, with postage fully paid, addressed to the party or parties listed on the above.

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

ON: 01/19/2012

Signed by: Lydia Hunter

05170360

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November 15, 2007

Floreen Rooks 1317 1/2 S Gladys Ave San Gabriel CA 91776 Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007 Employer: D'Veal Family & Youth Services

NOTICE REGARDING TEMPORARY DISABILITY BENEFITS

State Compensation Insurance Fund, the claims administrator for D'Veal Family & Youth Services, is handling your workers' compensation claim. This notice is to advise you of the status of temporary disability payments for your workers' compensation injury of November 10, 2007.

Payments are beginning for temporary disability for the period from November 15, 2007 through November 15, 2007.

The payment in the amount of \$92.49 was sent separately. Your temporary total disability payment is based on two-thirds of your average weekly wage at the time of injury and is subject to maximum and minimum rates which are set by state law depending on the date of injury. No payments will be paid to you for the first three days of disability unless you were hospitalized or are disabled for more than 14 days. For injuries occurring on or after April 19, 2004, it is also subject to a maximum of 104 compensable weeks within two years from the date of initial payment; or if the injury involves pulmonary fibrosis, chronic lung disease, chemical burns to the eyes, human immunodeficiency virus (HIV), severe burns, amputations, or high velocity eye injuries – a maximum of 240 compensable weeks within five years from the date of injury. Your weekly compensation rate is \$647.44 based on your earnings of \$971.15 per week.

Payments will be sent every two weeks on Thursday until you are able to return to work, your medical condition becomes permanent and stationary, or you have been paid the maximum number of benefit weeks allowed by law, whichever occurs first.

If you believe your average weekly wages noted above are inaccurate, please provide us with additional earnings documentation from any employment so that we may make the appropriate adjustment to your temporary disability rate. The rate noted above may change pending additional earnings information.

We will also pay for appropriate medical care and will reimburse you for necessary transportation expenses at the rate of 48.5 cents a mile. If you receive any medical bills, please send them to me.

You may also receive recorded information by calling the state Information and Assistance Officer at 1–800–736–7401 or you may call your local Information and Assistance Officer at 1–213–576–7389.

If you have moved, or are moving soon, or want to know the status of your benefit check, please call our toll free number 1–888–222–3211, Monday through Friday, between 7:00 a.m. and 5:00 p.m. PST.

If you have any questions, please feel free to call me at the number listed below. However, if you are represented by an attorney, this phone call should be made through your attorney.

Sincerely

Sherie Chou

Sherie Chou For Yolanda Nielsen, Adjuster of this claim Adjuster (818)291–7626 Fax: (707)646–2609

cc: D'Veal Family & Youth Services, PO Box 40255 Pasadena, CA 91114

You may lose important rights if you do not take certain actions within 10 days. Read this letter and any enclosed fact sheets very carefully.

September 18, 2008

Floreen Rooks 1315 S Gladys Ave San Gabriel CA 91776-3623 Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007 Employer: D'Veal Family & Youth Services

NOTICE REGARDING TEMPORARY DISABILITY BENEFITS

State Compensation Insurance Fund, the claims administrator for D'Veal Family & Youth Services, is handling your workers' compensation claim. This notice is to advise you of the status of temporary disability payments for your workers' compensation injury of November 10, 2007.

Your final payment of temporary disability was sent separately. Payments are ending because you have returned to modified work on September 15, 2008.

Temporary disability benefits paid to you total \$28,487.36. This amount covers the following period(s) at the following rate(s) per week: from 11/12/07 through 09/14/08 at \$647.44 per week.

Our records indicate that you have not participated in a comprehensive medical evaluation. Please be advised that both you and State Compensation Insurance Fund have the right to disagree with the treating doctor's findings regarding your temporary disability status. The Workers' Compensation Laws of California under Labor Codes \S § 4062 and 4062.1 provide a process to follow when such a disagreement arises. Either you or State Fund may request and obtain (at no cost to you) a comprehensive medical evaluation prepared by a physician selected from a panel of Qualified Medical Evaluators to help resolve the dispute. These medical evaluators are physicians certified by the Administrative Director of the Division of Workers' Compensation specifically for these purposes.

We accept the findings of your treating physician.

If you disagree with our decision or the findings of the treating physician, enclosed is the form prescribed by the DWC Medical Unit for your use to request assignment of a panel of Qualified Medical Evaluators. If you choose to request a panel, you have 10 days to submit your request to the DWC Medical Unit. If you do not submit your request within 10 days, Labor Code § 4062.1 allows the State Fund to submit the panel request.

When the Administrative Director sends you the panel, you are responsible for selecting one of the physicians on the panel, making the appointment and providing us this information. You have up to 10 days from receipt of the panel to do this. Please complete the attached form (Panel QME Appointment Notice SCIF Form 3051) to notify us of the name of the doctor you have chosen and the date of the appointment. We are required to send you money for mileage and any other allowed expenses. When scheduling an appointment, please allow at least 20 days for State Fund to send your medical file to the physician before the examination date. If you do not select the physician from the panel within 10 days, Labor Code § 4062.1 allows State Fund to select the physician.

Since you have not filed a Workers' Compensation Claim Form (DWC-1), you are not entitled to participate in the panel Qualified Medical Evaluation process. If you wish to be evaluated by a Qualified Medical Evaluator, you must first submit a properly completed claim form. For your convenience, we have enclosed a Workers' Compensation Claim Form (DWC-1) for you to complete. Please complete the employee's section of the form and then forward the form to your employer so they can complete their section of the form. Once we receive the completed DWC-1 form, you may proceed with requesting a panel from the DWC Medical Unit.

While temporary disability benefits are ending, you may be entitled to other workers' compensation benefits. We will advise you if additional benefits are due.

We will continue to pay for appropriate medical care and will reimburse you for necessary transportation expenses at the rate of up to 58.5 cents a mile. If you receive any medical bills, please send them to me.

The State of California, Division of Workers' Compensation requires that you be provided with the following:

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 Yolanda Nielsen at (818)291–7626. However, if you are represented by an attorney, you should call your attorney, not the claims adjuster. If you want further information on your rights to benefits or disagree with our decision, you may contact your local state Information & Assistance Office of the Division of Workers' Compensation by calling (213)576–7389.

For recorded information and a list of offices, call (800)736–7401. You may also visit the DWC website at:

http://www.dir.ca.gov/DWC/dwc_home_page.htm

You also have a right to consult with an attorney of your choice. Should you decide to

be represented by an attorney, you may or may not receive a larger award, but, unless you are determined to be ineligible for an award, the attorney's fee will be deducted from any award you might receive for disability benefits. The decision to be represented by an attorney is yours to make, but it is voluntary and may not be necessary for you to receive your benefits.

To resolve a dispute, you may apply to the Workers' Compensation Appeals Board or the Administrative Director.

The law limits the time period within which you may collect benefits. Should you disagree with any action taken by State Fund, in order to protect your rights, you must commence proceedings before the Workers' Compensation Appeals Board by filing an Application for Adjudication of Claim within one year of the date of your injury, or one year from the last furnishing of indemnity or medical treatment benefits by your employer or State Fund. If you do not do so, your right to benefits may be lost.

Sincerely

Margarit Sislyan

Margarit Sislyan For Yolanda Nielsen, Adjuster of this claim Adjuster (818)291-7626

Enc: How to Request a Qualified Medical Evaluation (SCIF e3475) (Rev. 01/08) [I&A 2 (Rev. 3/07)] Request for QME (SCIF e3131) (Rev. 12/00) [IMC Form 106 (Rev. 4/14/00)] QME Panel Appointment Notice (SCIF 3051) Workers' Compensation Claim Form (SCIF e3301) (Rev. 7/04) [DWC-1 (Rev. 7/04)] Business Reply Envelope DWC Fact Sheet C (Rev. 2/08) DWC Fact Sheet E (Rev. 12/05)

cc: D'Veal Family & Youth Services, PO Box 40255, Pasadena, CA 91114

Department of Industrial Relations INDUSTRIAL MEDICAL COUNCIL

Request for Qualified Medical Evaluator

	(Please Complete Form/type or Print)
	EMPLOYEE INFORMATION
TODAY'S DATE	DATE OF INJURY (LIST ONLY ONE)
	(Requests without month/day/year of injury will be returned).
September 18, 2008	November 10, 2007
NAME: Floreen Rooks	
ADDRESS: 1315 S Gladys Ave	
CITY, STATE, ZIP CODE: San G	abriel CA 91776-3623
(AREA CODE) PHONE #: (626)5	73-1906
If currently residing out of state, list reside	ence at the time of injury:
CITY, ZIP CODE:	
	EMPLOYER INFORMATION
NAME D'Veal Family & Youth Se	rvices
ADDRESS Po Box 40255	
CITY, STATE, ZIP CODE Pasade	ena CA 91114
(AREA CODE) PHONE # (826)79	98-3453
INSURE	R or CLAIMS ADMINISTRATOR INFORMATION
NAME: Yolanda Nielsen	
ADDRESS: PO Box 92622	
CITY, STATE, ZIP CODE: Los A	ngeles CA 90009-2622
(AREA CODE) PHONE #: (818)2	91-7626: CLAIM_NUMBER: 05170360

This Section to be Filled out by the Injured Worker <u>ONLY</u> Please list <u>ONLY ONE</u> specialty (INSERT three letter code from the back of this form)

Yolanda L. Nielsen

Specialty Physician Requested: _____

(signature of Adjuster)

(signature of Injured Worker)

PLEASE NOTE: Panels will be issued in the area of the injured worker's residence. If the injured worker resides out of state the panel will be issued in the area of residence at the time of injury. If due to special circumstances another city is required please attach letter of agreement from the carrier and the city and the zip code being requested.

If the IMC does not issue a panel within 15 working days after this request is received by the IMC, you are entitled to select a QME of your choice. Send this completed form to

DIVISION OF WORKERS' COMPENSATION MEDICAL UNIT P.O. Box 71010 Oakland, CA 94612-7110 (510)288-3700 or (800)794-8900 05170360

MD/DO SPECIAL TY CODES.

MD/	DO SPECIALI Y CODES
MAI	Allergy and Immunology
MAA	Anesthesiology
MRS	Colon & Rectal Surgery
MDE	Dermatology
MEM	Emergency Medicine
MFP	Family Practice - MD
OFP	Family Practice -DO
OFM	Family Practice - DO - Including Osteo-
	pathic Manipulation
MPM	General Preventive Medicine
MOH	Hand – Orthopaedic Surged
MPH	Hand – Plastic Surgery
MSH	Hand - Surgery
MMM	Internal Medicine
MMV	Internal Medicine – Cardiovascular Disease
MME	Internal Medicine – Endocrinology
	Diabetes and Metabolism
MMG	Internal Medicine – Gastroenterology
ммн	Internal Medicine - Hematology
MMI	Internal Medicine - Infectious Disease
MMO	Internal Medicine - Medical Oncology
MMN	
MMP	Internal Medicine - Pulmonary Disease
MMR	
MOQ	-
MPN	Neurology
MNS	Neurological Surgery
MNM	Nuclear Medicine
MOG	Obstetrics and Gynecology
MPO	Occupational Medicine
MOP	Ophthalmology
MOS	Orthopaedic Surgery
MOB	Orthopaedic Surgery - Including Back
MTO	Otolaryngology
MAP	Pain Management-Anesthesiology
MPP	Pain Management – Pain Medicine
MHA	Pathology
MEP	Pediatrics
MPR	Physical Medicine & Rehabilitation
MPS	Plastic Surgery
MPD	Psychiatry
MRY	Radiology
101/	

MSY Surgery

MUU Urology

MSG

Surgery - General Vascular

MTS Thoracic Surgery MPT Toxicology – Occupational Medicine MET Toxicology Emergency – Medicine

For Use with the QME Panel Request Form NON-MD/DO SPECIALTY CODES

*denotes a doctor of chiropractic who has completed a chiropractic post-graduate specialty program ACA Acupuncture

- DCH Chiropractic
- DCN
- Chiropractic Neurology Chiropractic Orthopaedic * DCO
- DCR
- Chiropractic Radiology* Chiropractic Sports Medicine* DCS
- DCT Chiropractic -Rehabilitation*
- DEN Dentistry
- OPT Optometry
- POD Podiatry
- PSY Psychology
- PSN Psychology--Clinical Neuropsychology

Attachment to Form 106 Rev. 4/14/00

PLEASE RETURN IN THE ENCLOSED ENVELOPE						
Claim #: <u>05170360</u>						
	Claimant:	Floreen Rooks				
	Adjuster:					
I have made an appointment with the following	ng Qualified	d Medical Evaluator:				
DOCTOR:						
ADDRESS:						
CITY/ZIP:		PHONE: ()				
DATE OF APPT:		ГІМЕ OF APPT:				
		Signature				

QME Panel Appointment Notice (SCIF 3051)

September 18, 2008

Floreen Rooks 1315 S Gladys Ave San Gabriel CA 91776-3623 Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007 Employer: D'Veal Family & Youth Services

NOTICE REGARDING PERMANENT DISABILITY BENEFITS

State Compensation Insurance Fund, the claims administrator for D'Veal Family & Youth Services, is handling your workers' compensation claim. This notice is to advise you of the status of permanent disability payments for your workers' compensation claim for your injury of November 10, 2007.

It is too soon to tell if you will have any permanent disability from your injury. We will monitor your medical condition until it is permanent and stationary. At that time, a medical evaluation will be performed to determine the existence and extent of permanent disability and the need for continuing medical care. We expect to have this information by December 14, 2008 and we will notify you of the status of permanent disability at that time.

The State of California, Division of Workers' Compensation requires that you be provided with the following:

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 Yolanda Nielsen at (818)291–7626. However, if you are represented by an attorney, you should call your attorney, not the claims adjuster. If you want further information on your rights to benefits or disagree with our decision, you may contact your local state Information & Assistance Office of the Division of Workers' Compensation by calling (213)576–7389.

For recorded information and a list of offices, call (800)736–7401. You may also visit the DWC website at:

http://www.dir.ca.gov/DWC/dwc_home_page.htm

You also have a right to consult with an attorney of your choice. Should you decide to be represented by an attorney, you may or may not receive a larger award, but, unless you are determined to be ineligible for an award, the attorney's fee will be deducted from any award you might receive for disability benefits. The decision to be represented by an attorney is yours to make, but it is voluntary and may not be

necessary for you to receive your benefits.

To resolve a dispute, you may apply to the Workers' Compensation Appeals Board or the Administrative Director.

Sincerely

Margarit Sislyan

Margarit Sislyan For Yolanda Nielsen, Adjuster of this claim Adjuster (818)291-7626

Enc: DWC Fact Sheet D (Rev. 12/05)

cc: D'Veal Family & Youth Services, PO Box 40255, Pasadena, CA 91114

June 3, 2011

Floreen Rooks 2374 Olive Ave Altadena CA 91001-5542 Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007 Employer: D'Veal Family & Youth Services

NOTICE REGARDING PERMANENT DISABILITY BENEFITS

State Compensation Insurance Fund, the claims administrator for D'Veal Family & Youth Services, is handling your workers' compensation claim. This notice is to advise you of the status of permanent disability payments for your workers' compensation injury of November 10, 2007.

Dr. Thomas Fell has determined in the comprehensive medical evaluation that your injury is permanent and stationary. The findings of this report indicate that your injury has resulted in permanent disability that we estimated to be 24%. The evaluation also indicates that you are in need of continuing medical care. Both you and State Compensation Insurance Fund have the right to disagree with the doctor's findings in this report.

Payments for permanent disability are continuing for the period from May 25, 2011 through June 7, 2011.

The payment in the amount of \$460.00 will be sent on June 7, 2011. Your weekly compensation rate is \$230.00 based on your earnings of \$971.15 per week.

Payments will be sent to you every two weeks on Tuesday and will continue until \$21,965.00 has been paid based on Dr. Thomas Fell permanent and stationary report. These payments will be deducted from any award you may receive.

State Fund accepts the results of the evaluation. The law provides that if either you or State Fund disputes the results of the evaluation, you may be requested to return to the medical evaluator for a new evaluation to resolve the dispute.

We will not request a rating of the physician's report from the State of California Disability Evaluation Unit. However, you may contact an Information and Assistance Officer to have the report reviewed and rated by the Disability Evaluation Unit.

The State of California, Division of Workers' Compensation requires that you be provided with the following:

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 Yolanda Nielsen at (818)291–7626. However, if you are represented by an attorney, you should call your attorney, not the claims adjuster. If you want further information on your rights to benefits or disagree with our decision, you may contact your local state Information & Assistance Office of the Division of Workers' Compensation by calling (213)576–7389.

For recorded information and a list of offices, call (800)736-7401. You may also visit the DWC website at:

http://www.dir.ca.gov/DWC/dwc_home_page.htm

You also have a right to consult with an attorney of your choice. Should you decide to be represented by an attorney, you may or may not receive a larger award, but, unless you are determined to be ineligible for an award, the attorney's fee will be deducted from any award you might receive for disability benefits. The decision to be represented by an attorney is yours to make, but it is voluntary and may not be necessary for you to receive your benefits.

To resolve a dispute, you may apply to the Workers' Compensation Appeals Board or the Administrative Director.

If you have moved, or are moving soon, or want to know the status of your benefit check, please call our toll free number 1–888–222–3211, Monday through Friday, between 7:00 a.m. and 5:00 p.m. PST.

Sincerely

Yolanda L. Nielsen

Yolanda L. Nielsen Adjuster (818)291-7626

Enc: DWC Fact Sheet D (Rev. 11/2010)

cc: D'Veal Family & Youth Services, PO Box 40255, Pasadena, CA 91114

April 29, 2011

Floreen Rooks 1315 S Gladys Ave San Gabriel CA 91776-3623 Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007 Employer: D'Veal Family & Youth Services

NOTICE REGARDING PERMANENT DISABILITY BENEFITS

State Compensation Insurance Fund, the claims administrator for D'Veal Family & Youth Services, is handling your workers' compensation claim. This notice is to advise you of the status of permanent disability payments for your workers' compensation injury of November 10, 2007.

Dr. Thomas Fell has determined in the comprehensive medical evaluation that your injury is permanent and stationary. The findings of this report indicate that your injury has resulted in permanent disability that we estimated to be 25%. The evaluation also indicates that you are in need of continuing medical care. Both you and State Compensation Insurance Fund have the right to disagree with the doctor's findings in this report.

Payments for permanent disability are resuming for the period from March 17, 2011 through April 26, 2011.

The payment in the amount of \$1,347.14 was sent separately. Your weekly compensation rate is \$230.00 based on your earnings of \$971.15 per week.

Payments will be sent to you every two weeks on Tuesday and will continue until \$23.172.50 has been paid based on Dr. Thomas Fell permanent and stationary report dated 3/17/11. These payments will be deducted from any award you may receive.

State Fund accepts the results of the evaluation. The law provides that if either you or State Fund disputes the results of the evaluation, you may be requested to return to the medical evaluator for a new evaluation to resolve the dispute.

We will not request a rating of the physician's report from the State of California Disability Evaluation Unit. However, you may contact an Information and Assistance Officer to have the report reviewed and rated by the Disability Evaluation Unit.

We have paid you permanent disability from 9/15/08 through 10/05/08 at the rate of \$230.00/week. We have also paid you permanent disability from 9/17/07 through 1/20/08 at

the rate of \$230.0/week under claim number 05124168. These payments will be deducted from any award you may receive.

The State of California, Division of Workers' Compensation requires that you be provided with the following:

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 Yolanda Nielsen at (818)291–7626. However, if you are represented by an attorney, you should call your attorney, not the claims adjuster. If you want further information on your rights to benefits or disagree with our decision, you may contact your local state Information & Assistance Office of the Division of Workers' Compensation by calling (213)576–7389.

For recorded information and a list of offices, call (800)736–7401. You may also visit the DWC website at:

http://www.dir.ca.gov/DWC/dwc_home_page.htm

You also have a right to consult with an attorney of your choice. Should you decide to be represented by an attorney, you may or may not receive a larger award, but, unless you are determined to be ineligible for an award, the attorney's fee will be deducted from any award you might receive for disability benefits. The decision to be represented by an attorney is yours to make, but it is voluntary and may not be necessary for you to receive your benefits.

To resolve a dispute, you may apply to the Workers' Compensation Appeals Board or the Administrative Director.

If you have moved, or are moving soon, or want to know the status of your benefit check, please call our toll free number 1–888–222–3211, Monday through Friday, between 7:00 a.m. and 5:00 p.m. PST.

Sincerely

Yolanda L. Nielsen

Yolanda L. Nielsen Adjuster (818)291–7626

Enc: DWC Fact Sheet D (Rev. 11/2010) Dr. Thomas Fell of 03/17/2011 cc: D'Veal Family & Youth Services, PO Box 40255, Pasadena, CA 91114

You may lose important rights if you do not take certain actions within 10 days. Read this letter and any enclosed fact sheets very carefully.

January 8, 2009

Floreen Rooks 1315 S Gladys Ave San Gabriel CA 91776-3623 Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007 Employer: D'Veal Family & Youth Services

NOTICE REGARDING PERMANENT DISABILITY BENEFITS

State Compensation Insurance Fund, the claims administrator for D'Veal Family & Youth Services, is handling your workers' compensation claim. This notice is to advise you of the status of permanent disability payments for your workers' compensation injury of November 10, 2007.

The final permanent disability payment in the amount of \$690.00 was sent separately.

These benefits are ending because your permanent disability benefit has been paid in full.

We have paid you a total amount of \$690.00 in permanent disability benefits. If your case has not been previously finalized, this amount will be deducted from any award (or additional award) you may receive.

Benefits were paid to you from September 15, 2008 through October 5, 2008.

Our records indicate you have had a prior comprehensive medical evaluation. Both you and State Compensation Insurance Fund have the right to dispute the comprehensive medical evaluation doctor's findings. You may be requested to return to that physician for a new evaluation to resolve the dispute. We accept the findings of your treating physician.

Since you have not filed a Workers' Compensation Claim Form (DWC-1), you are not entitled to participate in the panel Qualified Medical Evaluation process. If you wish to be evaluated by a Qualified Medical Evaluator, you must first submit a properly completed claim form. For your convenience, we have enclosed a Workers' Compensation Claim Form (DWC-1) for you to complete. Please complete the employee's section of the form and then forward the form to your employer so they can complete their section of the form. Once we receive the completed DWC-1 form,

you may proceed with requesting a panel from the DWC Medical Unit.

The State of California, Division of Workers' Compensation requires that you be provided with the following:

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 Yolanda Nielsen at (818)291–7626. However, if you are represented by an attorney, you should call your attorney, not the claims adjuster. If you want further information on your rights to benefits or disagree with our decision, you may contact your local state Information & Assistance Office of the Division of Workers' Compensation by calling (213)576–7389.

For recorded information and a list of offices, call (800)736–7401. You may also visit the DWC website at:

http://www.dir.ca.gov/DWC/dwc_home_page.htm

You also have a right to consult with an attorney of your choice. Should you decide to be represented by an attorney, you may or may not receive a larger award, but, unless you are determined to be ineligible for an award, the attorney's fee will be deducted from any award you might receive for disability benefits. The decision to be represented by an attorney is yours to make, but it is voluntary and may not be necessary for you to receive your benefits.

To resolve a dispute, you may apply to the Workers' Compensation Appeals Board or the Administrative Director.

The law limits the time period within which you may collect benefits. Should you disagree with any action taken by State Fund, in order to protect your rights, you must commence proceedings before the Workers' Compensation Appeals Board by filing an Application for Adjudication of Claim within one year of the date of your injury, or one year from the last furnishing of indemnity or medical treatment benefits by your employer or State Fund. If you do not do so, your right to benefits may be lost.

If you have moved, or are moving soon, or want to know the status of your benefit check, please call our toll free number 1–888–222–3211, Monday through Friday, between 7:00 a.m. and 5:00 p.m. PST.

Sincerely

Yolanda L. Nielsen Yolanda L. Nielsen Adjuster (818)291-7626

Enc: Workers' Compensation Claim Form (SCIF e3301) (Rev. 7/04) [DWC-1 (Rev. 7/04)] Business Reply Envelope DWC Fact Sheet D (Rev. 12/05) DWC Fact Sheet E (Rev. 12/05)

cc: D'Veal Family & Youth Services, PO Box 40255, Pasadena, CA 91114

CERTIFIED MAIL

September 18, 2008

Floreen Rooks 1315 S Gladys Ave San Gabriel CA 91776-3623 Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007 Employer: D'Veal Family & Youth Services

NOTICE OF POTENTIAL RIGHT TO SUPPLEMENTAL JOB DISPLACEMENT BENEFIT

If your injury causes permanent partial disability, which prevented you from returning to work within 60 days of the last payment of temporary disability, and the claims administrator has not provided you with a Form DWC-AD 10133.53 "Notice of Offer of Modified or Alternative Work," you may be eligible for a supplemental job displacement benefit in the form of a nontransferable voucher for education-related retraining or skill enhancement, or both, at state approved or accredited schools.

The amount of the voucher for the supplemental job displacement benefit will be as follows:

Up to four thousand dollars (\$4,000) for a permanent partial disability award of less than 15%.

Up to six thousand dollars (\$6,000) for a permanent partial disability award between 15 and 25 %.

Up to eight thousand dollars (\$8,000) for a permanent partial disability award between 26 and 49 %.

Up to ten thousand dollars (\$10,000) for a permanent partial disability award between 50 and 99 %.

A permanent partial disability award is issued by a Workers' Compensation Administrative Law Judge or the Workers' Compensation Appeals Board. You may also settle your potential eligibility for a voucher as part of a compromise and release settlement for a lump sum payment. Any settlement must be reviewed and approved by a Workers' Compensation Administrative Law Judge.

The voucher may be used for payment of tuition, fees, books, and other expenses required by the school for retraining or skill enhancement. Not more than 10 percent of the voucher moneys may be used for vocational or return to work counseling. A list of vocational return to work counselors is available on the Division of Workers' Compensation's website www.dir.ca.gov or upon request. If you are eligible, and you have not already settled the benefit, you will receive the voucher from the claims administrator within 25 calendar days from the date the permanent partial disability award is issued by the Workers' Compensation Administrative Law Judge or the Workers' Compensation Appeals Board.

If modified or alternative work is available, you will receive a Form DWC-AD 10133.53 "Notice of Offer of Modified or Alternative Work" from the claims administrator within 30 days of the termination of temporary disability indemnity payments. The claims administrator will not be required to pay for supplemental job displacement benefits if the offer for modified or alternative work meets the following conditions:

(1) You have the ability to perform the essential functions of the job provided;
(2) The job provided is in a regular position lasting at least 12 months;
(3) The job provided offers wages and compensation that are at least 85 percent of those paid to you at the time of the injury; and
(4) The job is located within reasonable commuting distance of your residence at the time of injury.

If there is a dispute regarding the Supplemental Job Displacement Benefit, the employee or claims administrator may file Form DWC-AD 10133.55 "Request for Dispute Resolution before the Administrative Director."

If you have a question or need more information, you can contact your employer or the claims administrator listed below. You can also contact a State Division of Workers' Compensation Information and Assistance Officer.

Sincerely

Margarit Sislyan

Margarit Sislyan For Yolanda Nielsen, Adjuster of this claim Adjuster (818)291–7626

cc: D'Veal Family & Youth Services, PO Box 40255, Pasadena, CA 91114

September 18, 2008

Floreen Rooks 1315 S Gladys Ave San Gabriel CA 91776-3623 Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007 Employer: D'Veal Family & Youth Services

NOTICE OF OFFER OF MODIFIED OR ALTERNATIVE WORK

State Compensation Insurance Fund, the daims administrator for D'Veal Family & Youth Services, is handling your workers' compensation claim for your injury of November 10, 2007. We are advising you that your employer continues to provide the modified or an alternative job that you have returned to. The Notice of Offer of Modified or Alternative Work and the Position Requirements are enclosed. Please complete and return this form by October 17, 2008. If you fail to respond to this offer by this date, it will be considered rejected.

Since this offer meets the requirements of LC \S 4658.6, your employer has no liability for the supplemental job displacement benefit.

Since this offer meets the requirements of LC \S 4658(d)(3)(A), any potential permanent disability benefits may be decreased by 15%.

If you have any questions, please feel free to call me at the number listed below. However, if an attorney represents you, this phone call should be made through your attorney.

Sincerely

Margarit Sislyan

Margarit Sislyan For Yolanda Nielsen, Adjuster of this claim Adjuster (818)291-7626

Enc: Business Reply Envelope Notice of Offer of Modified or Alternative Work [DWC-AD 10133.53](Rev. 8/06)

cc: D'Veal Family & Youth Services, PO Box 40255, Pasadena, CA 91114

DWC-AD 10133.53 NOTICE OF OFFER OF MODIFIED OR ALTERNATIVE WORK For injuries occurring on or after 1/1/04

THIS SECTION COMPLETED BY CLAIMS ADMINISTRATOR:

Employer D'Veal Family & Youth Services is offering you the position of a Therapist. You may contact concerning this offer. Phone No.: . Date of offer: September 15, 2008 Date job starts: September 15, 2008

Claims Administrator: Yolanda Nielsen Claim Number: 05170360

NOTICE TO EMPLOYEE Name of employee: Floreen Rooks

Date of Injury: November 10, 2007 Date offer received: September 15, 2008

You have 30 calendar days from receipt to accept or reject the attached offer of modified or alternative work. Regardless of whether you accept or reject this offer, the remainder of your permanent disability payments may be decreased by 15%. However, if you fail to respond in 30 days or reject this job offer, you will not be entitled to the supplemental job displacement benefit unless:

Modified Work [X] Alternative Work []

- A. You cannot perform the essential functions of the job; or
- B. The job is not a regular position lasting at least 12 months; or
- C. Wages offered were less than 85% of the wages paid at the time of injury; or
- D. The job is beyond a reasonable commuting distance from residence at time of injury.

THIS SECTION TO BE COMPLETED BY EMPLOYEE

I accept this offer of Modified or Alternative work.

_____ I reject this offer of Modified or Alternative work and understand that I am not entitled to the Supplemental Job Displacement Benefit.

I understand that if I voluntarily quit prior to working in this position for 12 months, I may not be entitled to the Supplemental Job Displacement Benefit.

Signature

Date

I feel I cannot accept this offer because:

NOTICE TO THE PARTIES

If the offer is <u>not</u> accepted or rejected within 30 days of the offer, the offer is deemed to be rejected by the employee.

The employer or claims administrator must forward a completed copy of this agreement to the Administrative Director within 30 days of acceptance or rejection. (A.D., "SJDB," Division of Workers' Compensation, P.O. Box 420603, S.F., CA 94142-0603) if a dispute occurs regarding the above offer or agreement, either party may request the Administrative Director to resolve the disputeby filing a Request for Dispute Resolution (Form DWC-AD 10133.55) with the Administrative Director.

DWC-AD 10133.53 NOTICE OF OFFER OF MODIFIED OR ALTERNATIVE WORK For injuries occurring on or after 1/1/04

POSITION REQUIREMENTS

Actual job title: Therapist

Wages: \$971.15 per Week

Is salary of modified/alternative work the same as pre-injury job? Yes

Is salary of modified/alternative work at least 85% of pre-injury job? Yes

Will job last at least 12 months? Yes

Is the job a regular position required by the employer's business? Yes

Work location:

Duties required of the position:

Description of activities to be performed (if not stated in job description):

Physical requirements for performing work activities (include modifications to usual and customary job):

Name of doctor who approved job restrictions (optional): Date of report:

Date of last payment of Temporary Total Disability:

Preparer's Name: Margarit Sislyan

Preparer's Signature: Margarit Sislyan

Date: September 18, 2008

DWC-AD 10133.53 NOTICE OF OFFER OF MODIFIED OR ALTERNATIVE WORK For injuries occurring on or after 1/1/04

Proof of Service By Mail

I am a citizen of the United States and a resident of the County of ______I am over the age of eighteen years and not a party to the within matter.

My business address is:

On ______, I served the Notice of Offer of Modified or Alternative Work on the parties listed below by placing a true copy thereof enclosed in a sealed envelope with postage fully prepaid, and thereafter deposited in the U. S. Mail at the place so addressed.

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

Executed at _______on ________.

Signature:_____

Copies Served On:

October 25, 2011

Floreen Rooks 2374 Olive Ave Altadena CA 91001-5542 Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007

Dear Floreen Rooks

We have received the March 17, 2011 permanent and stationary report of Dr. Thomas Fell, Jr., M.D., the Primary Treating Physician. Your doctor indicates that your injury has resulted in permanent disability, which we estimate is 24%. This rating is equivalent to \$21,956.00.

To settle your claim, we are willing to offer you a Stipulated Award for 24%, which is equivalent to 95.5 weeks at \$230.00 per week for the total amount of \$21,956.00 less previously paid permanent disability advances in the amount of \$11,697.14, and less any additional permanent disability advances through date the Award is paid.

A Stipulation with Request for Award settles all issues except the right to reopen for new and further disability and the right to future medical care. The parties generally agree as to the level of permanent disability. Permanent Disability is paid every two weeks until the benefits are paid in full. Future medical care may be awarded.

If you would rather receive a one time lump sum payment to settle your claim, we are willing to offer a Compromise and Release in the amount of \$62,000.00 less previously paid permanent disability advances in the amount of \$11,697.14, and less any additional permanent disability advances through date the Award is paid.

A Compromise and Release is a complete and full settlement and would settle any and all aspects of a claim. This would include temporary disability, permanent disability, future medical treatment, right to reopen, etc. In short, the employee has no further claims against the employer and State Compensation Insurance Fund. All monies would be paid in a lump sum amount.

Enclosed is a copy of your complete medical file for your review.

Before any settlement can be approved, the Workers' Compensation Appeals Board must review it. You can be assured that this settlement must be found to be fair and adequate before the Board will issue approval. To finalize your industrial injury claim(s), please check your preferred settlement option on the next page and return in the enclosed envelope.

If you have any questions, you may telephone me at the number listed below or you may

contact the Information and Assistance Officer provided to you at no charge by the State Division of Workers' Compensation at (213)576-7389.

PLEASE NOTE THE ABOVE CLAIM NUMBER ON ALL CORRESPONDENCE.

Sincerely

Yolanda L. Nielsen

Yolanda L. Nielsen Adjuster (818)291-7626

Enc: Business Reply Envelope Medical File

Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007

I choose the Stipulations with Request for Award.			
Signature	Date		
I choose the Compromise and R	elease Agreement		
Signature	Date		
Please provide the following informatio	n and return in the enclosed envelope:		
Are you currently receiving Medicare be	enefits? YesNo		
Signature	Date		
Have you applied for Social Security Dis YesNo	sability Insurance (SSDI) benefits?		
Signature	Date		

List of Medical Reports

ATTENTION: MEDICAL PROVIDERS COPIES – Please dispose the records in a manner that ensures medical confidentiality or return them to State Fund for disposal.

ATTENTION : STATE FUND

If records are returned, do not reimage.

Name	Date	
Synergy	03/23/2011	
Dr. Thomas Fell	03/17/2011	
Dr. Fell	01/26/2011	
*State Fund	10/22/2010	
*State Fund	10/13/2010	
Dr. Thomas Saucedo	10/11/2010	
Tomas Saucedo, Md	10/11/2010	
*State Fund	10/05/2010	
*State Fund	10/05/2010	
Dr. Saucedo	09/04/2009	
Thomas Saucedo, Md	01/23/2009	
Tomas Saucedo, Md	01/23/2009	
Thomas Saucedo	12/05/2008	
Tomas Saucedo Md	12/05/2008	
Tomas Saucedo, Md	12/05/2008	
Thomas Saucedo, Md	11/11/2008	
Tomas Saucedo, Md	11/11/2008	
Ortho Supplemental Report	11/07/2008	
Ortho Supplemental Report	11/07/2008	
Ortho Supplemental Report	10/10/2008	
Ortho Supplemental Report	10/10/2008	
Ortho Supplemental Report	09/05/2008	
Tomas Saucedo, Md	09/05/2008	
Tomas Saucedo, Md	09/05/2008	
Tomas Saucedo, Md	08/28/2008	
Associated Sports Therapy	08/08/2008	
Tomas Saucedo, Md	08/08/2008	

Comppartners	07/22/200
Comppartners	07/22/200
Judith Moosmann, Rn	07/18/200
Associated Sport Therapy	07/16/200
*State Fund	07/15/200
Assoc Sports Therapy	07/11/200
Tomas Saucedo, Md	07/11/200
Tomas Saucedo, Md	07/02/200
Comppartners	06/28/200
Assoc Sports Therapy	06/19/200
Associated Sport Therapy	06/18/200
Associated Sport Therapy	06/18/200
Assoc Sport Therapy	06/06/200
Assoc Sports Therapy	06/06/200
Pt	06/06/200
Thomas Saucedo, M.D.	06/06/200
Tomas Saucedo, Md	06/06/200
Eoma	05/26/200
Assoc Sports Therapy	05/22/200
Comppartners	05/19/200
Assoc Sports Therapy	05/13/200
Assoc Sport Therapy	05/09/200
Thomas Saucedo, M.D.	04/24/200
Tomas Saucedo, Md	04/24/200
Thomas Saucedo, M.D.	04/23/200
Healthcare Partners	04/18/200
Thomas Saucedo, M.D.	04/17/200
Healthcare Med Group	04/15/200
Healthcare Partners	04/15/200
Healthcare Partners	04/15/200
Healthcare Partners	04/08/200
Eoma	03/26/200
Health Care Partners	03/20/200
Michael Vo, M.D.	03/20/200
Thomas Saucedo, M.D.	03/20/200
Anthony Bledin, M.D.	03/19/200
Mri Of Left Knee	03/19/200

Comppartners	02
Michael Vo, M.D.	02
Thomas Saucedo	02
Thomas Saucedo, M.D.	02
Thomas Saucedo, M.D.	02
Comppartners	02
Comppartners	02
Healthcare Partners	01
Michael Vo, M.D.	01
Thomas Saucedo, M.D.	01
Michael Vo, M.D.	12
Thomas Saucedo, M.D.	12
Thomas Saucedo, M.D.	12
Tomas Saucedo, Md	12
Healthcare Partners	12
Healthcare Partners	12
Healthcare Partners	11
Healthcare Partners	11
Michael Hadley, M.D.	11
Michael Vo, M.D.	11
Kaiser Permanente	11
Kaiser Permanente	11
Healthcare Partners	11
Tomas Saucedo, Md	11

2/28/2008 2/21/2008 2/21/2008 2/21/2008 2/21/2008 2/12/2008 2/08/2008 1/17/2008 1/17/2008 1/17/2008 2/20/2007 2/20/2007 2/20/2007 2/20/2007 2/17/2007 2/17/2007 1/20/2007 1/20/2007 1/20/2007 1/20/2007 1/13/2007 1/12/2007 1/10/2007 1/10/2007 1/10/2007 1/10/2007 1/10/2007 1/10/2007 1/10/2007 1/10/2007

November 15, 2007

Floreen Rooks 1317 1/2 S Gladys Ave San Gabriel CA 91776 Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007

Dear Floreen Rooks

There is additional information that we need from you regarding your workers' compensation claim. The enclosed material will help us to provide accurate and timely benefits.

Enclosed is an *EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS* (*SCIF 3301–DWC 1*). If you have not already completed one of these, please complete the top section and return this form to your employer. Do not send it to State Compensation Insurance Fund. Your employer must complete the bottom section and provide you with a copy. It is your employer's responsibility to return the form to our office. If you do not give your employer the completed claim form, it may result in your loss of some benefits or rights.

Enclosed is an *EMPLOYEE'S REPORT OF INJURY (SCIF 3048)*. The information on this form is important in the adjustment of your claim. Please complete and sign the form and return it in the enclosed business reply envelope.

Enclosed is a *MEDICAL MILEAGE FORM* (*SCIF 3065*) to be used for the reimbursement of travel expense. Please complete and return the form in the enclosed business reply envelope and keep a copy for your record. Contact me if you need more mileage forms.

Enclosed is an *EMPLOYEE'S STATEMENT OF EARNINGS (SCIF 3282)* to be completed with your total earnings for <u>one full year</u> prior to your date of injury. Attach copies of W-2(s) or check stubs showing year-to-date earnings. You may be entitled to more benefits, but without this information we are unable to revise your compensation rate.

Enclosed is an *EMPLOYEE'S WORK STATUS (SCIF 3069)* form. Please complete the top section and return it in the enclosed business reply envelope if you have returned to work. If you have not returned to work, please have your primary treating physician complete the bottom section and return it to us.

If you have any questions regarding the completion of these forms or questions regarding your benefits, please call me.

It is a felony for any person to knowingly misrepresent any fact in order to obtain workers' compensation benefits.

PLEASE NOTE THE ABOVE CLAIM NUMBER ON ALL CORRESPONDENCE.

Sincerely

Sherie Chou

Sherie Chou For Yolanda Nielsen, Adjuster of this claim Adjuster (818)291–7626 Fax: (707)646–2609

Enc: Employees Claim for Workers Compensation Benefits (SCIF Form 3301) [DWC Form

1] Employees Report of Injury (SCIF Form 3048) Medical Mileage Expense Form (SCIF e3065 Form) Employees Statement of Earnings (SCIF Form 3282) Employees Work Status (SCIF Form 3069) Business Reply Envelope

STATE

FUND

Floreen Rooks Injured's Name / Nombre de la Persona Lesionada

05170360 Claim Number / Numero de Reclamo

Medical Mileage Expense Form Forma de Gastos por Distancia Recorrida por Visitas Medica

You are entitled to reimbursement of medical travel expense incurred because of your industrial injury at the rate of 48.5 & per mile. Mileage for reasonable travel to the pharmacy, parking, bridge tolls, public transportation costs are also included. Complete this form, attach receipts and send the original to State Compensation Insurance Fund. Keep a copy for your records.

Usted tiene derecho a recibir reembolso de 48.5 ¢ por milla por gastos de viaje por visitas medicas incurridos debido a la lesion sufrida en el trabajo. Millas por un viaje de distancia razonable a la farmacia, estacionamiento, pago de peaje, transporte publico tambien son incluidos. Complete esta forma y adjunte los recibos y envie la forma original a State Compensation Insurance Fund. Conserve la copia para su archivo.

Date/ Fecha	Traveled from (include address) Viaje desde (incluya direccion)	Traveled to (include name and address of doctor, hospital, therapist, etc.) Viaje a (incluya nombre y direccion del medico, hospital, terapeuta, etc.)	Round trip mileage/ Millaje viaje redondto	Parking/ Estacion? amiento	Toll/Public Trans/Other Peaje/Transporte Publico/Otros
Sample:	Sample: 1515 Maple	Sample: Dr. Sherman, 190	Sample:	Sample:	Sample:
7/1/05	San Francisco	Oak, San Francisco	14rmi	\$2.50	\$10.00
			-		
Californi	a law requires the following to	Total miles		x \$ 0.485 / mile =	\$
	a law requires the following to on this from: Any person who	rotarmies	+		3 ¢
	ly presents a false or fraudulent			Total parking	3
	the payment of a loss is guilty of a			Total tolls	\$
	d my be subject to fines and				
confinen	nent in state prison.	ADJUSTER'S STAMP	Total reimb	ursment requests \$	
	es de California establecen que la	Signature / Firm	a		
	e redaracion aparezca en este				
	io: Cualquier persona que a				
sabiendas presente reclames falsos o fraudulentos para el pago de una perdida,			1		
	oabli de un delito y se le podria encarceiar en la "Penitenciaria	Dista Large A Dat			
muitar y estatal.	encarceiai en la memienciaria	Printed name & Dat	-		
esididi.		Imprima su nombre & Fech	ai		

SCIF e3065 (REV 1-07)

So that we can compute your compensation rate, we need your help. Please answer the questions as completely as possible. 05170360 CLAIM NUMBER

PLEASE COMPLETE AND RETURN THIS FORM TODAY

Please list your past earnings from November 10 2006 to November 10, 2007

INSTRUCTIONS:

1. List all periods of unemployment and state why you were not working. If due to illness or disability, please state the nature of the illness.

2. List gross wages before deductions under "total amount earned".

3. List all benefits received in addition to wages. State what they were (such as room, board, tips) and show their weekly value.

EMPLOYERS	DATES STARTED WORK	DATES LEFT WORK	TOTAL AMOUNT EARNED	Additional Benefits	COMMENTS (Reason unemployed why left work)
NAME ADDRESS					
CITY					
NAME ADDRESS					
CITY					
NAME ADDRESS					
СІТҮ					
NAME ADDRESS					
CITY					
NAME ADDRESS					
СІТҮ					
NAME ADDRESS					
CITY For your protection California law rec					

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and maybe subjected to fines and confinement in state prison.

Signature_____Date_____

SCIF 3282 (REV. 5-96)

November 15, 2007

Floreen Rooks 1317 1/2 S Gladys Ave San Gabriel CA 91776 Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007

Dear Floreen Rooks

Pursuant to Labor Code section 4663(d), we hereby request disclosure of **ALL permanent** disabilities or physical impairments that existed prior to the injury.

As provided in Labor Code section 4664, the employer is only liable for the portion of permanent disability directly caused by the work related injury. If applicable, an apportionment determination will be made by determining what approximate percentage of the permanent disability was caused by the work related injury, and what portion was caused by other factors, including prior industrial injuries.

Please list all previous permanent disabilities or physical impairments. If there are none, please advise. You may use the attached form and return using the enclosed business reply envelope.

Sincerely

Sherie Chou

Sherie Chou For Yolanda Nielsen, Adjuster of this claim Adjuster (818)291–7626 Fax: (707)646–2609

Enc: Business Reply Envelope

cc: D'Veal Family & Youth Services, PO Box 40255 Pasadena, CA 91114

Disclosure of Previous Permanent Disabilities or Physical Impairments pursuant to Labor Code Section 4663(d)

Pursuant to the requirements of Labor Code section 4663(d), I represent and disclose that the following is a complete list of permanent disabilities, physical impairments and awards for permanent disability that existed before the presently pending industrial injury.

Nature of permanent disability, physical impairment or disability award.

Add additional pages if necessary.

If applicable, please check the following box: No prior permanent disabilities or physical impairments.

Dated: _____ Signed: _____

November 15, 2007

Floreen Rooks 1317 1/2 S Gladys Ave San Gabriel CA 91776 Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007

Dear Floreen Rooks

State Compensation Insurance Fund, the claims administrator for D'Veal Family & Youth Services, is handling your workers' compensation claim.

Effective April 19, 2004, California law requires your employer to authorize medical treatment for workers' compensation injuries or illnesses within one working day after you have filed a claim form (DWC-1). Medical treatment will be provided for your injury or illness until your claim is accepted or rejected up to a limit of \$10,000 in total as required by law (L.C. §5402). You will also be reimbursed for reasonable transportation expenses based on current law. If you receive any medical bills for your workers' compensation injury or illness, please send them to me. Any treatment provided while your claim is on delay does not mean that your employer is accepting your claim. Any request for medical treatment authorization is subject to the medical treatment utilization schedule established by California law (L.C. §5307.27), the American College of Occupational and Environmental Medicine's (ACOEM) Occupational Medicine Practice Guidelines, or other evidence-based medical treatment guidelines, as appropriate.

The State Fund Medical Provider Network (MPN) will provide authorized medical treatment. Enclosed is a brochure outlining your rights and responsibilities as a covered employee in the State Fund MPN. The brochure explains how to obtain medical treatment for your injury or illness, how to select a primary treating physician, how to obtain a referral to a specialist, steps to take if you disagree with your physician's diagnosis or treatment, transfer of care, and continuity of care. If you have predesignated a personal physician prior to your injury or illness, you may obtain medical treatment from your personal physician.

We have not received a workers' compensation claim form (DWC-1) for your injury on November 10, 2007. If you have not already completed a claim form, please complete the top section of the enclosed claim form and return it to your employer. Do not send it to State Compensation Insurance Fund. Your employer must complete the bottom section and provide you with a copy. It is your employer's responsibility to return the form to our office. Once we have received your claim form, medical treatment will be provided for your injury or illness until your claim is accepted or rejected up to a limit of \$10,000. Failure to file the claim form with your employer may preclude your entitlement to some benefits or rights. If you have any questions regarding the information above or the enclosed brochures, please feel free to contact me at the phone number listed below. However, if you are represented by an attorney, this phone call should be made through your attorney.

PLEASE NOTE THE ABOVE CLAIM NUMBER ON ALL CORRESPONDENCE.

Sincerely

Sherie Chou

Sherie Chou For Yolanda Nielsen, Adjuster of this claim Adjuster (818)291-7626 Fax: (707)646-2609

- Enc: Your Guide to Workers Compensation (SCIF Form e13699) Employees Claim for Workers Compensation Benefits (SCIF Form 3301) [DWC Form 1] Employee's Guide to the State Fund Medical Provider Network (SCIF Form 13176)
- cc: D'Veal Family & Youth Services, PO Box 40255 Pasadena, CA 91114

November 23, 2010

Thomas Fell, Jr., M.D. 4940 Van Nuys Blvd Ste 302 Sherman Oaks CA 91403 Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007

Dear Thomas Fell, Jr., M.D.

Thank you for agreeing to examine Floreen Rooks on January 6, 2011 at 11:00 a.m. as the Agreed Panel Qualified Medical Evaluator.

You are being asked to examine Floreen Rooks because there exists a dispute with the findings of the medical determination, regarding the following:

- a. Permanent and stationary status
- b. The extent and scope of medical treatment
- c. The employee's preclusion or likely preclusion from engaging in her usual occupation
- d. The level of permanent disability
- e. The existence of new and further disability

BACKGROUND:

Floreen Rooks sustained an injury to her foot (right), knee (left) on November 10, 2007 while employed by D'Veal Family & Youth Services as a therapist.

MEDICAL RECORDS:

Medical record(s) enclosed for your review.

Please list all medical and non-medical records that you review in preparing your report pursuant to Section 10606(d) of the California Code of Regulations (CCR). Please dispose of the records in a manner that ensures medical confidentiality or return them to State Fund for disposal.

PLEASE ADDRESS THE FOLLOWING QUESTIONS IN YOUR REPORT:

1. A detailed medical and employment history, including any outside activities.

- 2. What is the diagnosis? Please describe the medical basis for your opinion.
- 3. Are your medical findings consistent with the mechanism of injury alleged by Floreen Rooks?
- 4. Please comment on the disputed findings of the treating physician. Do you agree or disagree with the treating physician's findings? Please be specific regarding the basis of your findings.
- 5. Is this a new injury or a continuation of a previous injury or illness?
- 6. What medical treatment is reasonably necessary to cure or relieve the effects of the injury? In accordance with Labor Code §4604.5, the Medical Treatment Utilization Schedule is to be utilized and shall be presumptively correct on the issue of extent and scope of medical treatment. Please use the Medical Treatment Utilization Schedule or other evidence-based criteria to substantiate your medical opinion and to describe the scope, frequency, and duration of such treatment.
- Are there any periods of temporary total (TTD) or temporary partial disability (TPD) as a result of the industrially caused or aggravated injury? Please indicate these periods and the basis of your opinion.
- 8. Is Floreen Rooks capable of returning to work with temporary modifications to her position during recovery from the injury? If so, please describe in detail the type and duration of the modifications. If not, when would you expect her to be able to return to modified work?
- 9. Pursuant to recent changes to Labor Code Section 4663, apportionment of permanent disability shall be based on causation. Any physician preparing reports on the issue of permanent disability must address the issue of causation. The physician must make an apportionment determination by finding what approximate percentage of the permanent disability was caused as a direct result of the work-related injury, and what portion was caused by other factors, including prior industrial injuries or other non-industrial factors.

Pursuant to recent changes to Labor Code Section 4664, if an injured worker has received a prior award of permanent disability, it shall be conclusively presumed that the prior permanent disability exists at the time of any subsequent industrial injury. Based on the foregoing, please indicate what the approximate percentage of the applicant's current disability is due to the industrial injuries alleged in this case and which percentage is due to a) any previous industrial injuries; b) any subsequent industrial injuries; c) and any non-industrial injuries including asymptomatic prior conditions, retroactive prophylactic work preclusions, illnesses or pathology.

Please provide a basis for any apportionment you give in your report. To be substantial evidence on the issue of apportionment, "a medical report must be framed in terms of

reasonable medical probability, it must not be speculative, it must be based on pertinent facts and on an adequate examination and history, and must set forth reasoning in support of its conclusions." [WCAB En Banc Decision Escobedo v. Marshalls]

- 10. Indicate whether the employee's disability as a result of the industrial injury permanently precludes or is likely to preclude Floreen Rooks from engaging in her usual occupation or the position that he/she was performing at the time of injury.
- 11. Has Floreen Rooks's disability reached maximum medical improvement and considered permanent and stationary? If yes, please note as of what date and list all factors of permanent residuals and or if requires future medical care. If not yet considered at maximum medical improvement, please provide an estimate of when her MMI status can be expected.
- 12. For permanent disability evaluations performed pursuant to the 2005 Permanent Disability Rating Schedule, your report concerning the existence and extent of permanent impairment shall describe the impairment in accordance with the AMA Guides to the Evaluation on Permanent Impairment, 5th Edition. Your narrative permanent impairment evaluation report must include the following:
 - * Narrative history
 - * Current clinical status
 - * Diagnostic study results
 - * Medical basis for determining Maximum Medical Improvement
 - * Diagnoses, impairments
 - * Impairment rating criteria, prognosis, residual function, and limitations

When listing your medical findings, please use the applicable reporting forms found in the AMA Guides to the Evaluation of Permanent Impairment, Fifth edition:

- * Cervical range of motion page 422
- * Thoracic range of motion- page 416
- * Lumbar range of motion page 410
- * Upper extremity page 436
- * Lower extremity page 561

You have the authority to conduct diagnostic tests that are necessary to complete your evaluation.

In order for the employer to potentially make a timely job offer and for State Fund to pay appropriate benefits, it is imperative that all parties receive information regarding permanent and stationary status and capability of returning to their usual and customary occupation as soon as possible after this exam. Please complete the form enclosed and fax to (707)646–2609 within 48 hours of the exam date.

Please submit your bill and the original of your report to State Compensation Insurance Fund, PO Box 92622 Los Angeles CA 90009–2622.

Per Labor Code 139.2(j)(1), you are required to submit your report within 30 days of the exam date.

Your bill will be paid in accordance with the Medical/Legal Fee Schedule set forth in Section 9795 of the Division of Workers' Compensation Administrative Director Rules.

PLEASE NOTE THE ABOVE CLAIM NUMBER ON ALL CORRESPONDENCE AND BILLING.

Sincerely

Yolanda L. Nielsen

Yolanda L. Nielsen Adjuster (818)291-7626

Enc: Claim Form of 11/13/2007 Medical File

cc: Floreen Rooks, 1315 S Gladys Ave, San Gabriel, CA 91776-3623

List of Medical Reports

ATTENTION: MEDICAL PROVIDERS COPIES – Please dispose the records in a manner that ensures medical confidentiality or return them to State Fund for disposal.

ATTENTION : STATE FUND

If records are returned, do not reimage.

Date	
10/22/2010	-
10/13/2010	
10/11/2010	
10/11/2010	
10/05/2010	
10/05/2010	
09/04/2009	
01/23/2009	
01/23/2009	
12/05/2008	
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07/22/2008	
07/22/2008	
07/18/2008	
	10/22/2010 10/13/2010 10/11/2010 10/05/2010 10/05/2010 09/04/2009 01/23/2009 01/23/2009 12/05/2008 12/05/2008 12/05/2008 11/11/2008 11/11/2008 11/07/2008 11/07/2008 10/10/2008 09/05/2008 09/05/2008 09/05/2008 09/05/2008 09/05/2008 08/28/2008 08/08/2008 08/08/2008 08/08/2008

Associated Sport Therapy	07/16/2008
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Assoc Sports Therapy	07/11/2008
Tomas Saucedo, Md	07/11/2008
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Tomas Saucedo, Md	06/06/2008
Eoma	05/26/2008
Assoc Sports Therapy	05/22/2008
Comppartners	05/19/2008
Assoc Sports Therapy	05/13/2008
Assoc Sport Therapy	05/09/2008
Thomas Saucedo, M.D.	04/24/2008
Tomas Saucedo, Md	04/24/2008
Thomas Saucedo, M.D.	04/23/2008
Healthcare Partners	04/18/2008
Thomas Saucedo, M.D.	04/17/2008
Healthcare Med Group	04/15/2008
Healthcare Partners	04/15/2008
Healthcare Partners	04/15/2008
Healthcare Partners	04/08/2008
Eoma	03/26/2008
Health Care Partners	03/20/2008
Michael Vo, M.D.	03/20/2008
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Anthony Bledin, M.D.	03/19/2008
Mri Of Left Knee	03/19/2008
Comppartners	02/28/2008
Michael Vo, M.D.	02/21/2008
Thomas Saucedo	02/21/2008

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343 378

324022 00000001

02

Thomas Saucedo, M.D. Thomas Saucedo, M.D. Comppartners Comppartners **Healthcare Partners** Michael Vo, M.D. Thomas Saucedo, M.D. Michael Vo, M.D. Thomas Saucedo, M.D. Thomas Saucedo, M.D. Tomas Saucedo, Md **Healthcare Partners** Healthcare Partners Healthcare Partners Healthcare Partners Michael Hadley, M.D. Michael Vo, M.D. Kaiser Permanente Kaiser Permanente **Healthcare Partners Healthcare Partners Healthcare Partners** Healthcare Partners Healthcare Partners **Healthcare Partners** Healthcare Partners Tomas Saucedo, Md

02/21/2008 02/21/2008 02/12/2008 02/08/2008 01/17/2008 01/17/2008 01/17/2008 12/20/2007 12/20/2007 12/20/2007 12/20/2007 12/17/2007 12/17/2007 11/20/2007 11/20/2007 11/20/2007 11/20/2007 11/13/2007 11/12/2007 11/10/2007 11/10/2007 11/10/2007 11/10/2007 11/10/2007 11/10/2007 11/10/2007 11/10/2007 October 22, 2010

Tomas Saucedo 3144 Santa Anita Avenue Module A El Monte CA 91733 Claim Number: 05170360 Employee: Floreen Rooks Tracking #: E000004811507 Date of Injury: 11/10/2007 Date of Birth: 06/20/1949 Adjuster Name: Yolanda Nielsen

Dear Medical Provider

Your request for medical treatment dated October 11, 2010 for Floreen Rooks was received on October 12, 2010 and has been reviewed in accordance with State Fund's Utilization Review Program:

Medical Treatment	<u>Treatment</u>	Req.	<u>Auth.</u>	Interval Per	Decision	Decision
	<u>ID</u>	<u>Qty</u>	Qty	(Freq.) Period		<u>Date</u>
Omeprazole 20mg #30	E000004387456	1	1		Approved	10/22/2010

Please note: If the treatment status decision is "*Referred*", we are still evaluating the request and you will be notified when a decision has been made. "Interval" in the above column describes number of treatments authorized per period.

Certifications are valid for 60 days from the date of this notice.

Any payments made will be reimbursed per the prevailing California Official Medical Fee Schedule (OMFS), or Contractual Agreement whichever is less. Payment is subject to applicable statutes and regulations, including, but not limited to, Labor Code §139.3 and 139.31 and California Business and Professions codes. For claims on *delayed status*, payment may also be limited to the criteria as mentioned in Labor Code 5402(c), subject to the \$10,000 cap.

Please be advised that non-physician **providers of goods or services** identified in the request for authorization, shall be notified in writing of the decision modifying, delaying, or denying a request for authorization, but shall **not** receive the rationale, criteria or guidelines used for the decision as per Title 8, CCR § 9792.9 (b)(4).

Any appeal of this particular UR decision must be made by the requesting physician within 10 days of the date of the UR decision. The appeal must be submitted in writing or via FAX to the following phone number:

FAX Number: 818-550-6707

This written request for appeal should be prominently identified as a "UR Appeal" at the top of the page and include a copy of the specific UR Decision which you are appealing. Your appeal will be re-reviewed in accordance with State Fund's internal utilization review appeals process. *Participation in this process is entirely on a voluntary basis.*

PLEASE NOTE THE ABOVE CLAIM NUMBER ON ALL CORRESPONDENCE OR BILLING.

Sincerely

Alicia C. Olivares

Alicia C. Olivares For Yolanda Nielsen, Adjuster of this claim Adjuster (818)291-7626

cc: Floreen Rooks, 1315 S Gladys Ave, San Gabriel, CA 91776-3623

NOTICE TO INJURED EMPLOYEE

All utilization review disputes will be resolved in accordance with Labor Code Section 4062.

If you disagree with the utilization review decision and wish to dispute it, you must send written notice of your objection to the claims administrator within 20 days of receipt of the utilization review decision in accordance with Labor Code section 4062. You must meet this deadline even if you are participating in the claims administrator's internal utilization review appeals process.

The 20-day time limit may be extended for good cause or by mutual agreement of the parties. You also have the right to file an Application for Adjudication of Claim and Request for Expedited Hearing, DWC Form 4, showing a bona fide dispute as to entitlement to medical treatment in accordance with Title 8, CCR sections 10136(b)(1), 10400, and 10408.

If you want further information, you may contact the local state Information and Assistance office by calling (213)576–7389 or you may receive recorded information by calling 1–800–736–7401.

You may also consult an attorney of your choice. Should you decide to be represented by an attorney, you may or may not receive a larger award, but, unless you are determined to be ineligible for an award, the attorney's fee will be deducted from any award you might receive for disability benefits. The decision to be represented by an attorney is yours to make, but it is voluntary and may not be necessary for you to receive your benefits. FLOREEN ROOKS 2374 OLIVE AVE ALTADENA CA 91001-5542 January 31, 2012

Floreen Rooks 2374 Olive Ave Altadena CA 91001-5542 Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007

Dear Ms. Rooks

Enclosed is a Compromise and Release in the above-entitled matter. Please sign the Compromise & Release before a Notary Public or in the presence of two disinterested witnesses, who should also sign in your presence. A spouse is not deemed to be a disinterested witness and should not sign as such. On page 7, paragraph 9 of the Compromise & Release; please initial each line in the 1st column next to the issues included in this settlement. Please also sign and date the enclosed Addendum(s) to the Compromise and Release. If you have any questions, you may contact me or a State Information and Assistance Office at 1-800-736-7401 or call your local Information and Assistance Office at (213)576-7389.

Please initial and sign the form(s) using **BLACK** ink only. Do not fold, staple or bend any of the pages of the forms and return the form(s) in the enclosed envelope. If a correction needs to be made or information added, please contact me.

Please return the executed Compromise & Release to this office. I will then complete and submit it to the assigned Workers' Compensation Appeals Board for approval and will return an executed copy to you.

Please initial all of #9.

Sincerely

Yolanda L. Nielsen

Yolanda L. Nielsen Adjuster (818)291-7626

Enc: Business Reply Envelope (SCIF 19619) Compromise & Release (DWC-CA Form 10214(c)(Rev. 11/2008)) Lien Addendum Sheet **Dear Floreen Rooks**

THIS PAGE MUST BE PLACED ON TOP OF THE DOCUMENT/FORM YOU ARE RETURNING TO STATE COMPENSATION INSURANCE FUND.

CLAIM NUMBER: 05170360

INJURED'S NAME: FLOREEN ROOKS

ADJUSTER'S NAME: YOLANDA NIELSEN

ADJUSTER'S RETURN ADDRESS:

PO BOX 65005 PINEDALE CA 93650



STATE OF CALIFORNIA DIVISION OF WORKERS' COMPENSATION WORKERS' COMPENSATION APPEALS BOARD COMPROMISE AND RELEASE

ADJ7024643		
Case Number 1	Case Number 4	
ADJ 7024645		
Case Number 2	Case Number 5	
	130-38-8570	
Case Number 3	SSN (Numbers Only)	
Venue Choice is based upon: (Completion of this section is re	quired)	
X County of residence of employee (Labor Code section 5501.5(a	ı)(1) or (d).)	
County where injury occurred (Labor Code section 5501.5(a)(2)	or (d).)	
County of principal place of business of employee's attorney (L	abor Code section 5501.5(a)(3) or (d).)	
LAO		
Select 3 Letter Office Code For Place/Venue of Hearing (From Doct	ument Cover Sheet)	
Employee(Completion of this section is required)		
FLOREEN		
First Name	MI	
POOVA		
ROOKS Last Name		
2374 OLIVE AVE		
Address/PO Box (Please leave blank spaces between numbers, n	ames or words)	
ALTADENA	СА	91001
City	<u></u>	Zip Code
Employer Information (Completion of this section is required)		
X Insured Self-Insured Leg	ally Uninsured Uninsur	ed
D'VEAL FAMILY & YOUTH SERVICES		
Employer Name (Please leave blank spaces between numbers, na	mes or words)	
PO BOX 40255		
Employer Street Address/PO Box (Please leave blank spaces bet	veen numbers, names or words)	
PASADENA	СА	91114
City	State	Zip Code
DWC-CA form 10214 (c) (Rev. 11/2008) (Page 1 of 9)		
DJUSTER: YOLANDA NIELSEN GLENDALE (SA)	Tracking Id: 12369162	

pplicant's Attorney or Authorized Representative: Law Firm/Attorney Non Attorney Representative First Name		
r st Name		
ast Name		
aw Firm Number		
aw Firm Name		
Address/PO Box (Please leave blank spaces between numbers, names or words	\$)	—
Dity	State	Zip Code
efendant's Attorney or Authorized Representative:		1
Law Firm/Attorney Non Attorney Representative		
(1755 A		l
LENA First Name		
TSUI		
Last Name		
5225007		
aw Firm Number		
SCIF INSURED GLENDALE UNIT A		
aw Firm Name		
PO BOX 65005	<u>\</u>	
Address/PO Box (Please leave blank spaces between numbers, names or word	s)	
PINEDALE	CA	93650
lity	State	Zip Code

Claims Administrator Information	n (if known and if applie	cable)		
SCIF INSURED GLENDALE				
Name (Please leave blank spaces	between numbers, names	s or words)		
PO BOX 65005				
Street Address/PO Box (Please lea	ave blank spaces betwee	n numbers, names	or words)	
PINEDALE			CA	93650
City			State	Zip Code
IT IS CLAIMED THAT:				1
1. The injured employee, bom $\frac{0}{2}$	06/20/1949 (DATE OF BIRTH: MWDDYY)	, alleges	that while employed as a(n)	+
THERAPIST				, sustained injury
	(OCCUPATION AT THE T	•		
arising out of and in the course of e	mployment at the location	ns and during the c	lates listed below:	
(State with specificity the da	te(s) of injury(ies) and v X Specific Injury	what part(s) of bo	dy, conditions or systems a	re being settled.)
ADJ7024643	_	11/10/2007		
Case Number 1	Cumulative Injury	(Start Date: Mi (If Specific Injury	VDDYYYYY) (E , use the start date as the specific o	End Date: MM/DD/YYYY) date of injury)
Body Part 1: 530 FOOT	Body Part 2:	513 KNEE	Body Part 3:	
Body Part 4:	Other Body Par	rts:		
The injury occurred at $\frac{\text{JOBSITE}}{\langle s \rangle}$	Street Address/PO Box - Pleas	e leave blank spaces l	between numbers, names or words	<u>}</u>
ALTADENA	C	CA 91001		
City		State Zip C	ode ·	

Body parts, conditions and systems may not be incorporated by reference to medical reports.

DWC-CA form 10214 (c) (Rev. 11/2008) (Page 3 of 9)

006 014 02

2 2511923 00000001

	X Specific Injury	
ADJ 7024645 Case Number 2	Cumulative Injury	08/09/2007 (Start Date: MW/DDYYYY) (End Date: MW/DD/YYYY)
		(Start Date: MWDDYYYY) (End Date: MWDD/YYYY) (If Specific Injury, use the start date as the specific date of injury)
Body Part 1: 513 KNEE	Body Part 2:	520 ANKLE Body Part 3:
Body Part 4:	Other Body Part	s:
The injury occurred at CON	MPANY OUTING	
	(Street Address/PO Box - Please	e leave blank spaces between numbers, names or words)
LOS ANGELES	CA 91001	
City	- , <u>CA</u> <u>91001</u> State <u>Zip Code</u>	- `
Body parts, cond	itions and systems may not be	incorporated by reference to medical reports.
	Specific Injury	
Case Number 3		(Start Date: MW/DD/YYYY) (End Date: MW/DD/YYYY)
Case Number 5	Cumulative Injury	(If Specific Injury, use the start date as the specific date of injury)
Body Part 1:	Body Part 2:	Body Part 3:
Body Part 4:	Other Body Part	S:
The injury occurred at		
	(Street Address/PO Box - Please	leave blank spaces between numbers, names or words)
City	State Zip Code	
Body parts, cond	ditions and systems <u>may not b</u> e	incorporated by reference to medical reports.
	Specific Injury	
Case Number 4	Cumulative Injury	(Start Date: MWDDYYYY) (End Date: MWDDYYYY) (If Specific Injury, use the start date as the specific date of injury)
Body Part 1:	Body Part 2:	Body Part 3:
Body Part 4:	Other Body Part	s:
The injury occurred at	(Street Address/PO Box - Please	e kave blank spaces between numbers, names or words)
		· · · · · · · · · · · · · · · · · · ·
City	' State Zip Code	•
Body parts, con	ditions and system <u>s may not b</u>	e incorporated by reference to medical reports.
DWC-CA form 10214 (c) (Rev. 11/20	008) (Page 4 of 9)	
		Tracking ld: 12369162

	Spec	cific In jury			
Case Number 5	Curr	nulative Injury (f	Start Date: MWDD/YYY Specific Injury, use the	Y) start date as the spec	(End Date: MWIDD/YYYY) ific date of injury)
Body Part 1:		Body Part 2:		Body Part 3:	
Body Part 4:		Other Body Parts: _			
The injury occur		ess/PO Box - Please leave	blank spaces between	numbers, names or w	ords)
City	y State	Zip Code			
administrative law discharges the a or ascertained or liability of the em representatives, the scope of the compensation lar 3. This agreemen Paragraph No. 1 any addendum. 4. Unless otherw DEPENDENTS T AGREEMENT. T duplicating this la 5. Unless otherw	of this compromise agreeme w judge and payment in acco bove-named employer(s) and r which may hereafter arise o polyer(s) and the insurance administrators or assigns of workers' compensation law o w, unless otherwise expression is limited to settlement of the and further explained in Para- vise expressly stated, approve TO DEATH BENEFITS RELA the parties have considered the anguage pursuant to Sumner vise expressly ordered by the w judge, approval of this agre	ardance with the provis I insurance carrier(s) fr r develop as a result of carrier(s) and each of the employee. Execut or claims that are not s by stated. the body parts, conditi- agraph No. 9 despite a al of this agreement R TING TO THE INJURY he release of these be v WCAB (1983) 48 Co Workers' Compensat	ons hereof, the emp orm all claims and c the above-reference hem to the depende on of this form has ubject to the exclusions, or systems an ny language to the of ELEASES ANY AN OR INJURIES COV nefits in arriving at t CC 369 is unnecession Appeals Board of	ployee releases ar auses of action, we ed injury(ies), inclu- ents, heirs, execut no effect on claims sivity provisions of d for the dates of in contrary elsewhere D ALL CLAIMS OI /ERED BY THIS Of he sum in Paragra sary and shall not l or a workers' comp	Ind forever whether now known uding any and all ors, is that are not within the workers' njury set forth in a in this document or F APPLICANTS COMPROMISE uph 7. Any addendum be attached.
	nefits or supplemental job dis present that the following fac .)		disputed, state wh	at each party cont	ends under
EARNINGS AT	TIME OF INJURY \$ <u>971</u>	.15			
TEMPORARY D	DISABILITY INDEMNITY PAIL	30885.53		Weekly Rate \$	647.44
Period(s) Paid	08/22/2007	09/14/200	8		
	(Start Date: MM/DD/YYYY)	, , , , , , , , , , , , , , , , , , , ,	Date: MM/DD/YYYY)		230.00
PERMANENTD	DISABILITY INDEMNITY PAIL	14986.14		Weekly Rate \$	230.00
Period(s) Paid	09/19/2008	End date			
	(Start Date: MW/DD/YY)	·		ate: MM/DD/YYY)	
	L BILLS PAID \$ 20836.63		npaid Medical Expe		
Unless otherwise	e specified herein, the employ	yer will pay no medica	expenses incurred	after approval of th	his agreement. I
DWC-CA form 1021	4 (c) (Rev. 11/2008) (Page 5 of 9)				

Tracking Id: 12369162

).00
Settlemen he following amounts	t Amount are to be deducted from the settlement amount:
<u>14986.14</u>	for permanent disability advances through 01/17/2012
S	for temporary disability indemnity overpayment, if any.
	payable to
	requested as applicant's attomey's fee.
ncluded if the sums a	CE OF \$, after deducting the amounts set forth above and less ability advances made after the date set forth above. Interest under Labor Code section 5800 is set forth herein are paid within 30 days after the date of approval of this agreement. d in Paragraph No. 7 are to be disposed of as follows (Attach an addendum if necessary):
	SE & RELEASE (C&R) INCLUDES RESOLUTION OF ALL ISSUES, ALL DATES OF DY PARTS INDICATED IN THE CLAIM FORM INCLUDING RIGHT FOOT, LEFT ANKLE
	OTHER BODY PARTS MENTIONED IN ANY MEDICAL REPORT(S).
RETRO PD, VOCA SUPPLEMENTAL .	DES ALL TEMPORARY DISABILITY (TD), RETRO TD, PERMANENT DISABILITY (PD), ITIONAL REHABILITATION MAINTENANCE ALLOWANCE (VRMA), RETRO VRMA, JOB DISPLACEMENT BENEFIT (SJDB), RETRO MEDICAL BENEFITS, FUTURE MEDICAI IGE, OUT OF POCKET MEDICAL EXPENSES, PENALTIES, AND INTERESTS (P&I).
ETRO PD, VOCA DUPPLEMENTAL . BENEFITS, MILEA PENALITES AND :	TIONAL REHABILITATION MAINTENANCE ALLOWANCE (VRMA), RETRO VRMA, JOB DISPLACEMENT BENEFIT (SJDB), RETRO MEDICAL BENEFITS, FUTURE MEDICAI
RETRO PD, VOCA SUPPLEMENTAL . BENEFITS, MILEA PENALITES AND : DATE OF RECEIP	TIONAL REHABILITATION MAINTENANCE ALLOWANCE (VRMA), RETRO VRMA, JOB DISPLACEMENT BENEFIT (SJDB), RETRO MEDICAL BENEFITS, FUTURE MEDICAJ GE, OUT OF POCKET MEDICAL EXPENSES, PENALTIES, AND INTERESTS (P&I). INTEREST WILL BE WAIVED WHEN C&R AWARD IS PAID WITHIN 30 DAYS FROM
RETRO PD, VOCA SUPPLEMENTAL . BENEFITS, MILEA PENALITES AND : DATE OF RECEIPT ALL MED LEGAL :	TIONAL REHABILITATION MAINTENANCE ALLOWANCE (VRMA), RETRO VRMA, JOB DISPLACEMENT BENEFIT (SJDB), RETRO MEDICAL BENEFITS, FUTURE MEDICAL IGE, OUT OF POCKET MEDICAL EXPENSES, PENALTIES, AND INTERESTS (P&I). INTEREST WILL BE WAIVED WHEN C&R AWARD IS PAID WITHIN 30 DAYS FROM I OF STATE FUND.
ETRO PD, VOCA SUPPLEMENTAL . BENEFITS, MILEA ENALITES AND : DATE OF RECEIPT ALL MED LEGAL :	TIONAL REHABILITATION MAINTENANCE ALLOWANCE (VRMA), RETRO VRMA, JOB DISPLACEMENT BENEFIT (SJDB), RETRO MEDICAL BENEFITS, FUTURE MEDICAL IGE, OUT OF POCKET MEDICAL EXPENSES, PENALTIES, AND INTERESTS (P&I). INTEREST WILL BE WAIVED WHEN C&R AWARD IS PAID WITHIN 30 DAYS FROM I OF STATE FUND. FEES WILL BE PAID BY STATE FUND.
ETRO PD, VOCA SUPPLEMENTAL . BENEFITS, MILEA ENALITES AND : DATE OF RECEIPT ALL MED LEGAL :	TIONAL REHABILITATION MAINTENANCE ALLOWANCE (VRMA), RETRO VRMA, JOB DISPLACEMENT BENEFIT (SJDB), RETRO MEDICAL BENEFITS, FUTURE MEDICAL IGE, OUT OF POCKET MEDICAL EXPENSES, PENALTIES, AND INTERESTS (P&I). INTEREST WILL BE WAIVED WHEN C&R AWARD IS PAID WITHIN 30 DAYS FROM I OF STATE FUND. FEES WILL BE PAID BY STATE FUND.
RETRO PD, VOCA SUPPLEMENTAL . BENEFITS, MILEA PENALITES AND : DATE OF RECEIPT ALL MED LEGAL :	TIONAL REHABILITATION MAINTENANCE ALLOWANCE (VRMA), RETRO VRMA, JOB DISPLACEMENT BENEFIT (SJDB), RETRO MEDICAL BENEFITS, FUTURE MEDICAL IGE, OUT OF POCKET MEDICAL EXPENSES, PENALTIES, AND INTERESTS (P&I). INTEREST WILL BE WAIVED WHEN C&R AWARD IS PAID WITHIN 30 DAYS FROM I OF STATE FUND. FEES WILL BE PAID BY STATE FUND.
ETRO PD, VOCA SUPPLEMENTAL . BENEFITS, MILEA ENALITES AND : DATE OF RECEIPT ALL MED LEGAL :	TIONAL REHABILITATION MAINTENANCE ALLOWANCE (VRMA), RETRO VRMA, JOB DISPLACEMENT BENEFIT (SJDB), RETRO MEDICAL BENEFITS, FUTURE MEDICAL IGE, OUT OF POCKET MEDICAL EXPENSES, PENALTIES, AND INTERESTS (P&I). INTEREST WILL BE WAIVED WHEN C&R AWARD IS PAID WITHIN 30 DAYS FROM I OF STATE FUND. FEES WILL BE PAID BY STATE FUND.
ETRO PD, VOCA SUPPLEMENTAL . BENEFITS, MILEA ENALITES AND : DATE OF RECEIPT ALL MED LEGAL :	TIONAL REHABILITATION MAINTENANCE ALLOWANCE (VRMA), RETRO VRMA, JOB DISPLACEMENT BENEFIT (SJDB), RETRO MEDICAL BENEFITS, FUTURE MEDICAL IGE, OUT OF POCKET MEDICAL EXPENSES, PENALTIES, AND INTERESTS (P&I). INTEREST WILL BE WAIVED WHEN C&R AWARD IS PAID WITHIN 30 DAYS FROM I OF STATE FUND. FEES WILL BE PAID BY STATE FUND.

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Tracking Id: 12369162

05170360

9. The parties wish to settle these matters to avoid the costs, hazards and delays of further litigation, and agree that a serious dispute exists as to the following issues (initial only those that apply). ONLY ISSUES INITIALED BY THE APPLICANT OR HIS/HER REPRESENTATIVE AND DEFENDANTS OR THEIR REPRESENTATIVES ARE INCLUDED WITHIN THIS SETTLEMENT.

Applicant	Defendant	
		eamings
		temporary disability
		jurisdiction
		apportionment
		employment
		injury AOE/COE
		serious and willful misconduct
		discrimination (Labor Code §132a)
		statute of limitations
		future medical treatment
		other ALL ISSUES
		permanent disability 24% LT ANKLE/LT KNEE
		self-procured medical treatment, except as provided in Paragraph 7
		vocational rehabilitation benefits/supplemental job displacement benefits
	ITS:	

INJURED WORKER IS NOT RECEIVING MEDICARE BENEFITS AT THIS TIME AND IS CURRENTLY CONTINUALLY WORKING FULL TIME WITH D'VEAL FAMILY & YOUTH SERVICES SO THERE IS NO NEED FOR A MEDICARE SET ASIDE ALLOCATION REPORT AT THIS TIME.

Any accrued claims for Labor Code section 5814 penalties are included in this settlement unless expressly excluded.

10. It is agreed by all parties hereto that the filing of this document is the filing of an application, and that the workers' compensation administrative law judge may in its discretion set the matter for hearing as a regular application, reserving to the parties the right to put in issue any of the facts admitted herein and that if hearing is held with this document used as an application, the defendants shall have available to them all defenses that were available as of the date of filing of this document, and that the workers' compensation administrative law judge may thereafter either approve this Compromise and Release or disapprove it and issue Findings and Award after hearing has been held and the matter regularly submitted for decision.

DWC-CA form 10214 (c) (Rev. 11/2008) (Page 7 of 9)

(Date)

11. WARNING TO EMPLOYEE: SETTLEMENT OF YOUR WORKERS' COMPENSATION CLAIM BY COMPROMISE AND RELEASE MAY AFFECT OTHER BENEFITS YOU ARE RECEIVING TO WHICH YOU BECOME ENTITLED TO RECEIVE IN THE FUTURE FROM SOURCES OTHER THAN WORKERS' COMPENSATION, INCLUDING BUT NOT LIMITED TO SOCIAL SECURITY, MEDICARE AND LONG-TERM DISABILITY BENEFITS. THE APPLICANT'S (EMPLOYEE'S) SIGNATURE MUST BE ATTESTED TO BY TWO DISINTERESTED PERSONS OR ACKNOWLEDGED BEFORE A NOTARY PUBLIC

By signing this agreement, applicant (employee) acknowledges that he/she has read and understands this agreement and has had any questions he/she may have had about this agreement answered to his/her satisfaction.

Witness the signature hereof this _____ day of _____, ____, _____ at

Witness 1	(Date)	Applicant (Employee)	(Date)
Witness 2	(Date)	Attorney for Applicant	(Date)
Interpreter	(Date)	Attorney for Defendant	(Date)
		Attorney for Defendant	(Date)
		Attorney for Defendant	(Date)

DWC-CA form 10214 (c) (Rev. 11/2008) (Page 8 of 9)

Attorney for Defendant

	ACKNOWLEDGMENT
State of Califomia	
County of)
On	before me,
	(insert name and title of the officer)
who proved to me or	the basis of satisfactory evidence to be the person(s) whose name(s) is/are him instrument and acknowledged to me that he/she/they executed the same in
who proved to me or subscribed to the wi his/her/their authoriz	
who proved to me or subscribed to the wi his/her/their authoriz person(s), or the ent	the basis of satisfactory evidence to be the person(s) whose name(s) is/are hin instrument and acknowledged to me that he/she/they executed the same in ed capacity(ies), and that by his/her/their signature(s) on the instrument the ty upon behalf of which the person(s) acted, executed the instrument. LTY OF PERJURY under the laws of the State of California that the foregoing
who proved to me or subscribed to the wi his/her/their authoriz person(s), or the ent I certify under PENA	the basis of satisfactory evidence to be the person(s) whose name(s) is/are hin instrument and acknowledged to me that he/she/they executed the same in ed capacity(ies), and that by his/her/their signature(s) on the instrument the ty upon behalf of which the person(s) acted, executed the instrument. LTY OF PERJURY under the laws of the State of California that the foregoing I correct.

DWC-CA form 10214 (c) (Rev. 11/2008) (Page 9 of 9)

APPLICANT: FLOREEN ROOKS WCAB CASE NUMBER(S): ADJ7024643, ADJ 7024645 SCIF CLAIM NUMBER(S): 05170360

LIEN ADDENDUM

LIENS OF RECORD AND AFFIDAVIT RE: GOOD FAITH EFFORTS TO RESOLVE LIENS

The following are the liens of record as of the date of this Compromise and Release. Defendants will pay, adjust, or litigate, the following liens, less credit for payments previously made.

Jurisdiction is reserved with the Workers' Compensation Appeals Board as to all issues that may arise regarding disposition of these liens.

Lien Claimant Name & Address	Amount	Description, Date & Result of Lien Resolution Efforts
There are no liens on record for this claim.		

FREEFORM PARAGRAPH

I declare under penalty of perjury as follows:

I am the representative for defendant State Compensation Insurance Fund. I have made the abovereferenced good faith efforts to resolve each of the listed liens.

State Fund Representative

Date

February 10, 2012

Floreen Rooks 2374 Olive Ave Altadena CA 91001-5542 Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007

Dear Ms. Rooks:

Thank you for your voicemail message.

We are not sure why you received a cancellation from the WCAB when the Hearing was in place.

The draft of the C&R is with the I&A Officer, Cynthia Goodwin. She left her direct phone in your cell phone number.

Please contact her regarding settlement amount. She would be able to discuss with you all your inquiries and concerns as well as advise you on what to do.

Thank you.

Sincerely

Yolanda L. Nielsen

Yolanda L. Nielsen Adjuster (818)291-7626 February 2, 2012

Floreen Rooks 2374 Olive Ave Altadena CA 91001-5542 Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007

Dear Ms. Rooks:

Please accept our sincere apologies regarding your Permanent Disability Rate.

We inadvertently sent your benefit checks from 1/4/12 through 1/31/12 at the rate of \$264.50 per week instead of \$230.00 per week.

Again, we apologize for our mistake.

Your next check scheduled on 2/14/12 will be \$230.00 per week, a total of \$460.00.

Thank you for your understanding.

Sincerely

Yolanda L. Nielsen Yolanda L. Nielsen Adjuster

(818)291-7626

December 29, 2011

Floreen Rooks 2374 Olive Ave Altadena CA 91001-5542 Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007

Dear Ms. Rooks:

Due to technical errors over the Holiday weekend, your Permanent Disability check due on Tuesday, 1/3/12, in the amount of \$460.00 was sent on 12/27/11. This check covered the periods form 12/21/11 to 1/3/12.

We apologize for the confusion.

Your next benefit check will be sent on 1/17/12, Tuesday.

If you have any questions, please contact me.

Thank you for your kind consideration.

Sincerely

Yolanda L. Nielsen Yolanda L. Nielsen Adjuster (818)291–7626 November 15, 2010

Floreen Rooks 1315 S Gladys Ave San Gabriel CA 91776-3623 Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007

Dear Ms. Rooks:

At no cost to you, we have made arrangements for you to be evaluated by the Panel Qualified Medical Examiner in the field of Orthopedics, Dr. Thomas Fell.

Your appointment will be on 1/6/11, Thursday, 11:00 a.m.

Dr. Thomas Fell's office is located at 630 W. Duarte Road, #203, Arcadia, CA 91007.

Your round trip mileage check was separately. There are no parking fees in this location.

Failure to attend this evaluation may affect your entitlement to benefits.

If you are unable to keep this appointment, please notify Dr. Fell's office at (626) 447–8870, at least 48 hours prior to your scheduled appointment.

Sincerely

Yolanda L. Nielsen

Yolanda L. Nielsen Adjuster (818)291-7626

cc: Thomas Fell, Jr., M.D., 4940 Van Nuys Blvd Ste 302, Sherman Oaks, CA 91403 Lena Tsui, Attorney October 28, 2010

Floreen Rooks 1315 S Gladys Ave San Gabriel CA 91776-3623 Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007

Dear Ms. Rooks:

We received the Panel Qualified Medical Examiner (PQME) list on 10/25/10.

Please make your choice which PQME doctor you would like to be your PQME.

If we do not receive your response within 10 days from the date of this letter, we will proceed to make the PQME appointment with the Evaluator of our choice from the list.

Thank you for your immediate attention.

Sincerely

Yolanda L. Nielsen

Yolanda L. Nielsen Adjuster (818)291-7626

cc: Lena Tsui, Attorney

February 3, 2011

Floreen Rooks 1315 S Gladys Ave San Gabriel CA 91776-3623 Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007

Dear Ms. Rooks:

We received information that you missed your appointment with the Panel Qualified Medical Examiner in the field of Orthopedics, Dr. Thomas Fell.

Please be reminded that this evaluation was recommended by the Workers' Compensation Judge.

We rescheduled your appointment to 3/17/11, Thursday, 3:30 p.m.

Please refer to the attached letter regarding the details of your appointment.

Please make every effort to keep this appointment.

Enclosed are the following reports and/or documents pertaining to the above-captioned case:

Reports/Documents 1504 - Blank Letter <u>Date</u> 11/15/2010

Thank you for your attention and cooperation.

Sincerely

Yolanda L. Nielsen

Yolanda L. Nielsen Adjuster (818)291-7626

Enclosure(s)

cc: Thomas Fell, Jr., M.D., 4940 Van Nuys Blvd Ste 302, Sherman Oaks, CA 91403 Lena Tsui, Attorney January 3, 2011

Floreen Rooks 1315 S Gladys Ave San Gabriel CA 91776-3623 Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007

Dear Ms. Rooks:

This is a reminder regarding your Panel Qualified Medical Examiner appointment on 1/6/11.

Please see attached letter dated 11/15/10 regarding details of your appointment.

Enclosed are the following reports and/or documents pertaining to the above-captioned case:

Reports/Documents 1504 - Blank Letter <u>Date</u> 11/15/2010

Thank you for your cooperation.

Sincerely

Yolanda L. Nielsen

Yolanda L. Nielsen Adjuster (818)291-7626

Enclosure(s)

cc: Thomas Fell, Jr., M.D., 4940 Van Nuys Blvd Ste 302, Sherman Oaks, CA 91403 Lena Tsui, Attorney September 19, 2011

Nuquest / Bridge Pointe PO Box 915619 Longwood FL 32791-5619 Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007 Employer: D'Veal Family & Youth Services

Dear Gentlepersons

In response to your written request, dated September 19, 2011, enclosed are copies of the medical records we have on file for Floreen Rooks.

Sincerely

Yolanda L. Nielsen

Yolanda L. Nielsen Adjuster (818)291-7626

Enc: Medical File

List of Medical Reports

ATTENTION : STATE FUND If records are returned, do not reimage.

Name	Date
Synergy	03/23/2011
Dr. Thomas Fell	03/17/2011
Dr. Fell	01/26/2011
*State Fund	10/22/2010
*State Fund	10/13/2010
Dr. Thomas Saucedo	10/11/2010
Tomas Saucedo, Md	10/11/2010
*State Fund	10/05/2010
*State Fund	10/05/2010
Dr. Saucedo	09/04/2009
Thomas Saucedo, Md	01/23/2009
Tomas Saucedo, Md	01/23/2009
Thomas Saucedo	12/05/2008
Tomas Saucedo Md	12/05/2008
Tomas Saucedo, Md	12/05/2008
Thomas Saucedo, Md	11/11/2008
Tomas Saucedo, Md	11/11/2008
Ortho Supplemental Report	11/07/2008
Ortho Supplemental Report	11/07/2008
Ortho Supplemental Report	10/10/2008
Ortho Supplemental Report	10/10/2008
Ortho Supplemental Report	09/05/2008
Tomas Saucedo, Md	09/05/2008
Tomas Saucedo, Md	09/05/2008
Tomas Saucedo, Md	08/28/2008
Associated Sports Therapy	08/08/2008
Tomas Saucedo, Md	08/08/2008
Comppartners	07/22/2008
Comppartners	07/22/2008
Judith Moosmann, Rn	07/18/2008
Associated Sport Therapy	07/16/2008

*State Fund	07/15/2008
Assoc Sports Therapy	07/11/2008
Tomas Saucedo, Md	07/11/2008
Tomas Saucedo, Md	07/02/2008
Comppartners	06/28/2008
Assoc Sports Therapy	06/19/2008
Associated Sport Therapy	06/18/2008
Associated Sport Therapy	06/18/2008
Assoc Sport Therapy	06/06/2008
Assoc Sports Therapy	06/06/2008
Pt	06/06/2008
Thomas Saucedo, M.D.	06/06/2008
Tomas Saucedo, Md	06/06/2008
Eoma	05/26/2008
Assoc Sports Therapy	05/22/2008
Comppartners	05/19/2008
Assoc Sports Therapy	05/13/2008
Assoc Sport Therapy	05/09/2008
Thomas Saucedo, M.D.	04/24/2008
Tomas Saucedo, Md	04/24/2008
Thomas Saucedo, M.D.	04/23/2008
Healthcare Partners	04/18/2008
Thomas Saucedo, M.D.	04/17/2008
Healthcare Med Group	04/15/2008
Healthcare Partners	04/15/2008
Healthcare Partners	04/15/2008
Healthcare Partners	04/08/2008
Eoma	03/26/2008
Health Care Partners	03/20/2008
Michael Vo, M.D.	03/20/2008
Thomas Saucedo, M.D.	03/20/2008
Anthony Bledin, M.D.	03/19/2008
Mri Of Left Knee	03/19/2008
Comppartners	02/28/2008
Michael Vo, M.D.	02/21/2008
Thomas Saucedo	02/21/2008
Thomas Saucedo, M.D.	02/21/2008

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Thomas Saucedo, M.D.	
Comppartners	
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Healthcare Partners	
Michael Vo, M.D.	į
Thomas Saucedo, M.D.	
Michael Vo, M.D.	
Thomas Saucedo, M.D.	
Thomas Saucedo, M.D.	
Tomas Saucedo, Md	
Healthcare Partners	
Michael Hadley, M.D.	
Michael Vo, M.D.	
Kaiser Permanente	
Kaiser Permanente	
Healthcare Partners	
Tomas Saucedo, Md	

02/21/2008 02/12/2008 02/08/2008 01/17/2008 01/17/2008 01/17/2008 12/20/2007 12/20/2007 12/20/2007 12/20/2007 12/17/2007 12/17/2007 11/20/2007 11/20/2007 11/20/2007 11/20/2007 11/13/2007 11/12/2007 11/10/2007 11/10/2007 11/10/2007 11/10/2007 11/10/2007 11/10/2007 11/10/2007 11/10/2007

January 31, 2010

Floreen Rooks 1315 S Gladys Ave San Gabriel CA 91776-3623 Claim Number: 05170360 Employee: Floreen Rooks Date of Injury: 11/10/2007 Employer: D'Veal Family & Youth Services

MEDICARE QUESTIONNAIRE

We are writing to inform you of a new Federal law that requires insurers such as State Fund to obtain Medicare Beneficiary Status information from claimants.

As of January 1, 2009, a Federal law (Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007) mandates that insurers such as State Fund collect CMS Medicare Beneficiary Status information from their claimants for Medicare Quarterly Reporting (MQR). The Centers for Medicare and Medicaid Services (CMS) oversees the Medicare program and coordinates benefit payments to ensure that proper and timely payment is made.

Enclosed is a two-page Medicare Questionnaire along with a self-addressed stamped envelope. We ask that you complete and return the questionnaire within 10 days of receipt of this letter.

Please be advised that all information collected in this questionnaire will be used by CMS to accurately coordinate benefits with Medicare. State Fund recognizes the importance of respecting the privacy of our customers and is committed to providing the highest level of security and privacy regarding the collection and use of personal information.

This letter is being sent to you to meet federal reporting requirements and does not constitute acceptance of liability for your workers' compensation claim.

If you have any questions, please feel free to call me at the number listed below. However, if an attorney represents you, this phone call should be made through your attorney.

Sincerely

Yolanda L. Nielsen

Yolanda L. Nielsen Adjuster (818)291–7626

Enc: Medicare Questionnaire Form Business Reply Envelope For Internal Use: CPC Indexers-Please index this document to document type " Medicare Form" Employee: Floreen Rooks Claim #: 05170360

MEDICARE QUESTIONNAIRE FORM

Please review this picture of the Medicare card to determine if you have, or have ever had a similar Medicare card and answer the following questions.

SECTION I							
Are you presently, or have you ever been, enrolled in Medicare Part A or Part B?	3 [] NO						
If yes, please complete the following. If no, proceed to Section II.							
Full Name: (Please print the name exactly as it appears on your SSN or Medicare card if available.)							
Medicare Claim Number:							
Social Security Number: (If Medicare Claim Number is Unavailable)] M a le						

SECTION II

I understand that the information requested is to assist the requesting insurance arrangement to accurately coordinate benefits with Medicare and to meet its mandatory reporting obligations under Medicare law.

Employee Name (Please print)

Name of Person Completing This Form If Employee is Unable (Please print)

Signature of Person Completing this Form

Date

Medicate Questionnaire Form - January 31, 2010

Page 1

For Internal Use: CPC Indexers-Please index this document to document type " Medicare Form" Employee: Floreen Rooks Claim #: 05170360

If you have completed Sections I and II above, stop here. If you are refusing to provide the information requested in Sections I and II, proceed to Section III.

SECTION III	
For the reason(s) listed below, I have not provided the information requested. I ur that if I am a Medicare beneficiary and I do not provide the requested information violating obligations as a beneficiary to assist Medicare in coordinating benefits to claims correctly and promptly.	, I may be
Reason(s) for Refusal to Provide Requested Information:	
	-
	_
	-
	_
	-
	_
Employee Name (Please print)	
Name of Person Completing This Form If Employee is Unable (Please print)	
Signature of Person Completing this Form	
Date	

Medicate Questionnaire Form - January 31, 2010

Page 2

PD Rating Report

Date Requested: 09/14/2020

Page 1 of 1

C	laim 0513	70360	Claimant FLOREEN ROOKS
Trans Num	Date of Rating	Final PD %	Formula String
3	04/24/2012	24	APP FRAC FAC DIS NUM RTG OCC DIS MOD AGE SUBJECT FINAL C&R PD for \$62K less JV to Meds \$27,621.00.
2	04/29/2011	25	APP FRAC FAC DIS NUM RTG OCC DIS MOD AGE SUBJECT FINAL Left Ankle ¿ Arthritis 17.07.03.00 - 12 - [2] 14 - 110D - 11 - 14 Left Knee ¿ Other 17.05.06.00 - 11 - [2] 13 - 110D - 10 - 13 14 C 13 = 25%
1	04/24/2008	5	APP FRAC FAC DIS NUM RTG OCC DIS MOD AGE SUBJECT FINAL PD while treating before P&S.

-- End of Report --

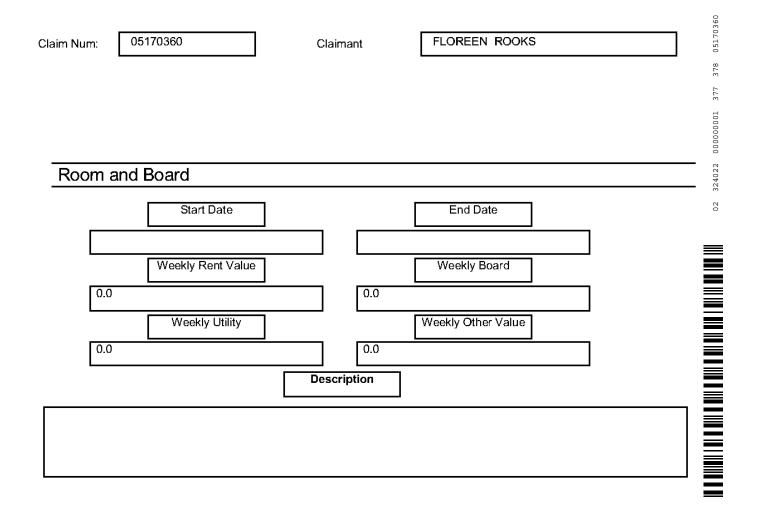
Wage Calculation Report

Claim Num:	05170360		Claimant		FLOREEN ROOKS		
Date of C	alculation		AWW		TD Rate	Selected Flag	
11/13/07, 1:21	PM	\$ 971.15		\$ 647.44		YES	

Wage Component

Wage Type		
Rate Wage		
Start Date	End Date	Period
		7
Gross Wages	Hours a Day	Days a Week
\$ 971.15		
Seasonal Amount		
0.0		
Description		

Date Requested: September 14, 2020



Wage Summary

Date Requested: September 14, 2020

SCI000236

Claim Num:	05170360	Claimant	FLOREEN ROOKS

null

0

0.0

divided by (weeks)

Bonus if any

to (calculated date)

=

Average Weekly

Wage

\$ 0.0

Weeks and

=

.66667

Multiplied

by

null

Days

null

Result

TD Rate

\$ 0.0

null

Date Requested: September 14, 2020

Wage Summary

Wages Earned from

Gross Wages from all

Room and Board Weekly

(calculated date)

Employment

Amount if any

null

0

0.0

SCI000237



copy of this report to Division of Labor 1. INSURER	Statistics and Research, P.O.		500, CA 94142-0 2. EMPLOYER		<u>r Iocal heelih</u>	officer by telephone within	24-hours
State Comp 9	2622			Services	USE THIS COLUMN		
P.O. Box 926			₽.0	. Box 4025	5		Case No
Los Angeles,	CA 90009-2622		Pas	adena, CA	91114		
							Industry
4. Nature of Business (e.g., loo	d manutacturing, building con	struction, retailer d w on	nen's cloihes)				County
5. PATIENT NAME			5. Sex		7. Date o	f Mo. Day Year	Age
ROOKS, FLOREEN			[] Male	[X] Fernale	Birth	06/20/1949	
8. Address		City	Zip	9. Telephone	Number		Hazard
1315 S. GLADYS AVE.		AN GABRIEL	91776		573-1906		
10. Occupation (Specific Job ti	ti o }			11. Social Ser	curity Numb	er	Disease
MARRIAGE FAMILY THER	APIST	A 16		130-38-	8510		
12. Injured at:		City		County			Hospitalization
WORK PLACE	No. Day Year	Hour		1	Worked	Ma Dav Vera	Occupation
 Date and hour of injury or onset of illness 	Mo. Day Year 11/10/2007	10:30 am		14. Date Last	IN CINED	Mo. Day Year 11/10/2007	Occupation
15. Date and hour of first	Mo. Day Year	Hour		16. Have you	(or your offic		Return Date/Code
examination or treatment	11/20/2007	11:04 am		treated pr	•] Yes [X] No	Return Date/Code
Examination of the righ pre-ent on the do sum. B. X-ray and lboratory resu 20. DIAGNOSIS (foccupational lin	she is employed a hicle that was movi <u>knee and she twist</u> versested morespace see a cute distress. It foot reveals tha There is no (con <u>its (State i none pending</u> tess specific ellocogic agent and N, LEFT KNEE	s marriage and ng even though i ed (rontinued) wired.) Vital sign BF t there 'n moder t inued) a) 2 nd duration of exposure)	family the twa parks 156/98, pu ate edema to K-rays wer Cherrical or to B25.20	ed she tripp uls. 78, res with moderat the performe wiccompounds FRACI	ed on the pirations a to mark d and	ground and	X] No
if "no" please explain		ant a account of righty		[A] 166 [
22. Is there any other current of if "yes" please explein Pati	andition that will impade or Lent does have	••	ny? [}	K]Yess []N	a		
23. TREATMENT RENDERED (Us (1) Examination. (2) (5) Disperred extra-st treatment	X-ray. [3] Disp rength Tylenol . #	ensed walker boo 30 tablets (6)	Referral				
if further treatment is required, spec	lfytrealment Yes, in	the form of t	reatment	(continued	()	Estimated duration. 1	month.
24. If Hospitalized as inpetient,	give hospital name and k	ocation		Date Mo admitted	. Day Year	Esti	mated Stay
(continued) 25. WORK STATUS	Is paliant able to perform	usual work?	Yes				
If "no", patient can return to							
Regular work							
Modified work			Specify			aced on modifi	
have not violated Labor Code 1393 perjuny.	and the contents of the rep	port and bill are true and	correct to the b	sest of my knowle	ge. This stat	emeat is made under p	enalty of
Doctor's signature		Da	ate		CA License	Number G36632	:
octor name and degree (Please	print) Michael	Hadley, M.D.					
Case# 80283					RS Numb Felephone		6) 582-7989

 SCIF RECD DTE 06/23/2008
 BKSCAN 12 06/24/2008 09: 25 AM 028444 1 12

 DOCTOR'S FIRST REPORT OF
 HealthCare Partners 95-4526112

-

OCCUPATIONAL INJURY OR ILLNESS

althCare Partners 95-452611 3144 Santa Anita Avenue El Monte, CA 91733-

ANY PERSON WHO MAKES OR CAUSES TO BE MADE ANY KNOWINGLY FALSE OR FRAUDULENT MATERIAL STATEMENT OR NATERIAL REPRESENTATION FOR PURPOSE OF OBTAINING OR DENYING WORKERS' COMPENSATION BENEFITS OR PAYMENTS IS GUILTY OF A FELDNY 05170360

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MR#: 32-295496

FIRST REPORT - ADDITIONAL INFORMATION

SSN: 130-38-8510

FLOREEN ROOKS DOI: 11/10/2007 Page 2

#18.

• -

her left ankle and also her right foot. Because of these injuries, the patient developed pain mostly in her right foot. As a result, she went to the Kaiser ER for evaluation and treatment.

While at Kaiser ER she was told that she had a fracture of the right foot, sprain to the left ankle and a bruise to the left knee. She was given an ortho shoe and was told to report this to her employer as a job-related injury. The patient did so and she was referred here by her Workers Compensation insurance carrier for evaluation and treatment. Today is her initial visit at this facility.

The patient does complain of mild discomfort in her left ankle and her left knee. However, she does complain of significant discomfort in her right foot.

Pertinent past medical history: The patient states that she has a heart valve problem for many years and does use prophylactic antibiotics for dental work. She has had a fracture of her left ankle in 1992 that was treated operatively. SHE IS ALLERGIC TO PENICILLIN. She denies any history of diabetes, high blood pressure, ulcer disease or asthma.

Social history: The patient occasionally smokes. She does play chess and write poetry.

Review of systems: Denies any chest pain or shortness of breath. Patient denies any abdominal pain, nausea, vomiting, diarrhea or constipation.

#19A.

ecchymosis. The patient does have impaired weight bearing secondary to pain and altered gait secondary to pain. The patient is ambulating with the aid of a cane.

Examination of the left ankle reveals that there is a healed surgical scar. There is trace tenderness and edema.

Examination of the left knee reveals vague tenderness present anteriorly, trace edema. There is full flexion with pain.

#19B.

preliminary reading of the right foot reveals that there is a fracture involving the fourth and fifth metatarsals with angulation present in the fourth metatarsal head. Final report is pending. X-ray exam of the left ankle reveals the presence of hardware, no acute finding seen. X-ray of the left knee is unremarkable except for degenerative changes. Final report is pending.

#20.
1. FRACTURE, RIGHT FOOT.
2. SPRAIN, LEFT ANKLE.
3. CONTUSION, LEFT KNEE.
#22.
hardware in her left ankle and this may impact upon her rate of recovery.
#23.
Further treatment: by the orthopedic surgeon.
#24.

To be determined by the orthopedic surgeon.

#25.

the following restrictions: No driving vehicle during working hours, no walking or standing for more than one hour, sitting work only.

DEC-17-2007 16:12	'нср' О <i>51</i>	7036	6	6265827	928 P.03
	HealthC	are Partners 9	5-4526112		
DOCTOR'S FIRST REPORT OF	3144	Santa Anita A	venue		
OCCUPATIONAL INJURY OR ILL	E)	Monte, CA 917			
Within 5 days of your initial examination, for every o					
or the coll-inaured employer. Feilure to file e timely copy of this report to Division of Labor Statistics and					
1. INSURER		2. EMPLOYER			PLEASE DO NOT
State Comp 92622		עים	eal Family	& Youth Service	8 COLUMN
P.D. Box 92622		P.0	. Box 40255	5	Case No
Los Angeles, CA 90	009-2622	Pas	adena, CA	91114	
					industry
4. Nature of Business (e.g. food manulacus	ing, building construction, retailer of w	omen's clothes)			County
5. PATIENT NAME		6. Sex		7. Date of Mo. Day	Year Age
Rooks , Floreen		[] Male	[X Female	Birth 06/20	/1949
8. Address	City	Zip	9. Telephone	Number	Hazard
1315 S. GLADYS AVE.	SAN GABRIEL	91776		73-1905	
 Occupation (Specific Job title) 			11. Social Se	curity Number	Discase
MARRIAGE FAMILY THERAPIST			130-38-	8510	
12. Injured al:	G	Ŷ	County		Hospitalization
WORK PLACE	Vear Bour		14. Date Last		
13. Date and hour of injury Mo. Day or onset of illness 11/10				Worked Mo. Day Yo 11/10/2	
15. Date and hour of first Mo. Day			16 Have you	(or your office) previous	sk.
examination of treatment 11/20			1 1	atient [] Yes [X]	 Note a station over
	1		1 1		
Patient phase complete this purifon, if able to do a his/her right's to workers' compensation under the 17. DESCRIBE HOW THE ACCIDENT OR EXPO	California Labor Code SURE HAPPENED (Give specific obje	d, machinery or ch	enticel Use revers	e side if more space is requi	ined.)
*Fell on to ground gravel and fu Tnjured right foot. *	actured right foot to pr	event car fr	om rolling i	nto oncoming traf:	fic.
Injuled Ilghe Looe.	5.0.00000000				
16. SUBJECTIVE COMPLAINTS (Describe fully,					
The patient states that she is trying to anter her vehicle that					
fell, she hit her left knee and 19. DBJECTIVE FINDINGS (Jac reverse ade for A. Physical examination	she twisted (continued) nore space is required)				
General appearance: No acute d			ilse 78, res	pirations 15.	
Examination of the right foot r present on the dorsum. There '	eveals that there is mode				256 2010
B. X-ray and Iboratory results (Stata	if nona pendina)	X-ravs wer	e performed	i and (continue	<u>a)</u>
20. DIAGNOSIS (# occupational i Inaas, specific 924.11 CONTUSION, LEFT	nuscess to notatub bna these agests and the second	> Chemical or t	coso compounde	involved?] Yes [X] No
724.11 CONTOBION, DEFI	ANES	640.20	I CRACI	UKB, RIGHT FOUT	
21. Are your findings and diagnosis cons	istent with patient's account of in	iuny or] No	
nelaxe easels "on" h		4			
				-	
22. Is there any other current condition th		accivery r [2	K]Yes []N	0	
If yes please explain Patient doe			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
23. TREATMENT RENDERED (Use reverse sid (1) Examination. (2) X-ray.	(3) Dispensed walker be	ot/Can walke	er. (4) Di	spensed Motrin 800	mg x #30 tablets.
(5) Dispensed extra-strength T treatment.	Alegor & Mag capters (5	j sererial	to orthoped:	ic surgeon for eva	luation and
if further traatment is required, specify treatment	Yes, in the form of t	reatment	(continued)	Estimated du	witten 1 month.
24. If Hospitalized as inpatient, give hosp				A Day Year	Estimated Stay
(constinued)				-	
•	able to perform usual work?	L j Yes	[X] No		
lf "no", patient can return Regular work					
Modified work		Specify	Dat	ient placed on r	odified dury
These not violated Labor Code 135.3 and the con	tents of the repost and bill are true as				
penjury.	·			-	
Doctor's signatur Doctor name and degree (Please print)		Jate	(CA License Number	036632
Locus name and degree (mease print)	Michael Hadley, M.D.			RS Number 95-4	526112

Case# 80283

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ANY PERSON WHO MAKES OR CAUSES TO BE MADE ANY KNOWINGLY FALSE OR FRAUDULENT MATERIAL STATEMENT OR MATERIAL REPRESENTATION FOR PURPOSE OF OBTAINING OR DENYING WORKERS' COMPENSATION BENEFITS OR PAYMENTS IS GUILTY OF A FELONY

Telephone Number (626) 582-7989

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FIRST.REPORT ADDITIONAL INFORMATION

PLOREEN ROOKS DOI: 11/10/2007 SSN: 130-38-8510 MR#: 32-295496 Page 2

#18,

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her left ankle and also her right foot. Because of these injuries, the patient developed pain mostly in her right foot. As a result, she went to the Kaiser ER for evaluation and treatment.

While at Kaiser ER ehe was told that she had a fracture of the right foot, sprain to the left ankle and a bruise to the left knee. She was given an ortho shoe and was told to report this to her employer as a job-related injury. The patient did so and she was referred here by her Workers Compensation insurance carrier for evaluation and treatment. Today is her initial visit at this facility.

The patient does complain of mild discomfort in her left ankle and her left knee. However, she does complain of significant discomfort in her right foot.

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Review of systems: Denies any chest pain or shortness of breath. Fatient denies any abdominal pain, nausea, vomiting, diarrhes or constipation.

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Examination of the left knee reveals vague tenderness present anteriorly, trace edsma. There is full flexion with pain.

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1. FRACTURE, RIGHT FOOT.

- 2. SPRAIN, LEFT ANKLE.
- 3. CONTUSION, LEFT KNEE.

#22.

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#23.

Further treatment: by the orthopedic surgeon.

#24.

To be determined by the orthopedic surgeon.

#25

the following restrictions: No driving vehicle during working hours, no walking or standing for more than one hour, sitting work only.

____.

DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS HealthCare Partners 95-4526112 3144 Santa Anita Avenue CINASTA CA 01722

	ELMUNIE, CA 91735-	
withe cell-innured employer. Failure to file a timely doctor's report may result in as	nd two copies of this report to the employer's work's''s compensation insurance came seasment of a civil penalty. In case of diagnosed or suspected pesticide poisoning s San Francisco, CA 94142-0603, and notify your local health officer by fetchhone will	end a
1. INSURER State Comp 92622	2. EMPLOYER NAME D'Veal Family & Youth Services	PLEASE DO NOT USE THIS COLUMN
P.O. Box 92622 Los Angeles, CA 90009-2622	P.O. Box 40255 Pasadena, CA 91114	Case No
		Industry
 Nature of Business (e.g., food manufacturing, building constructiom, relation) 	siler of w omen's clothes)	County

5. PATIENT NAME 6. Sex 7. Date of Mo. Day Year Age Birth 06/20/1949 ROOKS, FLOREEN [] Mala [X] Female Høzard 8 Address City 9. Telephone Number Zp <u>91776</u> 626) 573-1906 1315 S. GLADYS AVE SAN GABRIEL Disease 11. Social Security Number 10. Occupation (Specific Job title) MARRIAGE FAMILY THERAPIST 12. Injured at <u>130-38-8510</u> County City lospitalization WORK PLACE Houi 4. Date Last Worked Mo. Day Year Occupation 13. Date and hour of injury Mo. Day Year 11/10/2007 10:30 am 11/10/2007 or onset of illness 16. Have you (or your office) previously 15. Date and hour of first Mo. Day Year Hour Retuin Date/Code 11/20/2007 11:04 am treated patient [] Yes [X] No axamination or treatment Patient please complete this portion, if able to do so, otherwise, doctor please complete immediately. Inability or failure of a patient to complete this portion shall not affect tris/her right s to workers' compensation under the California Labor Code

17. DESCR	BE HOW THE	ACCIDENT	OR EX	POSURE HAPP	ened (1	Give spec	cilic object, mad	hinery or i	chemic	el l	lse neverse si	ide if more space is	required.)
"Fell on	to ground	i gravel	and	fractured	ight:	foot	preve	ear	ron	ro	11g	LCOMING	raffi
Inji ed	ight foot	: "											

18. SUBJECTIVE COMPLAINTS (Describe fully. Use the reverse side if more space is required.)

The patient states that she ... employed as a marriage and family On .1/10/200 while ...ap1. trying to enter her vehicl that was moving even though 1' was par ed she ripped on the gr nd and fell, she hit her left knee and she twisted (continued) 19. OBJECTIVE FINDINGS (Use reverse side if more space is required.)

A. Physical examination

General appelrance	ce No acute	distres	. Vital sign	s BP 156/98,	pulse 78, respi	ion. 16.
Examination of th				moderate edema	with moder 🏫	marked tendernes.
present on the do	orsum. There	' no	(continued)			

B. X-ray and iboratory results (State if none pending)	X-rays were performed as	nd (continued)
20. DIAGNOSIS (foccupational illness, specific effolguic agent and duratio of a	xousture) Chemical or toxic compounds involv	red? [] Yes [X]

924.11	CONTUSION,	LEFT KNEE	 825,20	FRACTURE	RIGHT	FOOT 1	

21. Ara you	r findings and diagnosis consistent with patient's account of injury or onset	[X] Yes	[]No	
if "no" ple	explain			

22.	is there any	other cu	urent cond	ition that	will imped	e or delay patient's recovery?	[X]Yes []No	

Patient does have (continued) if "yes" please explain

 (1) Examination. (2) X-ray. (3) Dispensed Walker 	bout/Cam walker	Dispen ed Mc	in 800 mg x #30 tablet
(5) Dispen ed extr strength Tylenol x #30 table	(6) Re ^r	thopedin surgeon	evalu tion and
trent			

if further treatment is required, specify t	resiment Yes, in the form	of treatment (co	ntinued)	Estimated duration. 1 month.
24. If Hospitalized as inpatient, giv (continued)		Da admit		Estimated Stay
(continued) 25. WORK STATUS Is	patient able to perform usual work?	[] Yes [X]I	No	
lf "no", patient can return t				
Regular work				
Modified work		Specify	Lange of the second	aced on modified duty
Thave not violated Labor Code 139.3 and	d he contents of the report and bill are t	rue and correct to the best of	my knowlege. This state	ement is made under peealty of
perjuny.				
Doctor's signature		Date	CA License	Number G36632
Doctor name and degree (Please prin	nt) Michael Hadley, M	1.D.	IRS Numbe	r 95-4526112

ANY PERSON WHO MAKES OR CAUSES TO BE MADE ANY KNOWING LY FALSE OR FRAUDULENT MATERIAL STATEMENT OR MATERIAL REPRESENTATION FOR PURPOSE OF OBTAINING OR DENVING WORKERS' COMPENSATION BENEFITS OR PAYMENTS IS GUILTY OF A FELONY

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(626) 582-7989

Telephone Number

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Case#

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FIRST REPORT - ADDITIONAL INFORMATION

FLOREEN ROOKS DOI: 11/10/2007 SSN: 130-38-8510 MR#: 32-295496 Page 2

#18.

her left ankle and also her right foot. Because of these injuries, the patient developed pain mostly in her right foot. As a result, she went to the Kaiser ER for evaluation and treatment.

While at Kaiser ER she was told that she had a fracture of the right foot, sprain to the left ankle and a bruise to the left knee. She was given an ortho shoe and was told to report this to her employer as a job-related injury. The patient did so and she was referred here by her Workers Compensation insurance carrier for evaluation and treatment. Today is her initial visit at this facility.

The patient does complain of mild discomfort in her left ankle and her left knee. However, she does complain of significant discomfort in her right foot.

Pertinent past medical history: The patient states that she has a heart valve problem for many years and does use prophylactic antibiotics for dental work. She has had a fracture of her left ankle in 1992 that was treated operatively. SHE IS ALLERGIC TO PENICILLIN. She denies any history of diabetes, high blood pressure, ulcer disease or asthma.

Social history: The patient occasionally smokes. She does play chess and write poetry.

Review of systems: Denies any chest pain or shortness of breath. Patient denies any abdominal pain, nausea, vomiting, diarrhea or constipation.

#19A.

ecchymosis. The patient does have impaired weight bearing secondary to pain and altered gait secondary to pain. The patient is ambulating with the aid of a cane.

Examination of the left ankle reveals that there is a healed surgical scar. There is trace tenderness and edema.

Examination of the left knee reveals vague tenderness present anteriorly, trace edema. There is full flexion with pain.

#19B.

preliminary reading of the right foot reveals that there is a fracture involving the fourth and fifth metatarsals with angulation present in the fourth metatarsal head. Final report is pending. X-ray exam of the left ankle reveals the presence of hardware, no acute finding seen. X-ray of the left knee is unremarkable except for degenerative changes. Final report is pending.

#20.1. FRACTURE, RIGHT FOOT.2. SPRAIN, LEFT ANKLE.3. CONTUSION, LEFT KNEE.

#22.

hardware in her left ankle and this may impact upon her rate of recovery.

#23.

Further treatment: by the orthopedic surgeon.

#2**4**.

To be determined by the orthopedic surgeon.

#25.

the following restrictions: No driving vehicle during working hours, no walking or standing for more than one hour, sitting work only.

SCIF RECD DTE 12/22/2008 BKSCAN 11 12/23/2008 11:21 AM 032684 4 2



Total Joints Arthroplasty Industrial Medicine Sports Medicine

Richard Zapanta, M.D., Inc. Tomas Saucedo, M.D., Inc. Dana J. Primo, P.A.C.



Eastside Orthopedic Medical Associates Diplomates of the American Board of Orthopedic Surgeons Fellows of the American Academy of Orthopedic Surgeons Qualified Medical Examiners

Associated Physicians

Luigi Gallioni, M.D., Inc. Michael Esposito, M.D., Inc. Barnard Barragan, M.D., Inc.

ORTHOPEDIC PERMANENT AND STATIONARY REPORT

December 5, 2008

State Compensation Insurance P.O. Box 92622 Los Angeles, CA 90009-2622

Attention: Worker's Compensation Claims

RE: AGE AND SEX: OCCUPATION: EMP: DATE OF INJURY: DATE OF EXAMINATION: FLOREEN ROOKS 56-year-old female Marriage & Family Therapist D'Veal Family Youth Services 11/10/07 12/05/08

Gentleman:

As you are well aware, this patient has been under our care. She underwent arthroscopic surgery of her left knee on 04/24/07. At the time of surgery, she underwent a partial medial meniscectomy and an abrasive chondroplasty of the medial femoral condyle. Since then, she indicates that her pain has improved, however, not completely resolved. She indicates that she does have some mild discomfort of her left knee.

PHYSICAL EXAMINATION

LOWER EXTREMITIES

On examination of her left knee there is evidence of well healed surgical arthroscopic portals. There is no tenderness, swelling, effusion or laxity. She flexes the knee from 0 to 125 degrees. Motor and sensory function is intact distally.

880 South Atlantic Boulevard, Suite 205, Monterey Park, California 91754 • (626) 289-0178 • FAX (626) 308-2083

RE: Floreen Rooks December 5, 2008 Page 2

IMPRESSION

1) STATUS POST LEFT KNEE ARTHROSCOPY WITH PARTIAL MENISCECTOMY

2) STATUS POST LEFT KNEE ABRASIVE CHONDROPLASTY

DISCUSSION

At this time it is apparent that Ms. Floreen Rooks has essentially plateaued and may be considered permanent and stationary. She has reached a maximum level of improvement having undergone arthroscopic surgery and placed on a postoperative physical therapy program.

SUBJECTIVE FACTORS OF DISABILITY

Her subjective complaints are rated in the range of intermittent minimal not exceeding that level.

OBJECTIVE FACTORS OF DISABILITY

Objectively, the patient did undergo a partial meniscectomy as well as an abrasive chondroplasty and has responded favorably.

WORK STATUS

Given this patient's clinical presentation and findings, I will recommend that this patient be released to her previous occupation with no restrictions.

FUTURE MEDICAL CARE

Future medical care in this patient's case certainly is indicated given the nature of this patient's injury and the clinical findings and I would recommend that we grant her physician care, pharmacotherapy, physical therapy and this would certainly provide her coverage should there be an aggravation or recurrence of the same similar symptoms as a result of the initial injury.

RE: Floreen Rooks December 5, 2008 Page 3

APPORTIONMENT

Apportionment in this patient's case is apparently not indicated since the patient denies any prior injuries of her involved knee.

VOCATIONAL REHABILITATION

Vocational rehabilitation is also not indicated since this patient will be released to her previous occupation with no restrictions.

IMPAIRMENT RATING

Based on the American Medical Association 5th Edition Guide to permanent impairment there is no loss of range of motion noted, however, she did undergo a partial meniscectomy which corresponds to a 1% whole person impairment rating.

Should you have any further questions or concerns, please do not hesitate to contact me.

DISCLOSURE

I declare under penalty of perjuty that I, the signing physician, have actually performed this examination, and the time spent in performing this evaluation is in compliance with the IMC Guidelines (Section 5307.1 and 5307.6).

I declare under penalty of perjury that I have devoted at least one-third of my total practice time to providing medical treatment.

I have not violated Labor Code Section 139.3, and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under the penalty of perjury.

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I 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. SCIF RECD DTE 12/22/2008 BKSCAN 11 12/23/2008 11:21 AM 032684 4 5

RE: Floreen Rooks December 5, 2008 Page 4

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There may or may not be other medical information that is protected by special state and federal laws and cannot be released without the subject's specific written authorization, or pursuant to other procedures established by law.

This report was done in the State of California in the County of Los Angeles, in the City of Monterey Park, on the 5th, of December, 2008.

Sincerely,

Tompe Saucedo, M.D. Diplomate, American Board of Orthopedic Surgery

TS/mc



Total Joints Arthroplasty Industrial Medicine Sports Medicine

Richard Zapanta, M.D., Inc. Tomas Saucedo, M.D., Inc. Dana J. Primo, P.A.C.



Eastside Orthopedic Medical Associates Diplomates of the American Board of Orthopedic Surgeons Fellows of the American Academy of Orthopedic Surgeons Qualified Medical Examiners

Associated Physicians

Luigi Gallioni. M.D., Inc. Michael Esposito, M.D., Inc. Barnard Barragan, M.D., Inc.

ORTHOPEDIC PERMANENT AND STATIONARY REPORT

December 5, 2008

State Compensation Insurance P.O. Box 92622 Los Angeles, CA 90009-2622

Attention: Worker's Compensation Claims

RE:	FLOREEN ROOKS
AGE AND SEX:	56-year-old female
OCCUPATION:	Marriage & Family Therapist
EMP:	D'Veal Family Youth Services
DATE OF INJURY:	11/10/07
DATE OF EXAMINATION:	12/05/08

Gentleman:

As you are well aware, this patient has been under our care. She underwent arthroscopic surgery of her left knee on 04/24/07. At the time of surgery, she underwent a partial medial meniscectomy and an abrasive chondroplasty of the medial femoral condyle. Since then, she indicates that her pain has improved, however, not completely resolved. She indicates that she does have some mild discomfort of her left knee.

PHYSICAL EXAMINATION

LOWER EXTREMITIES

On examination of her left knee there is evidence of well healed surgical arthroscopic portals. There is no tenderness, swelling, effusion or laxity. She flexes the knee from 0 to 125 degrees. Motor and sensory function is intact distally.

880 South Atlantic Boulevard, Suite 205, Monterey Park, California 91754 • (626) 289-0178 • FAX (626) 308-2083

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RE: Floreen Rooks December 5, 2008 Page 2

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2) STATUS POST LEFT KNEE ABRASIVE CHONDROPLASTY

DISCUSSION

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SUBJECTIVE FACTORS OF DISABILITY

Her subjective complaints are rated in the range of intermittent minimal not exceeding that level.

OBJECTIVE FACTORS OF DISABILITY

Objectively, the patient did undergo a partial meniscectomy as well as an abrasive chondroplasty and has responded favorably.

WORK STATUS

Given this patient's clinical presentation and findings, I will recommend that this patient be released to her previous occupation with no restrictions.

FUTURE MEDICAL CARE

Future medical care in this patient's case certainly is indicated given the nature of this patient's injury and the clinical findings and I would recommend that we grant her physician care, pharmacotherapy, physical therapy and this would certainly provide her coverage should there be an aggravation or recurrence of the same similar symptoms as a result of the initial injury.

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RE: Floreen Rooks December 5, 2008 Page 3

APPORTIONMENT

Apportionment in this patient's case is apparently not indicated since the patient denies any prior injuries of her involved knee.

VOCATIONAL REHABILITATION

Vocational rehabilitation is also not indicated since this patient will be released to her previous occupation with no restrictions.

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Based on the American Medical Association 5th Edition Guide to permanent impairment there is no loss of range of motion noted, however, she did undergo a partial meniscectorny which corresponds to a 1% whole person impairment rating.

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I declare under penalty of perjury that I have devoted at least one-third of my total practice time to providing medical treatment.

I have not violated Labor Code Section 139.3, and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under the penalty of perjury.

I declare under penalty of perjuty that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjuty that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

SCIF RECD DTE 12/19/2008 BKSCAN 9 12/19/2008 11:02 AM 039026 1 4

RE: Floreen Rooks December 5, 2008 Page 4

There may or may not be other medical information that is protected by special state and federal laws and cannot be released without the subject's specific written authorization, or pursuant to other procedures established by law.

This report was done in the State of California in the County of Los Angeles, in the City of Monterey Park, on the 5th, of December, 2008.

Sincerely,

Tomfa Saucedo, M.D. Diplomate, American Board of Orthopedic Surgery

TS/mc

PLAZA SURGICAL CENTER

850 S Atlantic Blvd. Monterey Park, California 91754 (626) 289-2894 (626) 289-2840

OPERATIVE REPORT

DATE: 04/24/2008 PATIENT: ROOKS, FLOREEN MR #: REF. PHYSICIAN: Tomas Saucedo, M.D. ROOM: Outpatient DOB: Jun 20, 1949 Log#: 3 TCD

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OPERATIVE REPORT

DATE: 04/24/2008

SURGEON: Tomas Saucedo, M.D.

ASSISTANT: None.

PREOPERATIVE DIAGNOSIS: Left knee internal derangement.

POSTOPERATIVE DIAGNOSES:

1. Evidence of left knee complex tear of the medial and lateral meniscus.

2. Evidence of cartilage tears of the patellofemoral groove, tears of the medial femoral condyle cartilage, lateral femoral condyle cartilage, medial tibial plateau and lateral tibial plateau.

OPERATION PERFORMED:

- 1. Left knee diagnostic and surgical arthroscopy.
- 2. Left knee partial medial and partial lateral meniscectomy.

3. Left knee abrasive chondroplasty of the patellofemoral groove, medial femoral, medial tibial plateau, lateral femoral and tibial plateau cartilage.

ANESTHESIA: Laryngeal mask anesthetic.

INDICATIONS: The patient was taken to the operating room, and under adequate laryngeal mask anesthetic, the patient's left lower extremity was prepped and draped in the usual sterile manner. The patient was given 600 mg of Clindamycin on a prophylaxis basis.

We then proceeded to make three arthroscopic portals after taking the tourniquet up to 300 mmHg. We were able to examine the patellofemoral groove with evidence of what appeared to be grade II and grade III cartilage tears of the patellofemoral groove. We were able to shave this very thoroughly with the use of a motorized shaver, leaving a very smooth surface with no friable cartilage left behind.

Upon entering the medial compartment of the knee, there was evidence of grade I and grade II cartilage at the medial fermoral condyle and grade II and grade III cartilage of the medial tibial plateau. There was also evidence of a very complex tear of the posterior horn of the medial meniscus which as resected with multiple forceps maskets in combination with the use of motorized shaver. We were able to perform partial medial meniscectomy with absolutely no

PLAZA SURGICAL CENTER

850 S Atlantic Blvd Monterey Park, California 91754 (626) 289-2894 (626) 289-2840

OPERATIVE REPORT

DATE: 04/24/2008 PATIENT: ROOKS, FLOREEN MR #: REF. PHYSICIAN: Tomas Saucedo, M.D. ROOM: Outpatient DOB: Jun 20, 1949 Log#: 3

complications.

We proceeded to the notch noting evidence of an intact anterior cruciate ligament with no attenuation. The lateral compartment also revealed evidence of small tears of the cartilage of the femoral condyle and more moderate tears of the cartilage of the lateral tibial plateau which required abrasive chondroplasty with the use of motorized shaver. When this was completed, we noted evidence of very complex tears of the posterior and middle aspect of the lateral meniscus. We were able to use multiple forceps baskets, and in combination we used an ablator to smooth out the tears after resecting out the tears leaving no subluxable meniscal tissue behind.

Once this was completed, we irrigated the knee thoroughly and copiously with normal saline solution. The incisions were approximated with Steri-Strips. We injected 10 cc of 0.25% Marcaine for postoperative pain. The incisions were dressed then with Xeroform gauze, 4×4 's, ABD pads and bias wrapping. The patient was awakened and taken to the recovery room in satisfactory condition with absolutely no complications.

Tomas Saucedo, M.D.

TS/c4 DD: 04/24/08 1055 DT: 04/27/08 0831 Job # 9301

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DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS HealthCare Partners 95-4526112 3144 Santa Anita Avenue

El Monle, CA 91733-

copy of this report to Division of Labor	rStatistics and Research, P.C	D. Box420603, San Era:			r local health i	ficer by telephone with	
1. INSURER	02633		2. EMPLOYER				PLEASE OO NO USE THIS COLUMN
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ROOKS, FLOREEN				[X] Female	Birth	06/20/1949	
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10. Occupation (Specific Job t			<u> </u>	11. Social Se	and the second se		Disease
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WORK PLACE			•	1			1 ·
13. Date and hour of injury	Mo. Day Year	Hour		14. Date Last	Worked	Mo. Day Year	Occupation
or onset of illness	11/10/2007	10:30 am	يربرو ساقنا النكافة بجهيز اسرخت فتنا			11/10/2007	
15. Date and hour of first	Mo. Day Year	Hour		16. Have you	(or your offic	a) previously	Return Date/Cod
examination or treatment	11/20/2007	11:04 am	1	treated p	stient [Yes [X] No	
A. Physical exemination General appearance. No Examination of the righ present on the dor-um. B. X-ray and Boratory resu	nt foot reveals that There is no (cor	it there is mode ntinued)	erat o edema w	lise 78, res with moderat	e to mark	ed tenderness	
20. DLAGNOSIS (focupational itm) Chemical or to:				{ X] No
924.11 CONTUSIC	N, LEFT KNEE		825.20	FRACI	URE, RIC	HT FOOT Yes	
21. Are your findings and diago if "ne" please explain	nodis consistent with pati	ient's account of inju	ry or onset	[X] Yes [) No		
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23. TREATMENT RENDERED (Us (1) Examination. (2) (5) Dispensed extra-st tre-tment	e reverse side if more space X-ray, (3) Disp rength Tylenol – f	elsrequired) Denoed Walker bo 130 "ablets (0	ot/Cam walke 51 Referral	to arthoped	spensed Me ic …rgeor	strin 800 mg x n for evaluatio	#30 tablets n and
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ANY PERSON WHO MAKES OR CAUSES TO BE NADE ANY KNOWINGLY FALSE OR FRAUDULENT MATERIAL STATEMENT OR MATERIAL REPRESENTATION FOR PURPOSE OF OBTAINING OR DENYING WORKERS' COMPENSATION BENEFITS OR PAYMENTS IS GUILTY OF A FELONY

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FIRST REPORT - ADDITIONAL INFORMATION

FLOREEN ROOKS DOI: 11/10/2007 SSN: 130-38-8510 MR#: 32-295496 Page 2

#18.

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The patient does complain of mild discomfort in her left ankle and her left knee. However, she does complain of significant discomfort in her right foot.

Pertinent past medical history: The patient states that she has a heart valve problem for many years and does use prophylactic antibiotics for dental work. She has had a fracture of her left ankle in 1992 that was treated operatively. SHE IS ALLERGIC TO PENICILLIN. She denies any history of diabetes, high blood pressure, ulcer disease or asthma.

Social history: The patient occasionally smokes. She does play chess and write poetry.

Review of systems: Denies any chest pain or shortness of breath. Patient denies any abdominal pain, nausea, vomiting, diarrhea or constipation.

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2. SPRAIN, LEFT ANKLE.
3. CONTUSION, LEFT KNEE.
#22.
hardware in her left ankle and this may impact upon her rate of recovery.
#23.
Further treatment: by the orthopedic surgeon.
#24.
To be determined by the orthopedic surgeon.

#25.

8083

the following restrictions: No driving vehicle during working hours, no walking or standing for more than one hour, sitting work only.

SCI000256

PLAZA SURGICAL CENTER 850 S Atlantic Blvd Monterey Park, California 91754

(626) 289-2894 (626) 289-2840

OPERATIVE REPORT

DATE: 04/24/2008 PATIENT: ROOKS, FLOREEN MR #: | REF. PHYSICIAN: Tomas Saucedo, M.D. ROOM: Outpatient DOB: Jun 20, 1949 Log#: 3

OPERATIVE REPORT

DATE: 04/24/2008

SURGEON: Tomas Saucedo, M.D.

ASSISTANT: None.

PREOPERATIVE DIAGNOSIS: Left knee internal derangement.

POSTOPERATIVE DIAGNOSES:

1. Evidence of left knee complex tear of the medial and lateral meniscus.

2. Evidence of cartilage tears of the patellofemoral groove, tears of the medial femoral condyle cartilage, lateral femoral condyle cartilage, medial tibial plateau and lateral tibial plateau.

OPERATION PERFORMED:

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INDICATIONS: The patient was taken to the operating room, and under adequate laryngeal mask anesthetic, the patient's left lower extremity was prepped and draped in the usual sterile manner. The patient was given 600 mg of Clindamycin on a prophylaxis basis.

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SCIF RECD DTE 05/05/2008 BKSCAN 11 05/05/2008 01:26 PM 026885 23 4

PLAZA SURGICAL CENTER 850 S Atlantic Blvd Monterey Park, California 91754 (626) 289-2894 (626) 289-2840

OPERATIVE REPORT

DATE: 04/24/2008 PATIENT: ROOKS, FLOREEN MR #: | REF. PHYSICIAN: Tomas Saucedo, M.D.

ROOM: Outpatient DOB: Jun 20, 1949 Log#: 3

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Tomas Saucedo, M.D.

TS/c4 DD: 04/24/08 1055 DT: 04/27/08 0831 Job # 9301

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DEC-04-2007 15:15 HCP 6265827928 FIRST REPORT ADDITIONAL INFORMATION FLOREEN ROOKS DOI: 11/10/2007 SSN: 130-38-8510 MR#: 32-295496 Page 2 ±18. her left ankle and also her right foot. Because of these injuries, the patient developed pain mostly in her right foot. As a result, she went to the Kaiser BR for evaluation and treatment. While at Kaiser ER she was told that she had a fracture of the right foot, sprain to the left ankle and a bruise to the left knee. She was given an ortho shoe and was told to report this to her employer as a job-related injury. The patient did so and she was referred here by her Workers Compensation insurance carrier for evaluation and treatment. Today is her initial visit at this facility. The patient does complain of mild discomfort in her left ankle and her left knee. she does complain of significant disconfort in her right foot. Pertinent past medical history: The patient states that she has a heart valve problem for many years and does use prophylactic antibictics for dental work. She has had a fracture of her left ankle in 1992 that was treated operatively. SHE IS ALLERGIC TO PENICILLIN She denies any history of disbetes, high blood pressure, ulcer disease or asthma. Social history: The patient occasionally smokes. She does play chess and write poetry. Review of systems: Denies any chest pain or shortness of breath. Patient denies any abdominal pain, nausea, vomiting, diarrhea or constipation. #19A. etchymosis. The patient does have impaired weight bearing secondary to pain and altered gait secondary to pain. The patient is ambulating with the aid of a cane. Examination of the left ankle reveals that there is a healed surgical scar. There is trace tenderness and edema. Examination of the left knee reveals vague tenderness present anteriorly, trace edema. There is full flexion with pain. #196 preliminary reading of the right foot reveals that there is a fracture involving the fourt: and fifth metatarsals with angulation present in the fourth metatarsal head. Final report is pending. X-ray exam of the left ankle reveals the presence of hardware, no acute finding seen. X-ray of the left knee is unremarkable except for degenerative changes Final report is pending. #20, 1. FRACTURE, RIGHT FOOT. SPRAIN, LEFT ANKLE. 2. 3. CONTUSION. LEFT KNEE. #22. hardware in her left ankle and this may impact upon her rate of recovery. 世之 て 。 Further treatment: by the orthopedic surgeon. #24. To be determined by the orthopedic surgeon. <u>#25</u>. the following restrictions: No driving vehicle during working hours, no walking or etanding for more than one hour, sitting work only. TOTAL P.04

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SCI000260

DOCTOR'S FIRST REPORT OF • OCCUPATIONAL INJURY OR ILLNESS

Within 5 days of your initial examination, for every occupational injury or illnsss, send two copies of this report to the employer's Worker's compension insurance carner or the self-insured employer. Failure to file a timely doctor's report may result in assessment of e civil penelty. In cese of diegnosed or suspected pesticide poisoning send a copy of this report to DMsion of Labor Statistics and Research, P.O. Box 420603, San Francisco, CA. 94142.0003, and notify your local health officer by telephone within 24-bourg.

5170360

1. INSURER			2. EMPLOYE	EMPLOYER NAME			PLEASE DO NOT USE THIS
State Comp 926	522		עים	'Veal Family & Youth Services			COLUMN
P.O. Box 92622			Į –). Box 40255			Cese No
Los Angeles,	CA 90009-2622		Fas	adena, CA	91114		
							Industry
4. Nature of Business (e.g., food	manufacturing, building const	luctiom, retailel of w	omen's clothes)				County
5. PATIENT NAME			6. Sex		7. Date of	Mo. Day Year	Age
ROOKS, FLOREEN			[] Male	[X] Female	Birth	06/20/1949	
8. Address		City	Zip	9. Telephone	Number		Mazard
1315 S. GLADYS AVE.	SAL	I GABRIEL	91776	(626)5	73-1906		
 Occupation (Specific Job titl) 	e)			11. Social Sec	curity Number		Disease
MARRIAGE FAMILY THERAF	IST			130-38-	8510		
12. Injured at:		Cit	У.	County			Hospitalization
WORK PLACE							
13. Date and hour of injury	Mo. Day Year	Hour	• • • • • •	14. Date Last	Worked N	lö. Day Year	Occupation
or onset of illness	11/10/2007	10:30 am			-	11/10/2007	
Date and hour of first	Mo. Day Year	Hour		16. Have you	(or your office) previously	Return Date/Code
examination or treatment	11/20/2007	11:04 am		treated pa	atient [] `	Yes [X]No	
Patient please complete this portion, if	able to do so, otherwise, doo	or please complete in	rmediately Inabili	ity or failure of a nati	eaf to complete t	this conting shall not at	lecf
his/her right s to workers' compensation			rendenenery: Intereto	rey or remarke or a paw	on to complete a		
17. DESCRIBE HOW THE ACCIDENT	OR EXPOSURE HAPPENED) (Give specific objec					
"Fell on to ground gravel	and fractured rig	ht foot to pro	event car fi	com rolling i	nto oncomi:	ng traffic.	
Injured right foot."							
18. SUBJECTIVE COMPLAINTS (Des	cribe fully. Use the reverse s	ide if more space is n	equired.)				
The patient states that	she is employed as	a marriage an	d family th	erapist. On	11/10/2007	/ while	
trying to enter her vehi-	cle that was moving	y even though	it wae park	ed she trippe	ed on the g	round and	
fell, she hit her left k: 19. OBJECTIVE FINDINGS (Use reve A. Physical examination	nse side if more space is requ	irad.)					
General appearance: No							
Examination of the right present on the dorsum.			arace edema	with moderate	to marked	tenderness	
 B. X-ray and Iboratory result 	ts (State if none pending)	X-ravs wer	e performed	land (co	ntinued)	
						[] Yes	[X]No
20. DIAGNOSIS (if occupetional illnes 924.11 CONTUSION	LEFT KNEE		825.20	0 FRACT	URE, RIGH	r FOOT	[].(0
21. Are your findings and diagn-	osis consistent with patie	ent's account of in	jury or	[X] Yes [] No		
if "no" please explain							
22. Is there any other current co	ndition that will impede o	r delav patient's re	covery?	X]Yes []N	0		
-	nt does have (c				-		
23. TREATMENT RENDERED (Use (1) Examination. (2)							
 Examination. (2) Dispensed extra-strate 	K-ray. (3) Disper	sed walker bo	ot/Cam walk	er. (4) Die to orthomedi	pensed Mot	rin 800 mg x ‡	30 tablets.
treatment.	engen fyrenor & #30	Cablels. (0	, Keleniai	co ortuobett	.e 9419e04	TON EVALUATION	
if further treatment is required, specify	treafment Yes, in t	he form of t	reatment	(continued)	E	stimated duration: 1	month.
24. If Hospitalized as inpatient,					. Day Year		nated Stay
(continued)				admitted			nated endy
	s patient able to perform	usual work?	[]Yes	[X]No			
If "no", patient can return							
Regular work							
Modified work			Specify			<u>ed on modifi</u>	
Thave not violated Labor Code 139.3 an	nd the contents of the repor	t and bill are true an	d correct to the t	sest of my knowleg	a. This statem	ent is made under pe	nalty of
perjury. Doctor's signatur		C)ate	C	A License N	lumber 036632	
Doctor name and degree (Please	print) Michael F	Ladley, M.D.					
					RS Number	95-4526112	
Case# 80283				T	elephone Nu	ım <u>ber (62</u>	6) 582-7989

ANY PERSON WHO MAKES OR CAUSES TO BE MADE ANY KNOWINGLY FALSE OR FRAUDULENT MATERIAL STATEMENT OR MATERIAL REPRESENTATION FOR PURPOSE OF OBTAINING OR DENVING WORKERS' COMPENSATION BENEFITS OR PAYMENTS IS GUILTY OF A FELONY DEC-17-2007 16:12 HCP

FIRST.REPORT - ADDITIONAL INFORMATION

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#18.

her left ankle and also her right foot. Because of these injuries, the patient developed pain mostly in her right foot. As a result, she went to the Kaiser ER for evaluation and treatment.

While at Kaiser ER she was told that she had a fracture of the right foot, sprain to the left ankle and a bruise to the left knee. She was given an ortho shoe and was told to report this to her employer as a job-related injury. The patient did so and she was referred here by her Workers Compensation insurance carrier for evaluation and treatment. Today is her initial visit at this facility.

The patient does complain of mild discomfort in her left ankle and her left knee. However, she does complain of significant discomfort in her right foot.

Pertinent past medical history: The patient states that she has a heart valve problem for many years and does use prophylactic antibiotics for dental work. She has had a fracture of her left ankle in 1992 that was treated operatively. She is ALLERGIC TO PENICILLIN. She denies any history of diabetes, high blood pressure, ulcer disease or asthma.

Social history: The patient occasionally smokes. She does play chess and write poetry.

Review of systems: Denies any chest pain or shortness of breath. Patient denies any abdominal pain, nausea, vomiting, diarrhea or constipation.

#19A.

ecchymosis. The patient does have impaired weight bearing secondary to pain and altered gait secondary to pain. The patient is ambulating with the aid of a cane.

Examination of the left ankle reveals that there is a healed surgical scar. There is trace tenderness and edema.

Examination of the left knee reveals vague tenderness present anteriorly, trace edema. There is full flexion with pain.

#19B.

preliminary reading of the right foot reveals that there is a fracture involving the fourth and fifth metatarsals with angulation present in the fourth metatarsal head. Final report is pending. X-ray exam of the left ankle reveals the presence of hardware, no acute finding seen. X-ray of the left knee is unremarkable except for degenerative changes. Final report is pending.

#20.

FRACTURE, RIGHT FOOT.
 SPRAIN, LEFT ANKLE.
 CONTUSION, LEFT KNEE.

#22.

hardware in her left ankle and this may impact upon her rate of recovery.

#23. Further treatment: by the orthopedic surgeon.

#24. To be determined by the orthopedic surgeon.

#25.

the following restrictions: No driving vehicle during working hours, no walking or standing for more than one hour, sitting work only.

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THOMAS W. FELL, JR., M.D.

Diplomate, American Board of Orthopedic Surgery

630 W. Duarte Road, Suite 203 Arcadia, California 91007 (626) 447-8870

March 17, 2011

STATE COMPENSATION INSURANCE FUND P. O. Box 92622 Los Angeles, CA 90009

Attention : Yolanda Nielsen, Claims Representative

CLAIMANT	:	FLOREEN ROOKS
S.S. NO	:	130-38-8570
CLAIM NO	:	05124168 AND 05170360
EMPLOYER	:	D'VEAL FAMILY AND YOUTH SERVICES
ACCT. NO	:	23185
D/INJURY	:	
D/EXAMIN	:	03/17/11

ORTHOPEDIC AGREED PANEL QME EVALUATION

Dear Ms. Nielsen:

Today, I had the opportunity to perform an orthopedic Agreed Panel QME evaluation on Floreen Rooks in my Arcadia office. She gives the following history.

This is a Comprehensive Medical-Legal Evaluation Involving Extraordinary Circumstances (ML104-94), of six and one-half hours in length. This evaluation required four complexity factors as follows: Over four hours was spent on the combination of review of medical records and in face-to-face time with the patient. I have addressed the issue of medical causation with written request. I have addressed the issue of apportionment with the claimant having two or more injuries to two or more body parts. I have addressed the issue of treatment. Two and one-half hours were spent on preparation of this report.

EMPLOYMENT AT TIME OF INCIDENT:

The patient is a 61-year-old, right-handed female employed as a marriage and family therapist by D'Veal Family and Youth Services. She worked for this employer for three years prior to her injury. She continues to work for this employer at this time.

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HISTORY OF THE PRESENT INJURY:

Her first injury around August, 2007, when she slipped, fell and twisted her left ankle and her left knee. She was seen in an industrial clinic and treated with bracing for both of these as well as physical therapy.

While still healing from this injury, the patient had a second injury in November, 2007. She was picking up clients at work when she noticed that the car was rolling. She jumped in to pull up tension on the brake. In doing so, she fell striking her left knee on the ground and her right foot turned in. She had ongoing pain in the left knee and right ankle. She elevated and iced it.

Because of the pain, she went to Kaiser emergency room where she was evaluated and had x-rays. She was told that she had two fractures of the right foot. She was placed in a Cam walker which she wore for a number of weeks.

She then treated with Dr. Saucedo. As the right foot got better, she had persistent pain in the left knee. She had an MRI and eventually surgery of the left knee which helped the left knee. However, she has had residual ongoing symptoms of the left knee ever since the surgery. She was released in 2008 or so by Dr. Saucedo.

She returned to him a couple of months ago because of pain in the left knee. At that time, she could not use the clutch of her car. Dr. Saucedo had told her that she would need to get a different kind of car because of the clutch, but she continued to use the clutch. He took x-rays of her knee and gave her a cortisone injection.

She was off work for about a week. The injection helped a lot. However, she developed a skin burn from the topical used to freeze her knee prior to the injection. Dr. Saucedo told her she was bone on bone laterally and may need total knee replacement surgery in the future.

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Prior injuries: The patient injured her left ankle a number of years ago, in the mid-90s. It was fractured medially and laterally. She had surgery. Ever since then she has had pain which became worse after the incident of August, 2007.

Regarding the left knee, she had no symptoms prior to the episode of August, 2007.

PRESENT COMPLAINTS:

The right foot: No symptoms.

The left ankle and left knee symptoms almost always occur together with any prolonged walking, climbing stairs, squatting, kneeling with cause swelling basically of the knee and then the ankle followed by pain. The ankle pain is medial and lateral. The left knee pain is diffuse peripatellar pain. The knee does not have any locking or buckling, but it has stiffness.

PAST MEDICAL HISTORY:

WORK INJURIES : These two work injuries, as mentioned above. ILLNESSES Denies diabetes, cancer, or lung disease. She 3 had arthritis of the knee and a heart murmur. OTHER ILLNESSES: Hypertension. MEDICATIONS patient The taking Lisinopril and 1 is hydrochlorothiazide, ibuprofen, Vicodin. Penicillin. ALLERGIES : SURGERIES Knee surgery for this injury. Prior left 5 ankle surgery, as noted above. AUTO ACCIDENTS : Denied.

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SOCIAL HISTORY:

The patient admits to smoking cigarettes and drinking alcoholic beverages.

FAMILY HISTORY:

Her mother is deceased of cancer. Her father is deceased of trauma.

REVIEW OF MEDICAL RECORDS:

Dreamweaver Medical Group:

8/9/07, Dan La, D.O., Doctor's First Report of Occupational Injury. Date of injury: 8/9/07. Injury as described below. Diagnosis: Left hip, knee, ankle pain. Treatment: Naprosyn, ice packs.

8/9/07, signed by nurse, PR. Patient states that she slipped and fell on her left hip. Now with pain in left hip, left knee, left ankle which is the most painful. Also pain in right shoulder as well. She cannot describe how the pain in right shoulder originated. Naprosyn, x-rays. Off work.

8/14/07, signed by nurse, PR. States she is feeling moderately better. Left ankle still swollen. Naprosyn helped. Shoulder is better. Work status: Modified work with no continuous walking or prolonged standing. Must sit the majority of work shift. Must keep left foot elevated. Limited driving of jus to and from work. Must wear splint and use cane.

8/27/07, nurse, PR. Patient has only taken 2 Naprosyn since injury which give relief. Without it she was bedridden. Still has pain ans swelling of left knee. She is overweight. Diagnosis: Left knee sprain. Plan: MRI of left knee to R/O meniscal tear. PT for knee and ankle. Off work to 9/4/07.

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Kenneth Jung, M.D.:

9/4/07, Initial Orthopedic Consultation. Date of injury: 8/9/07. Injury occurred to the left ankle and left knee. She was initially seen and given a cane and Naprosyn. She has been using an elastic ankle brace and taking anti-inflammatories. She describes sharp, achy, cramping, incapacitating pain. It hurts her most of the day. There is swelling, tenderness and giving way. It hurts when she drives and walks. She has a history of left ankle fracture about 14 years ago for which she underwent and ORIF. The fracture was not a work injury. It occurred with a fall down some stairs. Patient brought in x-ray films obtained on 8/10/07. Impression: 1. Left ankle post-traumatic arthritis, status post open reduction and internal fixation ankle fracture. 2. Industrial injury secondary to fall. 3. Ankle pain after industrial fall. Doctor recommends a lace-up ankle brace that provides further support; she is given one today. She can be weightbearing as tolerated. She says that she has an appointment with Dr. Ralph Gambardella for her left knee treatment. Work status: TTD until her visit with Dr. Gambardella on 9/10/07. After that she can return to sedentary work.

Kerlan Jobe Orthopaedic Clinic:

9/4/07, Treatment and disability Information. Transfer care to KJOC. Diagnosis: Left ankle. Brace. TTD. Sedentary work only.

9/10/07, Ralph A. Gambardella, M.D., Orthopaedic Evaluation. History of injury of 8/9/07 is noted. Notes X-rays as noted below. Impression: 1. Synovitis of the left knee with underlying early degenerative osteoarthritis of left knee including patellofemoral early arthrosis with mild patellofemoral malalignment, left and right knees. 2. Pes bursitis, left knee. Recommendations: The work injury caused a flare up of the pre-existing degenerative arthritis. Would not recommend any diagnostic testing due to the patient's mild hypersensitivity and diffuse tenderness. Would recommend a comprehensive PT program 2x6 weeks. Switch from Naprosyn to Voltaren XR. Patient noted that prior to the injury, she was using 2-3 Advil in the morning for her ankle. Doctor would defer for ankle care to Dr. Jung but does recommend that she

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maintain some ankle exercise program and intermittent elevation. Dr. Gambardella recommends she had work restrictions for the left knee of sedentary type of work activities, no climbing, no lifting over 10 pounds, no squatting or kneeling. Standing and walking limited to no more than 15 minutes per hour. If these restrictions not available she would be TTD pending follow up in 6 weeks.

11/26/07, Dr. Gambardella, Permanent and Stationary Report. Patient was seen regarding a work injury of 8/9/07. Patient returns today and states that she did to go PT which helped her knee condition. She states she is no longer having significant No recurrent swelling other than discomfort to the knee. occasionally. With regards to the knee, she feels she can return to work regular duty. She has had a new work injury which occurred to her right lower extremity resulting in a fracture of her right foot. She is aware she is being seen separately for her right foot injury. Final impression: Underlying degenerative osteoarthritis including patellofemoral arthrosis and mild patellofemoral malalignment, left knee status post posttraumatic synovitis and pes bursitis, left knee. She is permanent and stationary. Subjective factors: Occasional minimal pain with activities of daily living increasing to occasional to intermittent minimal-to-slight pain with heavier squatting, kneeling, or lifting activities. Objective: Radiographic evidence of the patellofemoral joint space narrowing and degenerative osteoarthritis joint space narrowing noted on x-rays. No permanent work restrictions. She may have flare up of her condition that may require anti-inflammatory medications, PT, and/or cortisone injection and/or arthroscopic surgical intervention. At this time, there is no residual disability and therefore there does not appear to be a need for apportionment. Impairment rating: Using Table 17-3, she has a 17% lower extremity impairment, 7% whole person impairment rating.

Diagnostic Studies:

8/10/07, Richard P. Chao, M.D., X-rays, left knee. Impression: 1. Generalized demineralization. 2. Suspect small loose body within the central joint. 3. No acute fracture or subluxation is demonstrated.

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8/10/07, Dr. Chao, X-rays, left ankle. Impression: 1. Old posttraumatic changes of the malleoli, status post prior ORIF. 2. There is secondary deformity and secondary osteoarthritis changes at the distal tibia and talus.

8/10/07, Dr. Chao, X-rays, AP Pelvis, AP and lateral left hip. Impression: Negative study.

<u>Misc. Records</u>:

8/30/07, Workers' Compensation Claim Form. **Date of injury:** 8/9/07. Injury occurred when claimant flipped on a piece of cucumber and fell onto concrete pavement.

11/16/07, Workers' Compensation Claim Form. Date of injury: 11/10/07. Injury occurred while picking up a client. She fell onto ground/gravel and fractured right foot to prevent rolling car from entering into oncoming traffic.

There are duplicate copies of most reports.

<u>HealthCare Partners</u>:

11/20/07, Michael Hadley, M.D., Doctor's First Report of Occupational Injury. Date of injury: 11/10/07. The first page of report is poorly copied and difficult to read. Injury occurred with a fall to the ground with a fracture of the right foot. Diagnosis: 1. Fracture, right foot. 2. Sprain, left ankle. 3. Contusion, left knee. She developed pain mainly in her right foot. She went to Kaiser ER where she was told that she had a fracture of the right foot, sprain to the left ankle and a bruise ot the left She was given an ortho shoe and was told to report this to knee . her employer as a work injury. She did so and was referred here by her insurance carrier. Today is her initial visit at this facility. She complains of mild discomfort in her left ankle and her left knee. However, she complains of significant discomfort in her right foot. Pertinent past medical history: She states that she has a heart valve problem for many years and uses prophylactic antibiotics for dental work. She had a fracture of her left ankle in 1992 that was treated operatively. She is allergic to penicillin. She has impaired weight bearing secondary to pain and

altered gait secondary to pain. She ambulates with the aid of a cane. X-rays were performed showing right foot fracture involving the 4th and 5th metatarsals with angulation present in the 4th metatarsal head. Work restrictions of no driving vehicle during working hours, no walking or standing for more than one hour, sitting work only.

Thomas Saucedo, M.D.:

11/29/07, Orthopedic Consultation. Injury date: 11/10/07. Patient states that on 11/10/07, while working, she apparently parked on a gravel road. The car started rolling when she was out of the car. She ran towards the car, got into the car to put the emergency parking brake on and in that process twisted her right foot, fractured the 4th and 5th metatarsal and injury her left knee and left ankle. Past medical history: Left ankle surgery 14 years ago (plate and screws in place, left knee injury as well. Allergic to Penicillin. Left ankle fracture in 2007. Was off work for five Smokes one pack of cigarettes per week. Examination of weeks. right foot: Notable tenderness over the 4th and 5th metatarsal area. Notable swelling and ecchymosis. Left ankle: Diffuse tenderness over the anterior as well as the lateral and anterior aspect of the ankle. Left knee: Mild tenderness, mild swelling. No effusion. No gross laxity is noted. Impression: 1. Right foot 4th and 5th metatarsal fracture. 2. Left ankle posttraumatic degenerative osteoarthritis. З. Left knee sprain. Continue use of the Cam walker for the right Recommendations: foot. Stay off work until further progress is made. Use of Motrin for pain and inflammation. Reexamine her in 3 weeks. X-rays will be obtained to assess the healing process of the fractures of the right foot.

12/20/07, PR2. X-rays of the right foot reveal evidence of a healing 4th and 5th metatarsal fracture, overall good position. Recommends that patient continue off work. Continue the use of a Cam walker to allow the fractures to heal. A knee immobilizer will be provided for her left knee.

1/17/08, PR2. Her right foot fractures appear to be healing quite well. Continue Cam walker to complete healing. X-rays will be

obtained in 4 weeks to assess healing. MRI of the left knee will be obtained due to notable swelling and effusion of the knee.

2/21/08, PR2. Right foot: mild tenderness, swelling. Motor and sensory intact distally. Impression: 1. Healing right 4th and 5th metatarsal fractures. 2. Left knee internal derangement. Patient has developed increased pain in her left knee as a result of favoring her right lower extremity. Recommends MRI of the left knee.

3/20/08, PR2. Right foot: No tenderness or swelling. Left ankle: No tenderness, swelling, spasms. Full ROM. Impression: 1. Left knee internal derangement with evidence of medial meniscus tear. 2. Right 4th and 5th metatarsal fracture, healed. 3. Left ankle sprain. Recommends arthroscopic surgery of left knee. Her left ankle and right foot are healed. On this basis, she will be released to her previous level of occupation with no restrictions.

4/17/08, PR2. She is scheduled for left knee surgery on 4/24/08. She wishes the surgery to be done. She will be off work.

4/24/08, Operative Report. Perioperative diagnosis: Left knee internal derangement. Postoperative diagnoses: 1. Evidence of left knee complex tear of the medial and lateral meniscus. 2. Evidence of cartilage tears of the patellofemoral groove, tears of th medial femoral condyle cartilage, lateral femoral condyle cartilage, medial tibial plateau and lateral tibial plateau. Operation performed: 1. Left knee diagnostic and surgical arthroscopy. 2. Left knee partial medial and partial lateral meniscectomy. 3. Left knee abrasive chondroplasty of the patellofemoral groove, medial femoral, medial tibial plateau, lateral femoral and tibial plateau cartilage.

6/6/08, PR2. The patient has undergone arthroscopic surgery of the left knee. She indicates that her pain has improved significantly. She has been in PT for the last four weeks and has responded favorable. Impression; Status post left knee arthroscopy. Recommendations: Continue on an aggressive PT program 3 x 4 weeks. Continue on Vicodin for pain.

9/5/08, PR2. Her knee pain has improved significantly. She does have some associated pain to her lower back and radiculopathy of her left lower extremity. Impression: 1. Status post left knee arthroscopy. 2. Lumbosacral spine strain. 3. Left lower extremity radiculopathy. Recommends return to work avoiding any prolonged periods of standing and walking, any squatting, climbing and pivoting type of activities. She is to continue exercises for strengthening her left lower extremity at home.

12/5/08, Orthopedic Permanent and Stationary Report. Since her surgery her knee pain has improved but not completely resolved. At this point, she has plateaued and may be considered P&S. Doctor recommends she be released to her previous occupation with no restrictions. She should be allowed future medical care. No apportionment. Impairment rating: There is no loss of ROM. She had a partial meniscectomy which corresponds to a 1% whole person impairment rating.

12/5/08, PR2. She indicates she was doing very well until two weeks ago. She developed significant tightness and difficulty with mobility to her neck and denies any new traumatic event. Impression: Cervical spine strain. Recommends the use of ibuprofen for pain. Also recommends a short course of PT 2 x 4 weeks.

1/23/09, PR2. Doctor apportions 50% of her injury to her preexisting osteoarthritis of her knee as noted by Dr. Gambardella.

9/4/09, PR2. She indicates that this past week she was getting out of a friend's car when she apparently twisted her left knee causing her to develop pain of her left knee. She is concerned that she X-rays taken today reveal evidence of mild reinjured her knee. medial joint space narrowing. Impression: Left knee re-1. Left knee evidence of injury. 2. mild degenerative osteoarthritis. Recommends she be provided with Motrin for the pain. He will see her back in the next four to six weeks time if her symptoms do not improve.

10/11/10, PR2. Ms. Rooks at this time has noted pain of the lower back which appears to be a new problem. This is not a continued medical problem from a previous injury. Therefore, it should be

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treated as a new industrial injury. With respect to her left knee, she does have some tenderness over the medial collateral ligament area; however, there is no evidence of any acute injury. There is no evidence of loss of motor or sensory function; therefore, there is no need for any acute ongoing medical care. She will be provided an anti-inflammatory medication as well as an analgesic medication for her pain of her left knee.

Diagnostic Studies:

12/20/07, Michael Vo, M.D., X-rays right foot. Impression: Healing fractures of the 4th and 5th metatarsals.

1/17/08, Dr. Vo, X-rays right foot. Impression: 1. No significant interval change. 2. There is continued healing of fracture involving the 4th and 5th metatarsals.

2/21/08, Dr. Vo, X-rays right foot. Impression: Continued healing of fracture involving the 4th and 5th metatarsals.

3/19/08, Anthony Bledin, M.D., MRI of the left knee. Impression: 1. Tear, posterior horn, medial meniscus (Grade III). 2. Early osteoarthritic changes of the medial compartment of the knee joint. 3. Knee joint effusion.

3/20/08, Dr. Vo, X-rays right foot. Impression: Continued healing of fracture involving the 4th and 5th metatarsals.

There are PT progress reports.

This concludes the review of available medical records.

PHYSICAL EXAMINATION:

GENERAL	:	The patient appears to be her stated height and weight of 5'6" tall and 213 pounds.
GAIT	:	The patient walks without an appreciable limp.
LEFT KNEE	:	Examination of the left knee reveals mild swelling as compared to the right. There are

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multiple well-healed arthroscopic portals. There is a 1.5 cm circular lesion on the superior medial aspect of the knee that is consistent with a first or second degree skin burn. There is tenderness over the anterior medial joint line and anterior lateral joint line with the anterior lateral joint line being more tender.

There is mild crepitus of the patellofemoral joint. There is moderate crepitus over the lateral joint.

The left knee is in valgus when compared to the right.

Range of motion of the left knee reveals extension to 0 degrees and flexion to 130 degrees.

The left knee is stable to anteroposterior and mediolateral stressors taking into consideration the valgus deformity.

McMurray's, jerk and patellar apprehension tests are all negative.

ANKLES/FEET : Examination of the left ankle reveals mild swelling about the left ankle medially and laterally. There are well-healed medial and lateral scars. Diffuse tenderness is noted medially and laterally of the ankle.

Pain with just the slightest motion of the ankle. Range of motion of the ankle reveals dorsiflexion is to 0 degrees and plantar flexion is to 5 degrees.

There is no instability of the left ankle.

The right ankle and foot are entirely nontender with no swelling.

Range of motion of the right ankle and foot shows dorsiflexion is to 15 degrees and plantar flexion is to 40 degrees. Range of motion is without pain.

The right ankle is stable to varus and valgus stressors in the neutral and plantar-flexed positions.

Eversion and inversion is without pain.

The right forefoot motion is without pain.

LOWER EXTREMITIES : Pinprick sensation in the lower extremities is intact.

LOWER EXTREMITY MEASUREMENTS:

		RIGHT	LEFT		
Ankles	:	26.5 cm	29 cm		
Calves	;	41 cm	41 cm		
Knees (mid-patella)	:	41 cm	41.5 cm		
Quadriceps (4" above the superior pole of					
the patella >		57 cm	56.5 cm		

REVIEW OF X-RAYS:

X-rays of the left ankle show lateral plate, screws, as well as medial motor screws. There is deformity of the talar tibial joint with virtual absence of any joint space at all. There appears to be an old fracture across the talus that may not have healed.

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X-rays were also obtained of the left knee. There arthritis seen with approximately 2 mm of joint space interval to medial and lateral joint space. The narrowing is slightly more lateral than medial with marginal osteophytes laterally and prominence of the tibial spine. Very minimal spurring is noted in the patellofemoral joint.

DIAGNOSIS:

- 1. Sprain/strain of the left knee aggravating degenerative arthritis of the left knee. Status post arthroscopic partial lateral and medial meniscectomies.
- 2. Sprain of the left ankle temporarily aggravating significant pre-existing arthritis of the left ankle.
- 3. Fracture of the right foot, fourth and fifth metatarsals healed.

DISCUSSION:

This patient suffered two injuries, one on 8/9/07 and one on 11/10/07. The patient was doing well as far as her left knee was concerned even though she had pre-existing arthritis until she suffered the injury of August, 2007, and further injured it in November, 2007.

With regards to the left ankle, it has always given her pain, well prior to the two work incidents. She suffered an injury to the left ankle back in the mid-90s and had ORIF. She had residual symptoms. She then sprained it and had temporary increased pain with the work incidents. However, I expect that most of the symptoms now are residuals of her arthritis given the fact that she has significant limitation of motion of the ankle. A sprained ankle would not cause this type of limitation of motion. She would have excessive motion. There is no instability of the ankle. Even the slightest motion of the ankle causes pain so all of the pain is coming from the ankle joint. When I asked the patient about that and mentioned the fact that I thought that the knee pain aggravated the arthritis and the ankle pain would probably be present absent

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the work injuries. She tended to agree that the arthritis of the knee was the one that was really aggravated by the work incidents and that the left knee really wasn't hurting her and the left ankle has always given her problems since the prior ankle surgery.

She did suffer a right foot fractures in the 11/10/07 incident. However, the right foot fractures have healed completely with no residuals.

The patient had a flareup of symptoms that precipitated a lot of this, needing an injection which settled down her knee, but it is still symptomatic.

Fortunately, individuals with valgus knees, that is, arthritis in the lateral aspect of the knee can tolerate a lot of arthritis without need for total knee replacement.

STATUS :

The patient is at maximum medical improvement from her injuries.

AMA IMPAIRMENT:

Using the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition:

Right foot - The fracture is well healed without any impairment.

Left ankle - The ankle is rated according to arthritis Table 17-31. This patient has 0 mm of joint space which is a 30% lower extremity impairment.

Left knee - With regard to the left knee, she has approximately 2 mm of joint space on the left side. Using Table 17-31, this is a 20% lower extremity impairment. For the left knee, the patient is also rated according to Table 17-33. Because she has partial medial and partial lateral meniscectomies, she has a 10% lower extremity impairment. This gives her a 30% lower extremity impairment for the left knee.

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Combining the 30% lower extremity impairment for the left knee with the 30% lower extremity impairment for the left ankle, using page 504 of the Guides, gives her a combined total of 51% lower extremity impairment which using Table 17-3, gives her a total of 20% whole person impairment.

FUTURE MEDICAL CARE:

Left knee - Allowance should be made for repeat orthopedic visits for her left knee including but not limited to evaluations, x-rays, corticosteroid injections. For more lasting relief than the corticosteroid injections, viscous supplementation such Synvisc would be beneficial. Should the left knee symptoms become such that they interfere significantly interfere with her quality of life, then she would be a total knee replacement candidate. She is not a knee replacement candidate at this time, however, this could change in the next few years. X-rays findings are not indicative of the need for total knee replacement. Only the pain and its effect on the quality of living is an indication for a knee replacement.

Left ankle - With regards to the left ankle, any further care of the left ankle would be treatment of her pre-existing arthritis of the left ankle, not the injury of August, 2007 or November, 2007.

Right foot - None.

WORK STATUS:

She may do her present job without any formal restrictions. However in the open labor market, the patient would be precluded from more than occasional squatting, kneeling, and precluded from any type of climbing and more than occasional use of stairs.

CAUSATION & APPORTIONMENT:

With regards to her right foot, this was injured in the November 2007 work incident and 100% of any residual disability is due to the incident of November, 2007.

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With regards to the left knee, prior to the work incidents, she was asymptomatic in the left knee even though she had arthritis. She injured the left knee in both the 8/9/07 and the 11/10/07 work incidents. The arthritis appears to have gotten worse since the injuries. Based upon these records and examination today, I would apportion 20% to the pre-existing pathology and the remaining 80% to the aggravation of the pre-existing pathology, further sprain/strain and tears of the menisci as a result of the two work incidents of August and November, 2007. I cannot separate these two as to which one caused the tear of the meniscus and which one caused more injury to the knee; I put them together as one injury.

With regard to the left ankle, while she have temporarily aggravated the left ankle in the 8/9/07 fall and 11/10/07 incident, she also had pre-existing arthritis from a prior injury that required surgery. At this point, any residual is 100% apportioned to the pre-existing arthritis. I think she had a temporary aggravation of the left ankle arthritis due to the sprains, but this settled back down. The patient's present complaints and need for treatment of the left ankle would be present absent the work injury. This is based upon the fact that she has significant limitation of motion of the ankle indicating severe arthritis. A sprain in the ankle would cause laxity and looseness of the ankle, not tightness of the ankle. this does not appear to be residual of the ankle sprain.

DISCLOSURE :

This patient was interviewed and examined by the undersigned; the medical records were reviewed; and this dictation was done in its entirety by the undersigned.

The attached statement for billing for the services of this evaluation and report are true and correct to the best of my knowledge.

There has not been a violation of Sec. 139.3 in conjunction with this evaluation to the best of my knowledge.

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to

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the best of my knowledge and belief, except as to information that I have indicated I 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.

Sincerely,

nu FSA THOMAS W. FELL,

THOMAS'W. FELZ, JR., M.D. Diplomate, American Board of Orthopedic Surgery

Signed in Los Angeles County on H-15-11

TWF/sbe

cc: FLORREN ROOKS 1315 S. GLADYS AVE SAN GABRIEL, CA 91776

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ANY PERSON WHO NAKES OR CAUSES TO BE MADE ANY KNOWINGLY FALSE OR FRAUDULENT MATERIAL STATEMENT OR MATERIAL REPRESENTATION FOR PURPOSE OF OBTAINING OR DENYING WORKERS' COMPENSATION BENEFITS OR PAYMENTS IS GUILTY OF A FELONY 4

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FIRST.REPORT ADDITIONAL INFORMATION

FLOREEN ROOKS DOI: 11/10/2007 S5N: 130-38-8510 MR#: 32-295496 Page 2

#18.

her left ankle and also her right foot. Because of these injuries, the patient developed pain mostly in her right foot. As a result, she went to the Kaiser ER for evaluation and treatment.

While at Kaiser ER she was told that she had a fracture of the right foot, sprain to the left ankle and a bruise to the left knee. She was given an ortho shoe and was told to report this to her employer as a job-related injury. The patient did so and she was referred here by her Workers Compensation insurance carrier for evaluation and treatment. Today is her initial visit at this facility.

The patient does complain of mild discomfort in her left ankle and her left knee. However, she does complain of eignificant discomfort in her right foot.

Pertinent past medical history: The patient states that she has a heart valve problem for many years and does use prophylactic antibiotics for dental work. She has had a fracture of her left ankle in 1992 that was treated operatively. SHE IS ALLERGIC TO PENICILLIN. She denies any history of diabetes, high blood pressure, ulcer disease or asthma.

Social history: The patient occasionally smokes. She does play chess and write poetry.

Review of systems: Denies any chest pain or shortness of breath. Patient denies any abdominal pain, nausea, vomiting, diarrhea or constipation.

#19A.

secthymosis. The patient does have impaired weight bearing secondary to pain and altered gait secondary to pain. The patient is ambulating with the aid of a cane.

Examination of the left ankle reveals that there is a healed surgical scar. There is trace tenderness and edema.

Examination of the left knee reveals vague tenderness present anteriorly, trace edema. There is full flexion with pain.

#19B.

preliminary reading of the right foot reveals that there is a fracture involving the fourth and fifth metatarsals with angulation present in the fourth metatarsal head. Final report is pending. X-ray exam of the left ankle reveals the presence of hardware, no acute finding seen. X-ray of the left knee is unremarkable except for degenerative changes. Final report is pending.

#20.
1. FRACTURE, RIGHT FOOT.
2. SPRAIN, LEFT ANKLE.
3. CONTUSION, LEFT KNEE.

RECEIVED

TO GLENDALE LOC

hardware in her left ankle and this may impact upon her rate of recovery.

Further treatment: by the orthopedic surgeon.

#24.

#22.

To be determined by the orthopedic surgeon.

#25.

the following restrictions: No driving vehicle during working hours, no walking or standing for more than one hour, sitting work only.



SCIF RECD DTE 10/20/2008 BKSCAN 11 10/20/2008 12:57 PM 031047 10 2 ORTHOPEDIC SUPPLEMENTA CASE#_OCT 1 0 2008 NAME<u>ROOKS Floren</u> EMPLOYER_ CURRENT COMLAINTS PHYSICAL EXAMINATION: DX STUDY CURRENT MEDICATION CURRENT DIAGNOSIS С PATIENT WORK STATUS: A TTD B WODEFIED WORK OTIES RESTRICTIONS: IS SURGERY INDICATED? YES NO PROCEDURE DX PROCEDURE HOSPITAL PHYSICAL THERAPY IS CONDITION PERMANENT AND STATIONARY? YES NO OTHER TREATMENT FURTHER TREATMENT NEEDED? VES NO RETURN APPOINTMENT PHYSICIAN NAME - -----

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SCI000284



Total Joints Arthroplasty Industrial Medicine Sports Medicine

Richard Zapanta, M.D., Inc. Tomas Saucedo, M.D., Inc. Dana J. Primo, P.A.C.



Eastside Orthopedic Medical Associates Diplomates of the American Board of Orthopedic Surgeons Fellows of the American Academy of Orthopedic Surgeons Qualified Medical Examiners

Associated Physicians Luigi Galhoni, M.D., Inc.

ORTHOPEDIC SUPPLEMENTAL REPORT

January 26, 2011

State Compensation Insurance P.O. Box 92622 Los Angeles, CA 90009-2622

Attention: Worker's Compensation Claims

RE: EMP: DATE OF INJURY: DATE OF EXAMINATION:

FLOREEN ROOKS D'Veal Family Youth Services 11/10/07 01/26/11

Gentleman:

As you are well aware, this patient has been under our care having previously undergone arthroscopic surgery of her knee. Surgery was performed on 04/24/08. She indicates that she did well, however, she did have some residual soreness, this soreness has steadily become more pronounced. She denies any new injuries to her left knee. She denies any other problem to her left knee and indicates that she has continued to work with D'Veal Family Youth Services performing her work related activities. However, she does complain of increased pain of her left knee especially over the last few months.

PHYSICAL EXAMINATION

GENERAL

Vital signs - blood pressure 206/100, pulse is 88, respirations 16.

LOWER EXTREMITIES

On physical examination of the left knee there is evidence of notable medial joint line tenderness, there is notable swelling. There is an effusion. She has a positive

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RE: Floreen Rooks January 26, 2011 Page 2

McMurray sign and positive grind sign. There is notable pain and discomfort especially of the medial compartment of the knee. No gross laxity is noted. Motor and sensory function is intact distally.

DIAGNOSTIC STUDIES

X-rays of the left knee reveals evidence of Grade III medial compartment narrowing of the left knee with osteophyte formation noted primarily in the medial compartment.

IMPRESSION

LEFT KNEE EVIDENCE OF MEDIAL COMPARTMENT DEGENERATIVE OSTEOARTHRITIS

DISCUSSION

Given Ms. Rooks clinical findings as well as the results of her x-rays it appears that she has extensive degenerative changes of the medial compartment of her left knee. This has progressively gotten worse since she had surgery three years ago and at this point in time it appears that the pain is quite unrelenting. I will recommend that she be treated conservatively at this point in time with the use of an anti-inflammatory medication as well as an intra-articular cortisone injection to minimize her pain and discomfort, this was provided. The patient noted immediate improvement of the pain and discomfort of the left knee. I will see her back for follow-up in four weeks time. Should this patient's symptoms not improve or resolve significantly, she may require further intervention. This would entail a knee arthroplasty of her left knee. At this point in time I have discussed this in detail with the patient and I will see her back for follow-up to assess her progress in four weeks time. She will continue to work with no restrictions. I will keep you informed as noted.

Should you have any further questions or concerns, please do not hesitate to contact me.

DISCLOSURE

I declare under penalty of perjury that I, the signing physician, have actually performed this examination, and the time spent in performing this evaluation is in compliance with the IMC Guidelines (Section 5307.1 and 5307.6).

^r RE: Floreen Rooks January 26, 2011 Page 3

I declare under penalty of perjury that I have devoted at least one-third of my total practice time to providing medical treatment.

I have not violated Labor Code Section 139.3, and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under the penalty of perjury.

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I 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.

There may or may not be other medical information that is protected by special state and federal laws and cannot be released without the subject's specific written authorization, or pursuant to other procedures established by law.

This report was done in the State of California in the County of Los Angeles, in the City of Monterey Park, on the 26th, of January, 2011.

Sincerely

Tomas Sauledo, M.D. Diplomate, American Board of Orthopedic Surgery

TS/mc



Total Joints Arthroplasty Industrial Medicine Sports Medicine

Richard Zapanta, M.D., Inc. Tomas Saucedo, M.D., Inc. Dana J. Primo, P.A.C.



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Associated Physicians Luigi Gallioni, M.D., Inc.

ORTHOPEDIC RE-EXAMINATION

October 11, 2010

State Compensation Insurance P.O. Box 92622 Los Angeles, CA 90009-2622

Attention: Worker's Compensation Claims

RE: EMP: DATE OF INJURY: DATE OF EXAMINATION: FLOREEN ROOKS D'Veal Family Youth Services 11/10/07 10/11/10

Gentleman:

As you are well aware, this patient has been under our care. She has been previously declared permanent and stationary with an injury to her involved left knee. However, she was also presented with pain and discomfort of her lower back with associated radiculopathy to her left lower extremity. She indicates that this is a new problem and is quite concerned.

PHYSICAL EXAMINATION

BACK

On physical examination of the lumbar spine there is mild tenderness, there is no swelling or spasms. She flexes forward to 90 degrees, extends to 35 degrees, laterally bends to 35 degrees bilaterally.

LOWER EXTREMITIES

Left knee exam reveals evidence of mild diffuse medial collateral ligament tenderness. There is no swelling, effusion or laxity. She flexes the knee from 0 to 125 degrees. No gross laxity is noted. Motor and sensory function is intact distally.

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RE: Floreen Rooks October 11, 2010 Page 2

IMPRESSION

1) STATUS POST LEFT KNEE SURGICAL ARTHROSCOPY

2) LUMBOSACRAL SPINE STRAIN WITH LEFT LOWER EXTREMITY RADICULOPATHY (NEW PROBLEM)

DISCUSSION

It appears that Ms. Rooks at this time has noted some pain and discomfort of the lower back which appears to be a new problem. I have discussed with the patient the fact that this is not a continued medical problem from a previous injury and therefore this should be seen and treated according to either a new industrial injury or nonindustrial injury depending on the patient's presentation of the problem to the newly treating doctor.

With respect to her left knee, she does have some tenderness over the medial collateral ligament area, however, there is no evidence of any acute injury, there is no evidence of loss of motor or sensory function, therefore there is no need for any acute ongoing medical care. The patient will be provided with the use of an antiinflammatory medication as well as an analgesic medication to ameliorate her level of pain and discomfort of her left knee. I will keep you informed as to this patient's progress should she return on reexamination purposes.

Should you have any further questions or concerns, please do not hesitate to contact me.

DISCLOSURE

I declare under penalty of perjury that I, the signing physician, have actually performed this examination, and the time spent in performing this evaluation is in compliance with the IMC Guidelines (Section 5307.1 and 5307.6).

I declare under penalty of perjury that I have devoted at least one-third of my total practice time to providing medical treatment.

RE: Floreen Rooks October 11, 2010 Page 3

I have not violated Labor Code Section 139.3, and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under the penalty of perjury.

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I 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.

There may or may not be other medical information that is protected by special state and federal laws and cannot be released without the subject's specific written authorization, or pursuant to other procedures established by law.

This report was done in the State of California in the County of Los Angeles, in the City of Monterey Park, on the 11th, of October, 2010.

Sincerely,

Tomas Saucedo, M.D. Diplomate, American Board of Orthopedic Surgery

TS/mc



Total Joints Arthropiasty Industrial Medicine Sports Medicine

Richard Zapanta, M.D., Inc. Tomas Sancedo, M.D., Inc. Dana J. Primo, P.A.C.



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Qualified Medical Examiners

Associated Physicians Luigi Gallioni, M.D., Inc.

ORTHOPEDIC RE-EXAMINATION

October 11, 2010

State Compensation Insurance P.O. Box 92622 Los Angeles, CA 90009-2622

Attention: Worker's Compensation Claims

RE: EMP: DATE OF INJURY: DATE OF EXAMINATION:

FLOREEN ROOKS D'Veal Family Youth Services 11/10/07 10/11/10

Gentleman:

As you are well aware, this patient has been under our care. She has been previously declared permanent and stationary with an injury to her involved left knee. However, she was also presented with pain and discomfort of her lower back with associated radiculopathy to her left lower extremity. She indicates that this is a new problem and is quite concerned.

PHYSICAL EXAMINATION

BACK

On physical examination of the lumbar spine there is mild tenderness, there is no swelling or spasms. She flexes forward to 90 degrees, extends to 35 degrees, laterally bends to 35 degrees bilaterally.

LOWER EXTREMITIES

Left knee exam reveals evidence of mild diffuse medial collateral ligament tenderness. There is no swelling, effusion or laxity. She flexes the knee from 0 to 125 degrees. No gross laxity is noted. Motor and sensory function is intact distally.

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RE: Floreen Rooks October 11, 2010 Page 2

IMPRESSION

1) STATUS POST LEFT KNEE SURGICAL ARTHROSCOPY

2) LUMBOSACRAL SPINE STRAIN WITH LEFT LOWER EXTREMITY RADICULOPATHY (NEW PROBLEM)

DISCUSSION

It appears that Ms. Rooks at this time has noted some pain and discomfort of the lower back which appears to be a new problem. I have discussed with the patient the fact that this is not a continued medical problem from a previous injury and therefore this should be seen and treated according to either a new industrial injury or nonindustrial injury depending on the patient's presentation of the problem to the newly treating doctor.

With respect to her left knee, she does have some tenderness over the medial collateral ligament area, however, there is no evidence of any acute injury, there is no evidence of loss of motor or sensory function, therefore there is no need for any acute ongoing medical care. The patient will be provided with the use of an antiinflammatory medication as well as an analgesic medication to ameliorate her level of pain and discomfort of her left knee. I will keep you informed as to this patient's progress should she return on reexamination purposes.

Should you have any further questions or concerns, please do not hesitate to contact me.

DISCLOSURE

I declare under penalty of perjury that I, the signing physician, have actually performed this examination, and the time spent in performing this evaluation is in compliance with the IMC Guidelines (Section 5307.1 and 5307.6).

I declare under penalty of perjury that I have devoted at least one-third of my total practice time to providing medical treatment.

RE: Floreen Rooks October 11, 2010 Page 3

I have not violated Labor Code Section 139.3, and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under the penalty of perjury.

I declare under penalty of perjuty that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I 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.

There may or may not be other medical information that is protected by special state and federal laws and cannot be released without the subject's specific written authorization, or pursuant to other procedures established by law.

This report was done in the State of California in the County of Los Angeles, in the City of Monterey Park, on the 11th, of October, 2010.

Sincerely,

Tomas Saucedo, M.D. Diplomate, American Board of Orthopedic Surgery

TS/mc

SCIF RECD DTE 09/16/2009 BKSCAN 10 09/16/2009 09:17 AM 041772 12 2



Total Joints Arthroplasty Industrial Medicine Sports Medicine

Richard Zapanta, M.D., Inc. Tomas Saucedo, M.D., Inc. Dana J. Primo, P.A.C



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Associated Physicians

Luigi Gallioni, M.D., Inc. Michael Esposito, M.D., Inc. Barnard Barragan, M.D., Inc.

ORTHOPEDIC RE-EXAMINATION

September 4, 2009

State Compensation Insurance P.O. Box 92622 Los Angeles, CA 90009-2622

Attențion: Worker's Compensation Claims

RE:	FLOREEN ROOKS
OCCUPATION:	Marriage & Family Therapist
EMP:	D'Veal Family Youth Services
DATE OF INJURY:	11/10/07
DATE OF EXAMINATION:	09/04/09

Gentleman:

As you are well aware, this patient has previously been under our care. She was last seen in this office on 12/05/08 and was considered permanent and stationary. Since then, the patient has been declared permanent and stationary. She indicates that this past week she apparently was getting out of a friend's car when she attempted to do so she apparently twisted her left knee causing her to develop pain and discomfort of her left knee. She was concerned that she may have re-injured the knee and therefore sought medical attention under our care and supervision. She denies any other injuries. She also indicates that she has not lost time from work.

PHYSICAL EXAMINATION

GENERAL

This is a well-developed, well-nourished young lady complaining of left knee soreness. She stands 5'6" tall and weighs 213 pounds. She is right hand dominant.

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RE: Floreen Rooks September 4, 2009 Page 2

LOWER EXTREMITIES

On physical examination of her left knee reveals evidence of mild medial joint line tenderness. There is no gross swelling or gross effusion. There is a negative McMurray's sign and negative Apley's sign. She flexes the knee from 0 to 125 degrees. No gross laxity is noted. Motor and sensory function is intact distally.

DIAGNOSTIC STUDIES

X-rays taken today reveals evidence of mild medial joint space narrowing noted.

IMPRESSION

1) LEFT KNEE RE-INJURY

2) LEFT KNEE EVIDENCE OF MILD DEGENERATIVE OSTEOARTHRITIS

DISCUSSION

I will recommend that Ms. Rooks at this time be provided with Motrin for pain and inflammation. I am hopeful this will relieve her acute onset of this re-injury and it appears that she does not have anything more severe than a strain of her involved left knee. I will recommend that she continue working with no restrictions and I will see her back for follow-up should her symptoms not improve in the next four to six weeks time.

Should you have any further questions or concerns, please do not hesitate to contact me.

DISCLOSURE

I declare under penalty of perjury that I, the signing physician, have actually performed this examination, and the time spent in performing this evaluation is in compliance with the IMC Guidelines (Section 5307.1 and 5307.6).

I declare under penalty of perjury that I have devoted at least one-third of my total practice time to providing medical treatment.

SCI000295

SCIF RECD DTE 09/16/2009 BKSCAN 10 09/16/2009 09:17 AM 041772 12 4

RE: Floreen Rooks September 4, 2009 Page 3

I have not violated Labor Code Section 139.3, and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under the penalty of perjury.

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I 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.

There may or may not be other medical information that is protected by special state and federal laws and cannot be released without the subject's specific written authorization, or pursuant to other procedures established by law.

This report was done in the State of California in the County of Los Angeles, in the City of Monterey Park, on the 4th, of September, 2009.

Sincere

Torgas Saucedo, M.D. Diplomate, American Board of Orthopedic Surgery

TS/mc



Total Joints Arthroplasty Industrial Medicine Sports Medicine

Richard Zapanta, M.D., Inc. Tomas Saucedo, M.D., Inc. Dana J. Primo, P.A.C.



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Associated Physicians

Luigi Gallioni, M.D., Inc. Michael Esposito, M.D., Inc. Barnard Barragan, M.D., Inc.

ORTHOPEDIC SUPPLEMENTAL REPORT (PR2)

January 23, 2009

State Compensation Insurance P.O. Box 92622 Los Angeles, CA 90009-2622

Attention: Worker's Compensation Claims

RE: AGE AND SEX: OCCUPATION: EMP: DATE OF INJURY: FLOREEN ROOKS 56-year-old female Marriage & Family Therapist D'Veal Family Youth Services 11/10/07

Gentleman:

As you are well aware, this patient underwent arthroscopic surgery of her knee on 04/24/08 at the Plaza Surgical Center. She underwent a partial medial and partial lateral meniscectomy with an abrasive chondroplasty of the patellofemoral groove, medial femoral condyle, medial tibial plateau, lateral femoral and lateral tibial plateau. Since then, she was considered permanent and stationary on her visit of 12/05/08. In reviewing this patient's history, she denied any prior injuries noted of her left knee. However, she does give us a history of having injured her left ankle in August of 2007. She was off of work for approximately four to five weeks, she informed us of this, however, in reviewing the report by Dr. Ralph Gamberdella, it appears that in fact that she did sustain an ankle sprain which was treated by Dr. Gamberdella's associate Dr. Jung. As a result of having developed pain to her left knee was referred to Dr. Gamberdella. However, he does not note an acute traumatic event to the left knee other than pain. As a result of the pain, Dr. Gamberdella awarded her a 7%

SCIF RECD DTE 03/19/2009 BKSCAN 11 03/19/2009 09:11 AM 034606 24 3

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RE: Floreen Rooks January 23, 2009 Page 2

lower extremity impairment rating based on the joint space narrowing of the knee and a 10% lower extremity impairment rating as a result of the patellofemoral joint space narrowing, a total of 17% which corresponds to a 7% whole person impairment rating. On this basis, it appears that in fact this patient does in fact have a preexisting underlying degenerative osteoarthritis of her knee with previous pain which apparently improved and/or resolved and at this time has had a recurrence of the same problem. I would apportion this to at least 50% present industrial injury of 11/10/07 would be apportioned to her prior injury of her left knee as noted by Dr. Gamberdella.

Should you have any further questions or concerns, please do not hesitate to contact me.

DISCLOSURE

I declare under penalty of perjury that I, the signing physician, have actually performed this examination, and the time spent in performing this evaluation is in compliance with the IMC Guidelines (Section 5307.1 and 5307.6).

I declare under penalty of perjury that I have devoted at least one-third of my total practice time to providing medical treatment.

I have not violated Labor Code Section 139.3, and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under the penalty of perjury.

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I 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.

There may or may not be other medical information that is protected by special state and federal laws and cannot be released without the subject's specific written authorization, or pursuant to other procedures established by law.

SCIF RECD DTE 03/19/2009 BKSCAN 11 03/19/2009 09:11 AM 034606 24 4

RE: Floreen Rooks January 23, 2009 Page 3

This report was done in the State of California in the County of Los Angeles, in the City of Monterey Park, on the 23rd, of January, 2009.

Sincerely,

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Tomas Saucedo, M.D.

Diplomate, American Board of Orthopedic Surgery

TS/mc



Total Joints Arthroplasty Industrial Medicine Sports Medicine

Richard Zapanta, M.D., Inc. Tomas Saucedo, M.D., Inc. Dana J. Primo, P.A.C.



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Associated Physicians

Luigi Gallioni, M.D., Inc. Michael Esposito, M.D., Inc. Barnard Barragan, M.D., Inc.

ORTHOPEDIC SUPPLEMENTAL REPORT (PR2)

January 23, 2009

State Compensation Insurance P.O. Box 92622 Los Angeles, CA 90009-2622

Attention: Worker's Compensation Claims

RE: AGE AND SEX: OCCUPATION: EMP: DATE OF INJURY: FLOREEN ROOKS 56-year-old female Marriage & Family Therapist D'Veal Family Youth Services 11/10/07

Gentleman:

As you are well aware, this patient underwent arthroscopic surgery of her knee on 04/24/08 at the Plaza Surgical Center. She underwent a partial medial and partial lateral meniscectomy with an abrasive chondroplasty of the patellofernoral groove, medial femoral condyle, medial tibial plateau, lateral femoral and lateral tibial plateau. Since then, she was considered permanent and stationary on her visit of 12/05/08. In reviewing this patient's history, she denied any prior injuries noted of her left knee. However, she does give us a history of having injured her left ankle in August of 2007. She was off of work for approximately four to five weeks, she informed us of this, however, in reviewing the report by Dr. Ralph Gamberdella, it appears that in fact that she did sustain an ankle sprain which was treated by Dr. Gamberdella's associate Dr. Jung. As a result of having developed pain to her left knee was referred to Dr. Gamberdella. However, he does not note an acute traumatic event to the left knee other than pain. As a result of the pain, Dr. Gamberdella awarded her a 7%

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SCIF RECD DTE 02/11/2009 BKSCAN 7 02/11/2009 01:40 PM 035712 16 2

RE: Floreen Rooks January 23, 2009 Page 2

lower extremity impairment rating based on the joint space narrowing of the knee and a 10% lower extremity impairment rating as a result of the patellofemoral joint space narrowing, a total of 17% which corresponds to a 7% whole person impairment rating. On this basis, it appears that in fact this patient does in fact have a preexisting underlying degenerative osteoarthritis of her knee with previous pain which apparently improved and/or resolved and at this time has had a recurrence of the same problem. I would apportion this to at least 50% present industrial injury of 11/10/07 would be apportioned to her prior injury of her left knee as noted by Dr. Gamberdella.

Should you have any further questions or concerns, please do not hesitate to contact me.

DISCLOSURE

I declare under penalty of perjury that I, the signing physician, have actually performed this examination, and the time spent in performing this evaluation is in compliance with the IMC Guidelines (Section 5307.1 and 5307.6).

I declare under penalty of perjury that I have devoted at least one-third of my total practice time to providing medical treatment.

I have not violated Labor Code Section 139.3, and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under the penalty of perjury.

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I 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.

There may or may not be other medical information that is protected by special state and federal laws and cannot be released without the subject's specific written authorization, or pursuant to other procedures established by law.

SCIF RECD DTE 02/11/2009 BKSCAN 7 02/11/2009 01:40 PM 035712 16 3

RE: Floreen Rooks January 23, 2009 Page 3

This report was done in the State of California in the County of Los Angeles, in the City of Monterey Park, on the 23rd, of January, 2009.

Sincerely,

Torna) Saucedo, M.D. Diplomate, American Board of Orthopedic Surgery

TS/mc

SCIF RECD DTE 11/14/2008 BKSCAN 7 11/14/2008 11:42 AM 033635 3 2 ORTHOPEDIC SUPPLEME" REPORT HOV 0 7 2008 NAME KCIKS, FLOMP11_ EMPLOYER CASE# CURRENT COMLAINTS PHYSICAL EXAMINATION: in DX STUDY CURRENT DIAGNOSIS CURRENT MEDICATION ul refile) 2 rus . l. С annel PATIENT WORK STATUS: A B MODIFIED WORK C FULE DUTIES **RESTRICTIONS:** IS SURGERY INDICATED? YES /NO PROCEDURE DX PROCEDURE HOSPITAL PHYSICAL THERAPY IS CONDITION PERMANENT AND STATIONARY? YES NO OTHER TREATMENT FURTHER TREATMENT NEEDED? AES RETURN APPOINTMENT PHYSICIAN NAME

SCIF RECD DTE 11/14/2008 BKSCAN 7 11/14/2008 11:38 AM 033634 24 2 ۰. 1.1 ORTHOPEDIC SUPPLEMENT NOV 0 7 2008 FLOMPELL EMPLOYER NAME K CASE# CURRENT COMLAINTS am U PHYSICAL EXAMINATION: nu INN DX STUDY CURRENT DIAGNOSIS CURRENT MEDICATION 09 not need refue) R С time/ w PATIENT WORK STATUS: M C FULL DUTIES B MODIFIED WORK **RESTRICTIONS:** IS SURGERY INDICATED? YES NO PROCEDURE DX PROCEDURE HOSPITAL PHYSICAL THERAPY IS CONDITION PERMANENT AND STATIONARY? YES NO OTHER TREATMENT FURTHER TREATMENT NEEDED? A ÉS NO RETURN APPOINTMENT PHYSICIAN NAME

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ORTHOPEDIC SUPPLEMENTA REPORT CASE#_OCT 1 0 2008 NAMEROYKS FLOTEEN EMPLOYER CURRENT COMLAINTS PHYSICAL EXAMINATION: DX STUDY CURRENT MEDICATION CURRENT DIAGNOSIS R C PATIENT WORK STATUS: A TTD B WODEFIED DEPTES Ling D R RESTRICTIONS: IS SURGERY INDICATED? YES NO PROCEDURE HOSPITAL DX PROCEDURE PHYSICAL THERAPY IS CONDITION PERMANENT AND STATIONARY? YES NO OTHER TREATMENT NO FURTHER TREATMENT NEEDED? YES RETURN APPOINTMENT PHYSICIAN NAME

SCI000305

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ASSOCIATED SPORTS THERAPY 880 S. ATLANTIC BOULEVARD, #203 MONTEREY PARK, CALIFORNIA 91754 (626) 282-3577 -08-08 reeis Date Name C Diagnosis: Precautions: Frecuency: x weekly for. ダ EVALUATE & TREAT SPECIFIC TREATMENT ORDER: Please PATIENT TEACHING HEAT / COLD Hot Packs 🖾 Home Program MASSAGE Ultrasound Therapeutic Massage Cold Packs Myotascial Release EXERCISES Z Electrical Stimulation -Passive/Active ROM Stretches Inntophoreais PRE's TENS HYDROTHERAPY Therapeutic Ex Mobilization 🗋 Whirpool CI isometrics Contrast Bath REHAB PROGRAM TRACTION General Orthopedic Ci Cervical C Whiplash Syndrome C) Pelvic 🛛 Beck Program Shoulder Problems [] Inversion Other. , M.D. SIGNATURE.

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SCIF RECD DTE 09/22/2008 BKSCAN 7 09/24/2008 07:23 AM 032355 14 2



Richard Zapanta, M.D., Inc. Tomas Saucedo, M.D., Inc. Dana J. Primo, P.A.C.



Eastside Orthopedic Medical Associates Diplomates of the American Board of Orthopedic Surgeons Fellows of the American Academy of Orthopedic Surgeons Qualified Medical Examiners Total Joints Arthroplasty Industrial Medicine Sports Medicine

ORTHOPEDIC SUPPLEMENTAL REPORT (PR2)

September 5, 2008

State Compensation Insurance P.O. Box 92622 Los Angeles, CA 90009-2622

Attention: Worker's Compensation Claims

RE: AGE AND SEX: OCCUPATION: EMP: DATE OF INJURY: DATE OF EXAMINATION: CLAIM NO: FLOREEN ROOKS 56-year-old female Marriage & Family Therapist D'Veal Family Youth Services 11/10/07 09/05/08

Gentleman:

As you are well aware, this patient has undergone arthroscopic surgery of the left knee on 04/24/08. Since then, she has been placed on an aggressive physical therapy program, a home exercise program and at this point in time indicates that her pain has improved significantly. She does complain of some associated pain to her lower back and some radiculopathy of her left lower extremity.

PHYSICAL EXAMINATION

BACK

On examination of her back there is evidence of mild tenderness, there is mild swelling. She flexes forward for 90 degrees, extends to 35 degrees, laterally bends to 35 degrees bilaterally.

880 South Atlantic Boulevard, Suite 205, Monterey Park, California 91754 • (626) 289-0178 • FAX (626) 308-2083

RE: Floreen Rooks September 5, 2008 Page 2

LOWER EXTREMITIES

On examination of her left knee there is evidence of well healed surgical arthroscopic incisions. There is no swelling. There is no effusion. She flexes the knee from 0 to 125 degrees.

IMPRESSION

1) STATUS POST LEFT KNEE ARTHROSCOPY

2) LUMBOSACRAL SPINE STRAIN

3) LEFT LOWER EXTREMITY RADICULOPATHY

DISCUSSION

Given this patient's overall findings, I would recommend that this patient be released to a work related position avoiding any prolonged periods of standing and walking, any squatting, climbing and pivoting type of activities. I will recommend that the patient continue on a strengthening program on her own behalf for her left lower extremity. I will also recommend that she continue use of ibuprofen for pain and inflammation and I would like to re-examine her in four weeks time to assess her progress. I am hopeful that she will continue to improve and I will keep you informed as to her progress with supplemental reports.

Should you have any further questions or concerns, please do not hesitate to contact me.

DISCLOSURE

I declare under penalty of perjury that I, the signing physician, have actually performed this examination, and the time spent in performing this evaluation is in compliance with the IMC Guidelines (Section 5307.1 and 5307.6).

I declare under penalty of perjury that I have devoted at least one-third of my total practice time to providing medical treatment.

I have not violated Labor Code Section 139.3, and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under the penalty of perjury.

SCIF RECD DTE 09/22/2008 BKSCAN 7 09/24/2008 07:23 AM 032355 14 4

RE: Floreen Rooks September 5, 2008 Page 3

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I 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.

There may or may not be other medical information that is protected by special state and federal laws and cannot be released without the subject's specific written authorization, or pursuant to other procedures established by law.

This report was done in the State of California in the County of Los Angeles, in the City of Monterey Park, on the 5th, of September, 2008.

Sincerely.

Tomas Saucedo, M.D. Diplomate, American Board of Orthopedic Surgery

TS/mc

SCIF RECD DTE 09/22/2008 BKSCAN 7 09/24/2008 07:24 AM 032355 15 1



Richard Zapanta, M.D., Inc. Tomas Saucedo, M.D., Inc. Dana J. Primo, P.A.C.



Eastside Orthopedic Medical Associates

Diplomates of the American Board of Orthopedic Surgeons Fellows of the American Academy of Orthopedic Surgeons Qualified Medical Examiners Total Joints Arthroplasty Industrial Medicine Sports Medicine

ORTHOPEDIC SUPPLEMENTAL REPORT (PR2)

September 5, 2008

State Compensation Insurance P.O. Box 92622 Los Angeles, CA 90009-2622

Attention: Worker's Compensation Claims

RE: AGE AND SEX: OCCUPATION: EMP: DATE OF INJURY: DATE OF EXAMINATION: CLAIM NO: FLOREEN ROOKS 56-year-old female Marriage & Family Therapist D'Veal Family Youth Services 11/10/07 09/05/08

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PHYSICAL EXAMINATION

BACK

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RE: Floreen Rooks September 5, 2008 Page 2

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IMPRESSION

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2) LUMBOSACRAL SPINE STRAIN

3) LEFT LOWER EXTREMITY RADICULOPATHY

DISCUSSION

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Should you have any further questions or concerns, please do not hesitate to contact me.

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I declare under penalty of perjury that I have devoted at least one-third of my total practice time to providing medical treatment.

I have not violated Labor Code Section 139.3, and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under the penalty of perjury.

SCIF RECD DTE 09/22/2008 BKSCAN 7 09/24/2008 07:24 AM 032355 15 3

RE: Floreen Rooks September 5, 2008 Page 3

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This report was done in the State of California in the County of Los Angeles, in the City of Monterey Park, on the 5th, of September, 2008.

Sincerely,

Tomas Saucedo, M.D. Diplomate, American Board of Orthopedic Surgery

TS/mc

SCIF RECD DTE 09/12/2008 BKSCAN 3 09/12/2008 09:21 AM 024481 4 2 ORTHOPEDIC SUPPLEM Y REPORT _____<u>SEP</u>U52008 , Mech Employer NAME GOAKS CURRENT COMLAINTS ALOR PHYSICAL EXAMINATION: DX STUDY CURRENT MEDICATION CURRENT DIAGNOSIS В в С PATIENT WORK STATUS: A TTD B MODIFIED WORK 9/1/08 RESTRICTIONS: 110 IS SURGERY INDICATED? YES, PROCEDURE DX PROCEDURE HOSPĮTAL PHYSICAL THERAPY IS CONDITION PERMANENT AND STATIONARY? YES , NO) OTHER TREATMENT FURTHER TREATMENT NEEDED? MES NO your, RETURN APPOINTMENT -----

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SCIF RECD DTE 08/30/2008 BKSCAN 3 09/02/2008 08:52 AM 024141 23 2 ORTHOPEDIC SUPPLEM Y REPORT CASEN AUG 2 8 2008 NAME ROOKS. FLOREEN_ EMPLOYER_ CURRENT COMLAINTS pan PHYSICAL EXAMINATION: WI IL eno nalas/silly Mon DX STUDY CURRENT DIAGNOSIS CURRENT MEDICATION with 3 x/des munut PATIENT WORK STATUS: A TTD B MODIFIED WORK FULL DUTIES RESTRICTIONS: IS SURGERY INDICATED? YES NO PROCEDURE _____ DX PROCEDURE HOSPĮTAL____ PHYSICAL THERAPY IS CONDITION PERMANENT AND STATIONARY? YES NO OTHER TREATMENT FURTHER TREATMENT NEEDED? YES NO RETURN APPOINTMENT ت سخم بد به به ترکیم · • • • • • -.....

SCIF RECD DTE 08/20/2008 BKSCAN 3 08/20/2008 11:30 AM 023863 5 2 ORTHOPEDIC SUPPLEMENTARY REPORT NAME ROOK, Floren EMPLOYER CASE# AUG 0 8 2008 CURRENT COMLAINTS - Yuse PHYSICAL EXAMINATIONS DX STUDY CURRENT MEDICATION CURRENT_DIAGNOSIS в В L С С PATIENT WORK STATUS, (A TTD B MODIFIED WORK C FULL DUTIES RESTRICTIONS: IS SURGERY INDICATED? YES NO PROCEDURE DX PROCEDURE HOSPITAL PHYSICAL THERAPY IS CONDITION PERMANENT AND STATIONARY? YES (NO) OTHER TREATMENT FURTHER TREATMENT NEEDED? TES NO 10 RETURN APPOINTMENT DHYSTOTAM MAMO

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SCIF RECD DTE 08/09/2008 BKSCAN 9 08/11/2008 10:55 AM 033641 3 5

Specialists

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3144 Santa Anita Avenue. Module A

El Monte, CA 91733

Phone: (626) 582-7989 Fax: (626) 582-7953

CASE #	80283	CLAIM #	05170360/Yolanda Nielsen
EMPLOYER	D'Veal Family & Youth Services	SOC. SEC.#	130-38-8510
PATIENT	ROOKS,FLOREEN	DATE OF INJURY :	11/10/2007
DATE	02/21/2008		

02/21/2008

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State Comp 92622 P.O. Box 92622 Los Angeles, CA 90009-2622

ATTN: Worker's Compensation Claims

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RE:	ROOKS, FLOREEN	
Age & Sex:	58 & F	
Occupation:	MARRIAGE FAMILY	THERAPIST
Employer:	D'VEAL FAMILY &	YOUTH SERVICES
Date of Injury:	11/10/2007	
Date of Exam:	02/21/2008	

ORTHOPEDIC SUPPLEMENTAL REPORT (PR-2)

Gentlemen:

As you are well aware, this patient has sustained a fracture of her right foot consistent with a fracture of the fourth and fifth metatarsals. She also has sustained a left ankle sprain and a left knee injury, and most recently her left knee pain has steadily gotten worse. This has progressively gotten worse and it appears that as a result of favoring her right lower extremity and putting all of the weight on her contralateral extremity, the pain has steadily gotten worse as a result of the initial injury as well as the underlying degenerative osteoarthritic changes from which the patient already suffers.

PHYSICAL EXAMINATION:

RIGHT FOOT: There is evidence of mild tenderness. There is mild swelling. Motor and sensory function is intact distally.

LEFT KNEE: Reveals evidence of medial joint line tenderness. There is notable swelling. There is notable effusion. Positive grind sign. Positive Apley sign. Positive McMurray's sign.

RADIOGRAPHIC FINDINGS:

X-rays of the right foot reveal evidence of a healing fourth and fifth metatarsal fracture.

IMPRESSION:

1. HEALING RIGHT FOURTH AND FIFTH METATARSAL FRACTURE.

2. LEFT KNEE INTERNAL DERANGEMENT.

DISCUSSION:

It appears quite evident that this patient has developed an increased level of pain and discomfort of her left knee as a result of favoring her right lower extremity. She initially incurred the injury of the left knee as well; however, it was certainly not as painful as it is now. I will recommend that an MRI of the left knee be ordered at the soonest possible time, although this apparently has already been denied due to lack of the ability to communicate with my office; however, that appears to be erroneous since I am always available either by cellphone or in our office. If you deem it necessary to

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SCIF RECD DTE 08/09/2008 BKSCAN 9 08/11/2008 10:55 AM 033641 3 6

Specialists

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3144 Santa Anita Avenue. Module A

El Monte, CA 91733

Phone: (626) 582-7989 Fax: (626) 582-7953

DAT	E	02/21/2008		
PAT	IENT	ROOKS,FLOREEN	DATE OF INJURY :	11/10/2007
EMF	PLOYER	D'Veal Femily & Youth Services	SOC. SEC.#	130-38-8510
CAS	E#	80283	CLAIM #	05170360/Yolanda Nielsen

communicate with any review of service, I would be more than happy to do so. With respect to her right foot, it appears to be healing well and I am hopeful this will heal uneventfully. I would like to reexamine her in four weeks' time and I will continue her off of work until further progress is made.

Should there be any questions or concerns, please do not hesitate to contact me.

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge."

"I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I 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."

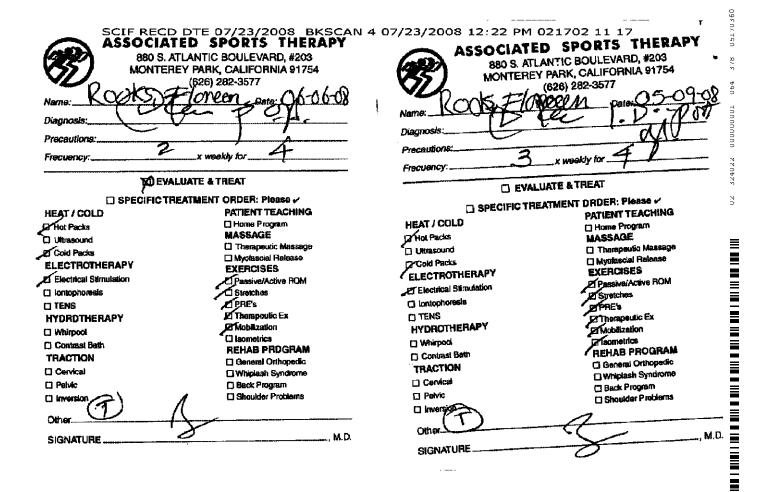
Sincerely Yours,

Thomas Saucedo, M.D.

DATE

Executed in the County of Los Angeles on 02/21/2008.

TS:pf/tj



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Eastside Orthopedic Medical Associates	
880 South Atlantic Blvd., Suite 205	R. ZAPANTA, M.D. D. SAUCEDO, M.D.
Montercy Park, California 91754 (626) 289-0178 • Fax (626) 308-2083	
DATE: (ο N N
IN: 11330 NEXT APPOINTMENT:	8-08-08 PATIENT NAME: BOOKS, FLORER
Petients is unable to return to regular work as of:	
Further treatment: is not required:	Patient is permanent & stationary Yes No
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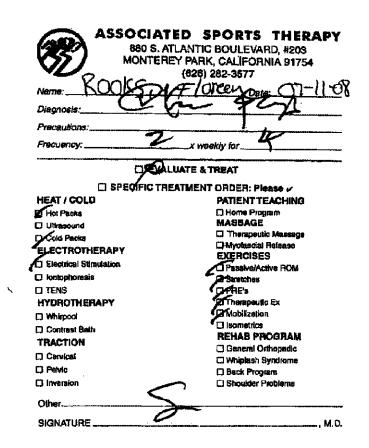
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SCIF RECD DTE 07/17/2008 BKSCAN 3 07/17/2008 04:56 PM 022999 12 2 JUL-14-2008 08:25 AM Asso. Sports Therapy 6262844276 P. 4



MYRA GUEVARA JUL 14 2008

LOS ANGELES CLAIMS

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	BKSCAN 3 06/24/2008 06:16 PM 02242# 11 2 Prapy 0262844276 ATLANTIC BOULEVARD, #203 REY PARK, CALIFORNIA 91754 (\$26) 282-3577 FLOTEEN Date: 04-06-08
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SCIF RECD DTE 06/24/2008 BKSCAN 3 06/24/2008 JUN-19-2008 09:04 AM Asso. Sports Therapy 6262844276 06:16 PM 022421 11 3 P. 3 È, ŝ ŧ Patient is Z Limited Use of Right / Left Hand
 Right / Left-Handed Work Only
 Right / Left no working over the t Physical Therapy (15) us NOT) recommended: Estimated length of total disability: __ Further treatment Eastside Orthopedic Medical Associates No Machine / Vehicle Operation No Climbing, Bending or Stooping No Litting Over. Location: WODIFIED WORK AS INDICATED BELOW: No Prolonged Standing / Walking Right / Left no working over the shoulder 205 South Atlantic Blvd., Suite (626) 289-0178 - Fax (626) 309-20 internations of the second Aonterey Park, California 91754 **Algenn** ğ 🗆 Ind. Clinic is not required: 2 to return to £ IME 80-2 Pounds NEXT APPOINTMENT: ZASS. Sports Therapy work as of: ſ 50-11-08 Surgery has been scheduled Diagnostic Test Patient is permanent & stationary yes 0 DR. ZAPANTA, M.D. UT. SAUCEDO, M.D. times a week for . PATIENT NAME: DIAGNOSIS: ~ 1.746 Rocks g Floren Neg we is wear ٢ 9475 RECEIVED JUN 1 9 2008 HA GLENDALE LOC. 6/19/01 ٠. 1

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SCIF RECD DTE 06/24/2008 BKSCAN 3 06/24/2008 06:17 PM 022421 11 5 JUN-19-2008 09:05 AM Asso. Sports Therapy 6262844276 P. 4 AT REPORT ORTHOPEDIC SUPPLEN CASE4_JUN 062008 NAME KOOKS. OPECH_ EMPLOYER CURRENT COMLAINTS PHYSICAL EXAMINATION DX STUDY CURRENT MEDICATION CURRENT DIAGNOSIS В С ÷. A TID B MOUIPIED WORK C. FULE DUTIES PATIENT WORK STATUS **RESTRICTIONS:** IS SURGERY INDICATED? YES (NO) PROCEDURE DX PROCEDURE HOSPITAL PHYSICAL THERAPY RECEIVEL IS CONDITION PERMANENT AND STATIONARY? YES **A**NO JUN 1 9 2008 OTHER TREATMENT Sectendale Loc FURTHER TREATMENT NEEDED? DES NO 119,1 1640 RETURN APPOINTMENT PHYSICIAN NAME

SCIF RECD DTE 06/23/2008 BKSCAN 12 06/24/2008 09:25 AM 028444 1 14

Specialists

3144 Santa Anita Avenue, Module A El Monte, CA 91733

Phone: (626) 582-7989 Fax: (628) 582-7953

DATE	12/20/2007		
PATIENT	ROOKS, FLOREEN	DATE OF INJURY :	11/10/2007
EMPLOYE	R D'Veal Family & Youth Services	SOC. SEC.#	130-38-8510
CASE #	80283	CLAIM #	05170360/Yolanda Nielsen

12/20/2007

State Comp 92622 P.O. Box 92622 Los Angeles, CA 90009-2622

ATTN: Worker's Compensation Claims

10 00 0000

RE:	ROOKS, FLOREEN	
Age & Sex:	58 & F	
Occupation:	MARRIAGE FAMILY	THERAPIST
Employer:	D'VEAL FAMILY &	YOUTH SERVICES
Date of Injury:	11/10/2007	
Date of Exam:	12/20/2007	

ORTHOPEDIC SUPPLEMENTAL REPORT (PR-2)

Gentlemen:

As you are well aware, this patient has been under our care with a diagnosis of a fracture of her right fourth and fifth metatarsal. She has been using a Cam walker and indicates that her pain has steadily improved.

Patient has also complained of pain and discomfort of her left knee and her left ankle, which she indicates has been improving subjectively since her last visit.

PHYSICAL EXAMINATION:

RIGHT FOOT: There is evidence of mild tenderness. There is mild swelling. Motor and sensory function is intact distally.

LEFT KNEE: Reveals evidence of mild tenderness. There is no swelling. There is no spasm. No gross effusion is noted. No laxity is noted.

LEFT ANKLE: Reveals evidence of mild tenderness in the anterolateral aspect of the ankle. No swelling or spasm is noted. Motor and sensory function is intact distally.

RADIOGRAPHIC FINDINGS: ____________

X-rays of the right foot reveal evidence of a healing fourth and fifth metatarsal fracture, overall good position.

IMPRESSION:

- _ _ _ _ _ _ _ _ _ _ _ _ _
- 1. HEALING RIGHT FOURTH AND FIFTH METATARSAL FRACTURE.
- 2. LEFT KNEE SPRAIN.
- 3. LEFT ANKLE SPRAIN.

DISCUSSION:

I will recommend that Ms. Rooks at this time continue off of work. I will encourage her to continue the use of a Cam walker to allow the fractures to heal. A knee immobilizer will be provided for her left knee and I will recommend that she weightbear as tolerated with the assistive devices. I will maintain her off of work and I would like to see her back

05170360

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SCIF RECD DTE 06/23/2008 BKSCAN 12 06/24/2008 09:26 AM 028444 1 15

Specialists

3144 Santa Anita Avenue. Module A

El Monte, CA 91733

Phone: (626) 582-7989 Fax: (626) 582-7953

DATE	12/20/2007		
PATIENT	ROOKS, FLOREEN	DATE OF INJURY :	11/10/2007
EMPLOYER	D'Veal Family & Youth Services	SOC. SEC.#	130-38-8510
CASE #	80283	CLAIM #	05170360/Yolanda Nielsen

for follow-up in four weeks' time, at which time x-rays will be taken to assess the healing fractures.

Should there be any questions or concerns, please do not hesitate to contact me.

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge."

"I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I 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."

Sincerely Yours,

Thomas Saucedo, M.D. _____ DATE

Executed in the County of Los Angeles on 12/20/2007.

TS:pf/tj

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Richard Zapanta, M.D., Inc. Tomas Saucedo, M.D., Inc. Dana J. Primo, P.A.C.



Eastside Orthopedic Medical Associates Diplomates of the American Board of Orthopedic Surgeons Fellows of the American Academy of Orthopedic Surgeons

Qualified Medical Examiners

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Total Joints Arthroplasty Industrial Medicine Sports Medicine

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June 6, 2008

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Attention: Worker's Compensation Claims

RE: AGE AND SEX: OCCUPATION: EMP: DATE OF INJURY: DATE OF EXAMINATION: CLAIM NO: FLOREEN ROOKS

56-year-old female Marriage & Family Therapist D'Veal Family Youth Services 11/10/07 06/06/08

Gentleman:

As you are well aware, this patient has undergone arthroscopic surgery of the left knee. She indicates that her pain has improved significantly. She is now approximately six weeks since she underwent the surgery and has improved significantly with respect to the surgical procedure. She has also been in physical therapy for the last four weeks and has responded favorably.

PHYSICAL EXAMINATION

Lower Extremities

On examination of her left knee there is evidence of mild tenderness. There is mild swelling. There is no gross erythema. There is no drainage. There are well healed surgical arthroscopic portals. Motor and sensory function is intact distally. Range of motion is 0 to approximately 100 degrees.

880 South Atlantic Boulevard, Suite 205, Monterey Park, California 91754 • (626) 289-0178 • FAX (626) 308-2083

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RE: Floreen Rooks June 6, 2008 Page 2

IMPRESSION

STATUS POST LEFT KNEE ARTHROSCOPY

DISCUSSION

I will recommend that Ms. Roks at this time continue on an aggressive physical therapy program three times a week for the next four weeks as well as an aggressive home exercise program to continue to strengthen the extremity. She will continue on Vicodin for pain and discomfort. I will see her back for follow-up in four weeks time and I am hopeful she will respond to conservative measures. In the meantime, I will recommend that she continue off of work until further progress is made.

Should you have any further questions or concerns, please do not hesitate to contact me.

DISCLOSURE

I declare under penalty of perjury that I, the signing physician, have actually performed this examination, and the time spent in performing this evaluation is in compliance with the IMC Guidelines (Section 5307.1 and 5307.6).

I declare under penalty of perjury that I have devoted at least one-third of my total practice time to providing medical treatment.

I have not violated Labor Code Section 139.3, and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under the penalty of perjury.

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I 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.

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RE: Floreen Rooks June 6, 2008 Page 3

There may or may not be other medical information that is protected by special state and federal laws and cannot be released without the subject's specific written authorization, or pursuant to other procedures established by law.

This report was done in the State of California in the County of Los Angeles, in the City of Monterey Park, on the 6^{th} , of June, 2008.

Sincerely

Tomas Saucedo, M.D. Diplomate, American Board of Orthopedic Surgery

TS/mc

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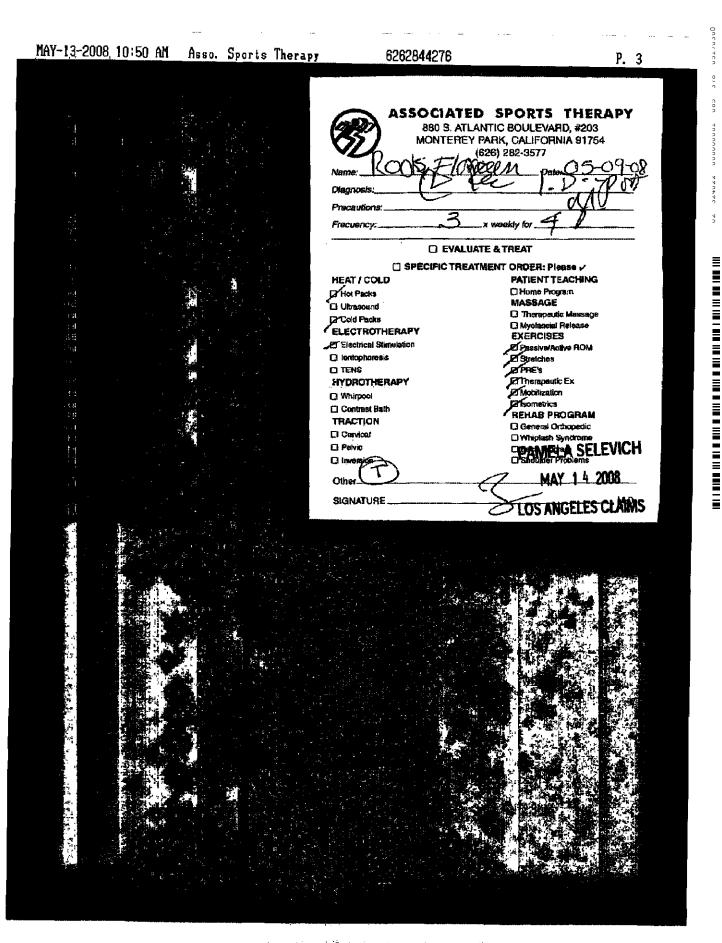
SCIF RECD DTE 0572572008 BKSCAN 3 05/23/2008 10749 AM 021628 4 2 ORTHOPEDIC SUPPLEN (Y REPORT CASE# MAY NAME KONKS FLONGEN EMPLOYER_ 920**08** CURRENT COMLAINTS PHYSICAL EXAMINATION: DX STUDY CURRENT-DIAGNOSIS CURRENT MEDICATION B в C * dia PATIENT WORK STATUSA A TTO B MODIFIED WORK C. FULL DUTIES RESTRICTIONS: IS SURGERY INDICATED? YES NO PROCEDURE · . DX PROCEDURE <u>.</u> HOSPITAL PHYSICAL THERAPY IS CONDITION PERMANENT AND STATIONARY? YES (NO) OTHER TREATMENT FURTHER TREATMENT NEEDED, YES NO RETURN APPOINTMENT PHYSICIAN NAME

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MAY-13-2008 10:50 AM Asso. Sports Therapy 6262844276 P. 2 ORTHOPEDIC SUPPLEM MY REPORT er en sonta de la servició de la se Calcular de la servició de la servic MAN EMPLOYER_ nks NAME CASE# MAY C g CURRENT COMLAINTS PHYSICAL EXAMINATION: DX STUDY CURRENT DIAGNOSIS CURRENT MEDICATION В B C PATIENT WORK STATUS, A TTO) B MODIFIED WORK C FULL DUTIES RESTRICTIONS: IS SURGERY INDICATED? YES NO PROCEDURE DX PROCEDURE HOSPITAL · _____ PHYSICAL THERAPY IS CONDITION PERMANENT AND STATIONARY? YES (NO) OTHER TREATMENT PAMELA SELEVICH MAY 14 2008 FURTHER TREATMENT NEEDEDE YES NO LOS ANGELES CLAIMS 11 RETURN APPOINTMENT PHYSICIAN NAME SCIE BECD DIE 02/13/2008 BKSCAN 6 02/13/2008 08:02 BM 023367 1 3

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SCIF RECD DTE 05/02/2008 BKSCAN 6 05/02/2008 08:53 AM 029473 5 1

Specialists 3144 Santa Anita Avenue. Module A El Monte, CA 91733

Phone: (626) 582-7989 Fax: (626) 582-7953

DATE	02/21/2008		
PATIENT	ROOKS,FLOREEN	DATE OF INJURY :	11/10/2007
EMPLOYER	D'Veal Family & Youth Services	SOC. SEC.#	130-38-8510
CASE #	80283	CLAIM #	05170360/Yolanda Nielsen

02/21/2008

State Comp 92622 P.O. Box 92622 Los Angeles, CA 90009-2622

0-1703

ATTN: Worker's Compensation Claims

RE:	ROOKS, FLOREEN	
Age & Sex:	58 & F	
Occupation:	MARRIAGE FAMILY	THERAPIST
Employer:	D'VEAL FAMILY &	YOUTH SERVICES
Date of Injury:	11/10/2007	
Date of Exam:	02/21/2008	

ORTHOPEDIC SUPPLEMENTAL REPORT (PR-2)

Gentlemen:

As you are well aware, this patient has sustained a fracture of her right foot consistent with a fracture of the fourth and fifth metatarsals. She also has sustained a left ankle sprain and a left knee injury, and most recently her left knee pain has steadily gotten worse. This has progressively gotten worse and it appears that as a result of favoring her right lower extremity and putting all of the weight on her contralateral extremity, the pain has steadily gotten worse as a result of the initial injury as well as the underlying degenerative osteoarthritic changes from which the patient already suffers.

PHYSICAL EXAMINATION:

RIGHT FOOT: There is evidence of mild tenderness. There is mild swelling. Motor and sensory function is intact distally.

LEFT KNEE: Reveals evidence of medial joint line tenderness. There is notable swelling. There is notable effusion. Positive grind sign. Positive Apley sign. Positive McMurray's sign.

RADIOGRAPHIC FINDINGS:

X-rays of the right foot reveal evidence of a healing fourth and fifth metatarsal fracture.

IMPRESSION:

1. HEALING RIGHT FOURTH AND FIFTH METATARSAL FRACTURE.

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2. LEFT KNEE INTERNAL DERANGEMENT.

DISCUSSION:

It appears quite evident that this patient has developed an increased level of pain and discomfort of her left knee as a result of favoring her right lower extremity. She initially incurred the injury of the left knee as well; however, it was certainly not as painful as it is now. I will recommend that an MRI of the left knee be ordered at the soonest possible time, although this apparently has already been denied due to lack of the ability to communicate with my office; however, that appears to be erroneous since I am always available either by cellphone or in our office. If you deem it necessary to

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Specialists 3144 Santa Anita Avenue. Module A El Monte, CA 91733

Phone: (626) 582-7989 Fax: (626) 582-7953

DATE	02/21/2008		
PATIENT	ROOKS, FLOREEN	DATE OF INJURY :	11/10/2007
EMPLOYER	D'Veal Family & Youth Services	SOC. SEC.#	130-38-8510
CASE #	80283	CLAIM #	05170360/Yolanda Nielsen

communicate with any review of service, I would be more than happy to do so. With respect to her right foot, it appears to be healing well and I am hopeful this will heal uneventfully. I would like to reexamine her in four weeks' time and I will continue her off of work until further progress is made.

Should there be any questions or concerns, please do not hesitate to contact me.

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge."

"I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief except as to information that I have indicated I 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."

Sincerely Yours,

Thomas Saucedo, M.D.

DATE

Executed in the County of Los Angeles on 02/21/2008.

TS:pf/tj

SCIF RECD DTE 05/01/2008 BKSCAN 10 05/01/2008 12:12 PM 027899 15 2

Specialists

3144 Santa Anita Avenue. Module A El Monte, CA 91733

Phone: (626) 582-7989 Fax: (626) 582-7953

DATE	04/17/2008		
PATIENT	ROOKS,FLOREEN	DATE OF INJURY:	11/10/2007
EMPLOYER	D'Veal Family & Youth Services	SOC. SEC.#	130-38-8510
CASE #	80283	CLAIM #	05170360/Yolanda Nielsen

04/17/2008

State Comp 92622 P.O. Box 92622 Los Angeles, CA 90009-2622

ATTN: Worker's Compensation Claims

RE:	ROOKS, FLOREEN	
Age & Sex:	58 & F	
Occupation:	MARRIAGE FAMILY THERAPIST	
Employer:	D'VEAL FAMILY & YOUTH SERVICES	
Date of Injury:	11/10/2007	
Date of Exam:	04/17/2008	

ORTHOPEDIC SUPPLEMENTAL REPORT (PR-2)

Gentlemen:

As you are well aware, this patient has been under our care. She has been treated for a fracture of her right foot. The fracture at this time has healed completely. She has no pain or discomfort. However, she does continue to complain of left knee pain primarily with activities of squatting, kneeling and climbing. She has minimal soreness and discomfort of her left ankle; otherwise, she notes pain increasing of the left ankle when she is required to stand for prolonged periods of time.

PHYSICAL EXAMINATION:

RIGHT FOOT: There is no tenderness. There is no swelling. There is no spasm. Motor and sensory function is intact distally.

LEFT KNEE: Reveals evidence of medial joint line tenderness. There is notable swelling. There is positive effusion, positive McMurray's sign, positive Apley sign. No gross laxity is noted.

LEFT ANKLE: Reveals evidence of limited range of motion of the ankle. She dorsiflexes the ankle to 10 degrees. She plantar flexes the ankle to 25 degrees. Motor and sensory function is intact distally.

IMPRESSION:

- 1. HEALED RIGHT FOOT FOURTH AND FIFTH METATARSAL FRACTURE.
- 2. LEFT KNEE INTERNAL DERANGEMENT WITH EVIDENCE OF MEDIAL MENISCUS TEAR.
- 3. LEFT ANKLE POSTOP DEGENERATIVE OSTEOARTHRITIC CHANGES WITH LIMITED RANGE OF MOTION.

DISCUSSION:

At this time, it is quite apparent that Ms. Rooks at this time is focusing primarily on her left knee injury. An MRI has revealed evidence of a medial meniscus tear and she will be scheduled for surgery arthroscopically of her left knee on 4/24/2008. She understands the risks and benefits and wishes this to be done. We will treat her conservatively for her right foot as well as her left ankle. I will maintain her off of work. I will see her TCO

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Specialists 3144 Santa Anita Avenue, Module A

El Monte, CA 91733

Phone: (626) 582-7989 Fax: (626) 582-7953

DATE	04/17/2008		
PATIENT	ROOKS,FLOREEN	DATE OF INJURY:	11/10/2007
EMPLOYER	D'Veal Family & Youth Services	SOC. SEC.#	130-38-8510
CASE #	80283	CLAIM #	05170360/Yolanda Nielsen

preoperatively in my office on 4/23/2008, at which time she will undergo preop evaluation and treatment before surgery on 4/24/2008.

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge."

"I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I 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."

Sincerely Yours,

Thomas Saucedo, M.D. _______ DATE

Executed in the County of Los Angeles on 04/17/2008.

TS:pf/tj

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SCIF RECD DTE 04/02/2008 BKSCAN 5 04/02/2008 11:20 AM 027354 7 2

Specialists 3144 Santa Anita Avenue. Module A

El Monte, CA 91733

Phone: (626) 582-7989 Fax: (626) 582-7953

DATE	03/20/2008		
PATIENT	ROOKS,FLOREEN	DATE OF INJURY:	11/10/2007
EMPLOYER	D'Veal Family & Youth Services	SOC. SEC.#	130-38-8510
CASE #	80283	CLAIM #	05170360/Yolanda Nielsen

03/20/2008

State Comp 92622 P.O. Box 92622 Los Angeles, CA 90009-2622

ATTN: Worker's Compensation Claims

RE:	ROOKS, FLOREEN
Age & Sex:	58 & F
Occupation:	MARRIAGE FAMILY THERAPIST
Employer:	D'VEAL FAMILY & YOUTH SERVICES
Date of Injury:	11/10/2007
Date of Exam:	03/20/2008

ORTHOPEDIC RE-EXAMINATION

Gentlemen:

As you are well aware, this patient has sustained a fracture of her right foot involving the fourth and fifth metatarsal and at this time indicates that she has no pain or discomfort. She also has no significant pain of her left ankle; however, she continues to complain of left knee pain. As a result, an MRI of the left knee has been ordered. The MRI reveals evidence of a tear of the posterior aspect of the medial meniscus. There is also evidence of mild early osteoarthritic degenerative arthritic changes of the left knee probably in the medial compartment and a knee effusion.

PHYSICAL EXAMINATION:

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RIGHT FOOT: Reveals no tenderness. There is no swelling over the fourth and fifth metatarsal area. Motor and sensory function is intact distally.

LEFT ANKLE: Reveals no tenderness, no swelling, no spasms. A full range of motion is noted.

LEFT KNEE: Reveals evidence of notable swelling. There is tenderness. There is an effusion. There is positive Apley sign, positive McMurray's sign, positive grind sign. She flexes the knee from 0 to 125 degrees with noticeable pain.

#### IMPRESSION:

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- 1. LEFT KNEE INTERNAL DERANGEMENT WITH EVIDENCE OF MEDIAL MENISCUS TEAR.
- 2. RIGHT FOURTH AND FIFTH METATARSAL FRACTURE, HEALED.
- 3. LEFT ANKLE SPRAIN.

#### DISCUSSION:

I will recommend that Ms. Rooks at this time continue off of work given her pain and discomfort of her left knee. I will request authorization and approval for surgery arthroscopically of her left knee, which will be done as an outpatient. I will maintain her off of work until further progress is made. I will see her back for follow-up in 3-4 weeks' time to assess her progress. With respect to her right foot and her left ankle, she

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Specialists

3144 Santa Anita Avenue. Module A El Monte, CA 91733

## Phone: (626) 582-7989 Fax: (626) 582-7953

| _ E | DATE    | 03/20/2008                     |                 |                          |
|-----|---------|--------------------------------|-----------------|--------------------------|
| F   | ATIENT  | ROOKS,FLOREEN                  | DATE OF INJURY: | 11/10/2007               |
| E   | MPLOYER | D'Veal Family & Youth Services | SOC. SEC.#      | 130-38-8510              |
| C   | CASE #  | 80283                          | CLAIM #         | 05170360/Yolanda Nielsen |

can and has responded favorably to conservative measures. On this basis, she will be released to her previous level of occupation with no restrictions.

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge."

"I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I 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."

Sincerely Yours,

Executed in the County of Los Angeles on 03/20/2008.

TS:pf/tj

## **Specialists** 3144 Santa Anita Avenue, Module A El Monte, CA 91733

Phone: (626) 582-7989 Fax: (626) 582-7953

| DATE     | 02/21/2008                     |                 |                          |
|----------|--------------------------------|-----------------|--------------------------|
| PATIENT  | ROOKS, FLOREEN                 | DATE OF INJURY: | 11/10/2007               |
| EMPLOYER | D'Veal Family & Youth Services | SOC. SEC.#      | 130-38-8510              |
| CASE #   | 80283                          | CLAIM #         | 05170360/Yolanda Nielsen |

02/21/2008

State Comp 92622 P.O. Box 92622 Los Angeles, CA 90009-2622

ATTN: Worker's Compensation Claims

| RE:             | ROOKS, FLOREEN                 |  |  |  |  |
|-----------------|--------------------------------|--|--|--|--|
| Age & Sex:      | 58 & F                         |  |  |  |  |
| Occupation:     | MARRIAGE FAMILY THERAPIST      |  |  |  |  |
| Employer:       | D'VEAL FAMILY & YOUTH SERVICES |  |  |  |  |
| Date of Injury: | 11/10/2007                     |  |  |  |  |
| Date of Exam:   | 02/21/2008                     |  |  |  |  |

ORTHOPEDIC SUPPLEMENTAL REPORT (PR-2) \_\_\_\_\_

Gentlemen:

As you are well aware, this patient has sustained a fracture of her right foot consistent with a fracture of the fourth and fifth metatarsals. She also has sustained a left ankle sprain and a left knee injury, and most recently her left knee pain has steadily gotten worse. This has progressively gotten worse and it appears that as a result of favoring her right lower extremity and putting all of the weight on her contralateral extremity, the pain has steadily gotten worse as a result of the initial injury as well as the underlying degenerative osteoarthritic changes from which the patient already suffers.

#### PHYSICAL EXAMINATION: \_\_\_\_\_

RIGHT FOOT: There is evidence of mild tenderness. There is mild swelling. Motor and sensory function is intact distally.

LEFT KNEE: Reveals evidence of medial joint line tenderness. There is notable swelling. There is notable effusion. Positive grind sign. Positive Apley sign. Positive McMurray's sign.

### RADIOGRAPHIC FINDINGS:

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X-rays of the right foot reveal evidence of a healing fourth and fifth metatarsal fracture.

#### IMPRESSION:

- \_\_\_\_\_
- 1. HEALING RIGHT FOURTH AND FIFTH METATARSAL FRACTURE.
- 2. LEFT KNEE INTERNAL DERANGEMENT.

#### DISCUSSION: \_\_\_\_\_

It appears quite evident that this patient has developed an increased level of pain and discomfort of her left knee as a result of favoring her right lower extremity. She initially incurred the injury of the left knee as well; however, it was certainly not as painful as it is now. I will recommend that an MRI of the left knee be ordered at the soonest possible time, although this apparently has already been denied due to lack of the Ξ

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Specialists 3144 Santa Anita Avenue, Module A El Monte, CA 91733

#### Phone: (626) 582-7989 Fax: (626) 582-7953

| DATE     | 02/21/2008                     |                 |                          |
|----------|--------------------------------|-----------------|--------------------------|
| PATIENT  | ROOKS, FLOREEN                 | DATE OF INJURY: | 11/10/2007               |
| EMPLOYER | D'Veal Family & Youth Services | SOC. SEC.#      | 130-38-8510              |
| CASE #   | 80283                          | CLAIM #         | 05170360/Yolanda Nielsen |

ability to communicate with my office; however, that appears to be erroneous since I am always available either by cellphone or in our office. If you deem it necessary to communicate with any review of service, I would be more than happy to do so. With respect to her right foot, it appears to be healing well and I am hopeful this will heal uneventfully. I would like to reexamine her in four weeks' time and I will continue her off of work until further progress is made.

Should there be any questions or concerns, please do not hesitate to contact me.

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge."

"I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I 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."

Sincerely Yours,

Thomas Saucedo, M.D. \_\_\_\_\_ DATE

Executed in the County of Los Angeles on 02/21/2008.

TS:pf/tj

# SCIF RECD DTE 02/16/2008 BKSCAN 3 02/16/2008 09:18 AM 018884 8 1

### Specialists

3144 Santa Anita Avenue, Module A El Monte, CA 91733

Phone: (626) 582-7989 Fax: (626) 582-7953

| DATE     | 12/20/2007                     |                  |                          |
|----------|--------------------------------|------------------|--------------------------|
| PATIENT  | ROOKS,FLOREEN                  | DATE OF INJURY : | 11/10/2007               |
| EMPLOYER | D'Veal Family & Youth Services | SOC. SEC.#       | 130-38-8510              |
| CASE #   | 80283                          | CLAIM #          | 05170360/Yolanda Nielsen |

12/20/2007

State Comp 92622 P.O. Box 92622 Los Angeles, CA 90009-2622

ATTN: Worker's Compensation Claims

| RE:             | ROOKS, FLOREEN  |                |
|-----------------|-----------------|----------------|
| Age & Sex:      | 58 & F          |                |
| Occupation:     | MARRIAGE FAMILY | THERAPIST      |
| Employer:       | D'VEAL FAMILY & | YOUTH SERVICES |
| Date of Injury: | 11/10/2007      |                |
| Date of Exam:   | 12/20/2007      |                |

ORTHOPEDIC SUPPLEMENTAL REPORT (PR-2)

Gentlemen:

As you are well aware, this patient has been under our care with a diagnosis of a fracture of her right fourth and fifth metatarsal. She has been using a Cam walker and indicates that her pain has steadily improved.

Patient has also complained of pain and discomfort of her left knee and her left ankle, which she indicates has been improving subjectively since her last visit.

PHYSICAL EXAMINATION:

RIGHT FOOT: There is evidence of mild tenderness. There is mild swelling. Motor and sensory function is intact distally.

LEFT KNEE: Reveals evidence of mild tenderness. There is no swelling. There is no spasm. No gross effusion is noted. No laxity is noted.

LEFT ANKLE: Reveals evidence of mild tenderness in the anterolateral aspect of the ankle. No swelling or spasm is noted. Motor and sensory function is intact distally.

RADIOGRAPHIC FINDINGS:

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X-rays of the right foot reveal evidence of a healing fourth and fifth metatarsal fracture, overall good position.

IMPRESSION:

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1. HEALING RIGHT FOURTH AND FIFTH METATARSAL FRACTURE.

- 2. LEFT KNEE SPRAIN.
- 3. LEFT ANKLE SPRAIN.

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DISCUSSION:

I will recommend that Ms. Rooks at this time continue off of work. I will encourage her to continue the use of a Cam walker to allow the fractures to heal. A knee immobilizer will be provided for her left knee and I will recommend that she weightbear as tolerated with the assistive devices. I will maintain her off of work and I would like to see her back

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Specialists

3144 Santa Anita Avenue. Module A El Monte, CA 91733

Phone: (626) 582-7989 Fax: (626) 582-7953

| DATE     | 12/20/2007                     |                  |                          |
|----------|--------------------------------|------------------|--------------------------|
| PATIENT  | ROOKS, FLOREEN                 | DATE OF INJURY : | 11/10/2007               |
| EMPLOYER | D'Veal Family & Youth Services | SOC. SEC.#       | 130-38-8510              |
| CASE #   | 80283                          | CLAIM #          | 05170360/Yolanda Nielsen |

for follow-up in four weeks' time, at which time x-rays will be taken to assess the healing fractures.

Should there be any questions or concerns, please do not hesitate to contact me.

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge."

"I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I 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."

Sincerely Yours,

Thomas Saucedo, M.D. \_\_\_\_\_\_ DATE

Executed in the County of Los Angeles on 12/20/2007.

TS:pf/tj

| -43-2008 10:07                                                                                  | H-F                                                |                                                                                    |                | 6263621728    |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------------|----------------|---------------|
|                                                                                                 | <u> </u>                                           |                                                                                    | Heal           | lthCare       |
| Name: ROOKS,FLOR<br>DOB : 08/20/1949                                                            |                                                    |                                                                                    |                | TNERS         |
| SS# 130-38-8510<br>MRN : 32-295496                                                              | Case 80283                                         |                                                                                    | Occupational   |               |
|                                                                                                 | -lo-T                                              |                                                                                    | REFER          | RAL SLII      |
| Requested by:                                                                                   | ladicy II I<br>Weitzel, PA-C                       | h. Wilson<br>A                                                                     | IC of Request; | 17/08         |
| Employer:                                                                                       | 2alfam                                             | 14 A Youth The                                                                     | lephone:       |               |
| Guarantor:                                                                                      |                                                    | Te                                                                                 | lephone;       |               |
| Contact/Adjuster                                                                                |                                                    | Cl                                                                                 | ain. #:        | • بري الافادة |
| Critho Hand Surg. MRI: C1-T] Head CT (no contrast) Psych Gen. Surg Bvaluation ONLY DIAGNOSIS: ] | □ L2 - S1<br>□ Bone Scan - Loca<br>□ Ophthal.<br>□ | EMG Only EMG &<br>Since - Left Right<br>tron:<br>Dentist<br>Evaluation and Treatme | Shoulder -     |               |
| 2)                                                                                              |                                                    |                                                                                    |                |               |
| 3)<br>REASON FOR REQUES                                                                         | T                                                  | Cu                                                                                 |                |               |
|                                                                                                 |                                                    | ¥ 5-                                                                               | 1              | ······        |
| ACTIVITY:<br>Date                                                                               | Comments:                                          | CUME NR                                                                            | LOCALINI       | RECEI         |
| 1 <sup>sr</sup> call                                                                            |                                                    |                                                                                    |                | GLENDA        |
| 2 <sup>107</sup> call                                                                           | . <u></u>                                          |                                                                                    |                | an ULLIND     |
| 3 <sup>sp</sup> call                                                                            |                                                    | <u></u>                                                                            |                |               |
| 4 <sup>TH</sup> call                                                                            |                                                    |                                                                                    |                |               |
| 5 <sup>TH</sup> call                                                                            |                                                    |                                                                                    |                |               |
| 6 <sup>1H</sup> call                                                                            |                                                    |                                                                                    | 1              |               |
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| Authorized by:                                                                                  |                                                    | Date Au                                                                            | thorized:      |               |

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SCIF RECD DTE 02/08/2008 BKSCAN 4 02/08/2008 12:23 PM 017415 17 2 FEB-05-2008 16:07 HCP 6265827928 P. 83 Specialists 3144 Santa Anita Avenue, Module A El Monte, CA 91733 Ş Phone; (626) 582-7989 Fax (626) 582-7953 DATE 01/17/2008 į. PATIENT ROOKS, FLOREEN DATE OF INJURY : 11/10/2007 H D'Veal Family & Youth Services EMPLOYER SOC. SEC.# 130-38-8510 ž CASE # 80283 CLAIM # 05170360/Yolanda Nielsen 01/17/2008 State Comp 92622 P.O. Box 92622 Los Angeles, CA 90005-2622 ATTN: Worker's Compensation Claims ROOKS, FLOREEN RE: Or Kar A Age & Sex: 58 & F Occupation: MARRIAGE FAMILY THERAPIST D'VEAL FAMILY & YOUTH SERVICES Employer: POISE OF MI Date of Injury: 11/10/2007 Date of Exam: 01/17/2008 ៅ ខេត្តកណ្តុះស្ត ORTHOPEDIC SUPPLEMENTAL REPORT (PR-2) the courter Gentlemen: As you are well aware, this patient has sustained a fracture of her right fourth and fifth metatarsals. She also has an injury to her left knee as well as her left ankle. She indicates that her right foot pain has steadily improved; however, she complains of pain aspecially of her left knee with swelling and effusion of the knee, difficulty with squatting, kneeling and climbing activities. She also complains of soreness of her left ankle. PHYSICAL EXAMINATION: There is evidence of tenderness over the dorsal aspect of the fourth and fifth RIGHT FOOT L metatarsal. Minimal swelling is noted. Motor and sensory function is intact distally. LEFT KNEE: Reveals evidence of notable swelling. There is a small effusion, medial joint line tenderness. She flexes the knee from 0 to 110 degrees with noticeable pain and discomfort. Positive McMurray's sign. Positive Apley's sign is noted. LEFT ANKLE: Reveals evidence of mildly diffuse medial and lateral malleolar area swelling. Motor and sensory function is intact distally. RADIOGRAPHIC FINDINGS: X-rays of the right foot reveal evidence of a healing fourth and fifth metatarsal fracture with notable present callus formation. IMPRESSION: RECEIVED 1. HEALING RIGHT FOURTH AND FIFTH METATARSAL FRACTURE. 2. LEFT KNEE INTERNAL DERANGEMENT. FEB 0 5 2008 LEFT ANKLE SPRAIN. з. , ¥. DISCUSSION: B appear to be At this time, it is quite apparent that Ms. Rooks' right foot fractures healing quite well. I will recommend that we continue conservative measures utilizing the Cam walker to allow the fractures to heal. She will be given an appointment for four weeks, at which time x-rays will be repeated to assess the healing fracture consolidation.

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| FEB-05-2008 16:07 HCP                                                                                                                       |                                                                                                                                                                        |  |  |  |  |  |
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|                                                                                                                                             | 6265827928 P.Ø4<br>Specialists                                                                                                                                         |  |  |  |  |  |
|                                                                                                                                             | Santa Anita Avenue. Module A<br>El Monte, CA 91733                                                                                                                     |  |  |  |  |  |
| Phone: (620                                                                                                                                 | 8) 582-7989 Fax: (826) 582-7953                                                                                                                                        |  |  |  |  |  |
| DATE 01/17/2008                                                                                                                             |                                                                                                                                                                        |  |  |  |  |  |
| PATIENT ROOKS, FLOREEN<br>EMPLOYER D'Veal Family & Youth Service                                                                            |                                                                                                                                                                        |  |  |  |  |  |
| CASE # 80283                                                                                                                                | CLAIM # 05170360/Yolanda Nielsen                                                                                                                                       |  |  |  |  |  |
| findings consistent with a possible c                                                                                                       | is notable swelling and effusion of her left knee and<br>cartilage or meniscal tear; therefore, an MRI of the<br>red at this point in time. I will continue her off of |  |  |  |  |  |
| With respect to her left ankle, I wil<br>program, continue use of Tylenol for<br>follow-up in four weeks' time to asse                      | ll recommend she continue on an aggressive exercise<br>pain and discomfort, and I will see her back for<br>ess her progress.                                           |  |  |  |  |  |
| -                                                                                                                                           | cerns, please do not hesitate to contact me.                                                                                                                           |  |  |  |  |  |
| "I have not violated Labor Code Section 139.3 and the contents of the report and bill are<br>true and correct to the best of my knowledge." |                                                                                                                                                                        |  |  |  |  |  |
| to information that I have indicated declare under penalty of perjury that                                                                  | rect to the best of my knowledge and belief, except as<br>I received from others. As to that information, I<br>the information accurately describes the information    |  |  |  |  |  |
| provided to me and, except as noted in<br>Sincerely Yours,                                                                                  | perein, that I believe it to be true."                                                                                                                                 |  |  |  |  |  |
|                                                                                                                                             | perein, that I believe it to be true."                                                                                                                                 |  |  |  |  |  |
|                                                                                                                                             | nerein, that I believe it to be true."                                                                                                                                 |  |  |  |  |  |
| Sincerely Yours,<br>Thomas Saucedo, M.D.                                                                                                    |                                                                                                                                                                        |  |  |  |  |  |
| Sincerely Yours,<br>Thomas Saucedo, M.D<br>DATE                                                                                             |                                                                                                                                                                        |  |  |  |  |  |
| Sincerely Yours,<br>Thomas Saucedo, M.D.<br>DATE<br>Executed in the County of Los Angeles                                                   | on 01/17/2008.                                                                                                                                                         |  |  |  |  |  |
| Sincerely Yours,<br>Thomas Saucedo, M.D.<br>DATE<br>Executed in the County of Los Angeles                                                   |                                                                                                                                                                        |  |  |  |  |  |
| Sincerely Yours,<br>Thomas Saucedo, M.D.<br>DATE<br>Executed in the County of Los Angeles<br>TS:pf/tj                                       |                                                                                                                                                                        |  |  |  |  |  |
| Sincerely Yours,<br>Thomas Saucedo, M.D.<br>DATE<br>Executed in the County of Los Angeles<br>TS:pf/tj                                       | on 01/17/2008.                                                                                                                                                         |  |  |  |  |  |
| Sincerely Yours,<br>Thomas Saucedo, M.D.<br>DATE<br>Executed in the County of Los Angeles<br>TS:pf/tj                                       | OF OTAL REC'D<br>PCUR QUALITY                                                                                                                                          |  |  |  |  |  |
| Sincerely Yours,<br>Thomas Saucedo, M.D.<br>DATE<br>Executed in the County of Los Angeles<br>TS:pf/tj                                       | TO DI/17/2008.                                                                                                                                                         |  |  |  |  |  |
| Sincerely Yours,<br>Thomas Saucedo, M.D.<br>DATE<br>Executed in the County of Los Angeles<br>TS:pf/tj                                       | OF OTAL REC'D<br>PCUR QUALITY                                                                                                                                          |  |  |  |  |  |
| Sincerely Yours,<br>Thomas Saucedo, M.D.<br>DATE<br>Executed in the County of Los Angeles<br>TS:pf/tj                                       | TO DI/17/2008.                                                                                                                                                         |  |  |  |  |  |
| Sincerely Yours,<br>Thomas Saucedo, M.D.<br>DATE<br>Executed in the County of Los Angeles<br>TS:pf/tj                                       | TO DI/17/2008.                                                                                                                                                         |  |  |  |  |  |
| Sincerely Yours,<br>Thomas Saucedo, M.D.<br>DATE<br>Executed in the County of Los Angeles<br>TS:pf/tj                                       | TO DI/17/2008.                                                                                                                                                         |  |  |  |  |  |
| Sincerely Yours,<br>Thomas Saucedo, M.D.<br>DATE<br>Executed in the County of Los Angeles<br>TS:pf/tj                                       | TO DI/17/2008.                                                                                                                                                         |  |  |  |  |  |

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| DEC-04-2007 15:09 HCP                                                                                                                                                                                                     | 6265827928 P. 02×04                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Name: ROOKS,FLOREEN<br>DOB : 05/20/1949<br>SS# : 130-38-8510<br>MRN : 32-295496 Case 80263                                                                                                                                | 170360<br>Cocupational Medical Care                               |
| DOI: 11/10/07                                                                                                                                                                                                             | REFERRAL SLIP                                                     |
| Requested by: A Dr/Hadley<br>Dave Weitzol, P/<br>Other:                                                                                                                                                                   | Dr. Wilson<br>C Date of Request:                                  |
| Employer:                                                                                                                                                                                                                 | 07 millio 20 pm/ - 10<br>Telephone:                               |
| Guarantor:                                                                                                                                                                                                                | Telephone:                                                        |
| Contact/Adjuster:                                                                                                                                                                                                         | Claim #:                                                          |
| JEFERRED TO:         II] Ortho       Hand Surg.       INCV         MRI:       III       IIII         Head CT (no contrast)       II Bonc         Psych       III Gen. Surg       Ophth         IIII       Bvaluation ONLY |                                                                   |
| DIAGNOSIS                                                                                                                                                                                                                 | SCIF-                                                             |
| 1) North                                                                                                                                                                                                                  | (F) [ OU ]                                                        |
| 2) man                                                                                                                                                                                                                    | Worke Ha GLENDAL                                                  |
| REASON FOR BEQUEST.                                                                                                                                                                                                       | scherfran Angolala J.                                             |
| ACTIVITY:<br>                                                                                                                                                                                                             | Intronts:                                                         |
| 1 <sup>57</sup> call                                                                                                                                                                                                      |                                                                   |
| 2 <sup>ND</sup> call                                                                                                                                                                                                      |                                                                   |
| 3 <sup>xD</sup> call                                                                                                                                                                                                      |                                                                   |
| 4 <sup>TR</sup> call                                                                                                                                                                                                      |                                                                   |
| s <sup>TB</sup> call                                                                                                                                                                                                      |                                                                   |
| 6 <sup>TR</sup> call                                                                                                                                                                                                      | Yolunda Nelsur                                                    |
| Authorized by:                                                                                                                                                                                                            | Date Authorized: X_162.                                           |
| Referred to:                                                                                                                                                                                                              | Appt Datc & Time:                                                 |
| MGO-FD-014 (202) WHI                                                                                                                                                                                                      | U/L 818550671<br>TE - Patjant Charr CANARY - Referred Coordinator |

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|---------------|------------|---|--------------|------|-----|----------|------|----|----|---|
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| 72007 16:12 HCP                                                      | 626 <b>5</b> 827928 P. 82               |
|----------------------------------------------------------------------|-----------------------------------------|
| Ime: ROOKS,FLOREEN<br>BB : 06/20/1949                                | HealthCare                              |
| # 130-38-8510 USI (US 6U                                             | MEDICAL GROUP                           |
| RN : 32-295495 Case 80283                                            | Occupational Medical Care               |
|                                                                      | -                                       |
| DOI 11/10/07                                                         | REFERRAL SLIP                           |
| Requested by: A Dr/Hadley Dr. Wilson<br>Dave Weitzel, PA-C           | Date of Request:                        |
| Employer;                                                            | 07 NOV 20 PH1:03                        |
| Gmarantor:                                                           | Transmission                            |
| Contact/Adjuster:                                                    | CHIGINAL RECID                          |
|                                                                      | UUN QUALITY                             |
| BRFRRRD TO:<br>Al Ontho 🗂 Hand Surg. 🗔 NCV Only 🔲 EMG Only 🗔         | IEMOSTICW Diseno Si Denn Diesor         |
| MRI: CI - TI I L2 - SI I Knee - Left                                 | Right F. F. Shoulder - Left -11 Hight   |
| Psych      Ga. Surg     Ophthal     Ophthal     Ophthal              |                                         |
| Evaluation ONLY                                                      | Treatment                               |
| DIAGNOSIST norture (R)FOU                                            | ]                                       |
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| REASON FOR BEQUEST. Dellicha                                         | - Orgalalad J.                          |
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| y .                                                                  |                                         |
| ACTIVITY:<br>Date Comments:                                          |                                         |
| 1 <sup>27</sup> cell                                                 |                                         |
| 2 <sup>ND</sup> call                                                 |                                         |
| 3 <sup>25</sup> coll                                                 | · · · · · · · · · · · · · · · · · · ·   |
|                                                                      |                                         |
| 4 <sup>TR</sup> (s)]                                                 |                                         |
|                                                                      |                                         |
| 4 <sup>TH</sup>                                                      | 707.646.2609 \$                         |
| 4 <sup>TH</sup>                                                      | 707.646.2609 F<br>Molunda Nulso         |
| 4 <sup>TH</sup> ــــــــــــــــــــــــــــــــــــ                 | Molanda Nielson<br>Date Authorizad:X_76 |
| 4 <sup>TR</sup> csii<br>5 <sup>DR</sup> cali<br>6 <sup>TY</sup> csii | Molanda Nielson<br>Date Authorized:X76  |

SCIF RECD DTE 12/29/2007 BKSCAN 7 12/29/2007 01:00 PM 025655 10 2

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## Specialists 3144 Santa Anita Avenue. Module A El Monte, CA 91733

Phone: (626) 582-7989 Fax: (626) 582-7953

| DATE     | 12/20/2007                     |                 |                          |
|----------|--------------------------------|-----------------|--------------------------|
| PATIENT  | ROOKS, FLOREEN                 | DATE OF INJURY: | 11/10/2007               |
| EMPLOYER | D'Veal Family & Youth Services | SOC. SEC.#      | 130-38-8510              |
| CASE #   | 80283                          | CLAIM #         | 05170360/Yolanda Nielsen |

12/20/2007

State Comp 92622 P.O. Box 92622 Los Angeles, CA 90009-2622

ATTN: Worker's Compensation Claims

| RE:             | ROOKS, FLOREEN                 |
|-----------------|--------------------------------|
| Age & Sex:      | 58 & F                         |
| Occupation:     | MARRIAGE FAMILY THERAPIST      |
| Employer:       | D'VEAL FAMILY & YOUTH SERVICES |
| Date of Injury: | 11/10/2007                     |
| Date of Exam:   | 12/20/2007                     |

ORTHOPEDIC SUPPLEMENTAL REPORT (PR-2)

Gentlemen:

As you are well aware, this patient has been under our care with a diagnosis of a fracture of her right fourth and fifth metatarsal. She has been using a Cam walker and indicates that her pain has steadily improved.

Patient has also complained of pain and discomfort of her left knee and her left ankle, which she indicates has been improving subjectively since her last visit.

### PHYSICAL EXAMINATION:

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RIGHT FOOT: There is evidence of mild tenderness. There is mild swelling. Motor and sensory function is intact distally.

LEFT KNEE: Reveals evidence of mild tenderness. There is no swelling. There is no spasm. No gross effusion is noted. No laxity is noted.

LEFT ANKLE: Reveals evidence of mild tenderness in the anterolateral aspect of the ankle. No swelling or spasm is noted. Motor and sensory function is intact distally.

# RADIOGRAPHIC FINDINGS:

X-rays of the right foot reveal evidence of a healing fourth and fifth metatarsal fracture, overall good position.

## IMPRESSION:

- -----
- 1. HEALING RIGHT FOURTH AND FIFTH METATARSAL FRACTURE.
- 2. LEFT KNEE SPRAIN.
- 3. LEFT ANKLE SPRAIN.

#### DISCUSSION:

I will recommend that Ms. Rooks at this time continue off of work. I will encourage her to continue the use of a Cam walker to allow the fractures to heal. A knee immobilizer will

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SCIF RECD DTE 12/29/2007 BKSCAN 7 12/29/2007 01:00 PM 025655 10 3

Specialists 3144 Santa Anita Avenue, Module A El Monte, CA 91733

Phone: (626) 582-7989 Fax: (626) 582-7953

| DATE     | 12/20/2007                     |                 |                          |
|----------|--------------------------------|-----------------|--------------------------|
| PATIENT  | ROOKS,FLOREEN                  | DATE OF INJURY: | 11/10/2007               |
| EMPLOYER | D'Veal Family & Youlh Services | SOC. SEC.#      | 130-38-8510              |
| CASE #   | 80283                          | CLAIM #         | 05170360/Yolanda Nielsen |

be provided for her left knee and I will recommend that she weightbear as tolerated with the assistive devices. I will maintain her off of work and I would like to see her back for follow-up in four weeks' time, at which time x-rays will be taken to assess the healing fractures.

Should there be any questions or concerns, please do not hesitate to contact me.

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge."

"I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I 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."

Sincerely Yours,

Thomas Saucedo, M.D.

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DATE

Executed in the County of Los Angeles on 12/20/2007.

TS:pf/tj

05170360

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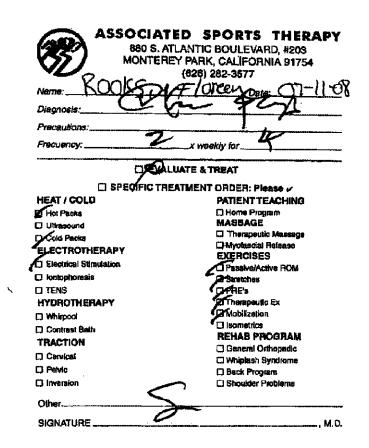
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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 비학me: ROOKS,FLOREEN<br>'OB : 06/20/1949                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | HealthCare                                                                                          |
| S# : 130-38-8510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PARTNERS                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MEOICAL OROUP                                                                                       |
| nn - 32-295496 Case 80283                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Occupational Medical Care                                                                           |
| DOI: 11/10/07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | REFERRAL SLIP                                                                                       |
| Requested by: A Dr/Hadley Dr. Wilso<br>Dave Weitzel, PA-C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date of Request:                                                                                    |
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| Employer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     |
| Guarantor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Telephone:                                                                                          |
| Contact/Adjuster:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Claim #:                                                                                            |
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| $\bigwedge$ Ortho $\square$ Hand Surg. $\square$ NCV Only $\square$ EMG O<br>MRI: $\square$ Cl - Tl $\square$ L2 - Sl $\square$ Knee - J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Daly       EMG & NCV       Neuro       Derm.       ENT         LeftRight       Shoulder - LeftRight |
| ` 🗆 Head CT (no contrast) 👘 🗖 Bone Sean - Location:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |
| □ Psych □ Gen. Surg □ Ophthal. □ Dentist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Other                                                                                               |
| Evaluation ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ion and Treatment                                                                                   |
| DIAGNOSIST OF THE OF THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | - unt                                                                                               |
| 1) North (F)F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 00]                                                                                                 |
| 2) Sman (L) Bul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 10,0                                                                                                |
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| 3) (Maran (L) M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |
| Dedy 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | a Angolalad V.                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | a Angolalad y.                                                                                      |
| Dedy 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | a Angololad J.                                                                                      |
| REASON FOR BEQUEST: Coductor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | a Angololad y.                                                                                      |
| REASON FOR BEQUEST: Collector                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | a Angololad J.                                                                                      |
| REASON FOR REQUEST: Contractor<br>ACTIVITY:<br>Date Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | a Angololad y.                                                                                      |
| REASON FOR BEQUEST: Collector                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | a Dryslolad J.                                                                                      |
| REASON FOR REQUEST: Contraction<br>ACTIVITY:<br>Date Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | a Angololad y.                                                                                      |
| REASON FOR REQUEST: Contractor<br>ACTIVITY: Date Comments:<br>1 <sup>ST</sup> call                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | a Angololal Y.                                                                                      |
| REASON FOR REQUEST:       Contraction         ACTIVITY:       Date         Comments:       1 <sup>ST</sup> call         2 <sup>ND</sup> call                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | a Angololal Y.                                                                                      |
| REASON FOR REQUEST:         ACTIVITY:         Comments:         1 <sup>SY</sup> call                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | a Dryslold y.                                                                                       |
| REASON FOR REQUEST: Control         ACTIVITY:         Date         Comments:         1 <sup>SY</sup> call                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | a Angololal Y.<br>                                                                                  |
| REASON FOR BEQUEST: Mail Coll         ACTIVITY:         Date       Comments:         1 <sup>SY</sup> call                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | - Angololad J.<br>                                                                                  |
| REASON FOR REQUEST: Main and the formula of the fore | Yolunda Nels                                                                                        |
| REASON FOR REQUEST: Collection         ACTIVITY:         Date       Comments:         1 <sup>SY</sup> call                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date Authorized: X                                                                                  |

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LOS ANGELES CLAIMS

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| SCIF RECD DTE 03/07/2008 BK                                                                                                                                                                                                                             | CSCAN 12 03/07/2008 03:01 PM 025665 12 1                                                                                                                                                 |         |
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| -05-2008 16:43 HCP                                                                                                                                                                                                                                      | 6265827928 P.02                                                                                                                                                                          |         |
|                                                                                                                                                                                                                                                         | UNE DOCUMENT HealthCare P. 02                                                                                                                                                            |         |
| Name: ROOKS, FLOREEN                                                                                                                                                                                                                                    | ) Tealtricare                                                                                                                                                                            |         |
| DOB : 06/20/1949<br>SS# : 130-38-8510                                                                                                                                                                                                                   |                                                                                                                                                                                          |         |
| MRN : 32-295496 Case 80283                                                                                                                                                                                                                              | MEDICAL GROUP                                                                                                                                                                            |         |
|                                                                                                                                                                                                                                                         |                                                                                                                                                                                          |         |
| DOI 11/10/07                                                                                                                                                                                                                                            | SCAN REFERRAL SLIP                                                                                                                                                                       |         |
| T Dave Weinet DA C                                                                                                                                                                                                                                      | Dr. Wilson Date of Request: $212108$                                                                                                                                                     |         |
| Employer: MURAL Frink                                                                                                                                                                                                                                   | Telephone:                                                                                                                                                                               | VE      |
| Gearantor:                                                                                                                                                                                                                                              | Telephone:                                                                                                                                                                               | - 1009  |
| Contact/Adjuster:                                                                                                                                                                                                                                       | Claim #: MAK U                                                                                                                                                                           | ) 200   |
|                                                                                                                                                                                                                                                         | th GLEND                                                                                                                                                                                 | ALE     |
| REFERRED TO:                                                                                                                                                                                                                                            | LEMG Only CEMG & NCY C Neuro C Derm. CENT                                                                                                                                                |         |
|                                                                                                                                                                                                                                                         | LEnce - Left Right D Shouider - Left Right                                                                                                                                               |         |
| Head CT (no contrast) Bonc Scan - Locat<br>Psych C Gen Surg C Ophthal.                                                                                                                                                                                  | Dentist                                                                                                                                                                                  |         |
|                                                                                                                                                                                                                                                         |                                                                                                                                                                                          |         |
| Evaluation ONLY                                                                                                                                                                                                                                         | Evaluation and Treatment                                                                                                                                                                 |         |
| Evaluation ONLY     DIAGNOSIS: 1)                                                                                                                                                                                                                       |                                                                                                                                                                                          |         |
| DIAGNOSIS:                                                                                                                                                                                                                                              | Evaluation and Treatment                                                                                                                                                                 |         |
| DIAGNOSIS:<br>1)                                                                                                                                                                                                                                        |                                                                                                                                                                                          |         |
| DIAGNOSIS:<br>1)<br>2)                                                                                                                                                                                                                                  | Evaluation and Treatment<br>Cl AxD 2-29-08 Record<br>CATHY SELLITTO                                                                                                                      | аў.     |
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| DLAGNOSIS:         1)         2)         3)                                                                                                                                                                                                             | Evaluation and Treatment<br>CP AXD 2-29-08 Recon<br>CATHY SELLITTO<br>MAR 0 5 2008                                                                                                       | ينه     |
| DIAGNOSIS:<br>1)<br>2)<br>3)<br>REASON FOR REQUEST:<br>ACTIVITY:                                                                                                                                                                                        | Evaluation and Treatment<br>Cl AxD 2-29-08 Record<br>CATHY SELLITTO                                                                                                                      | مۇ      |
| DIAGNOSIS:<br>1)<br>2)<br>3)<br>REASON FOR REQUEST:                                                                                                                                                                                                     | Evaluation and Treatment<br>CP AXD 2-29-08 Recon<br>CATHY SELLITTO<br>MAR 0 5 2008                                                                                                       | ચં      |
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| DIAGNOSIS:         1)         2)         3)         3)         REASON FOR REQUEST:                                                                                                                                                                      | Evaluation and Treatment<br>CP AXD 2-29-08 Recon<br>CATHY SELLITTO<br>MAR 0 5 2008                                                                                                       | ч<br>Þ  |
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| SCIF RE                                                                                             | CD DTE 03/07/200                                                 | 08 BKSCAN                      | 12 03/07/2008 03:01                       | . PM 025665                                               | 12 2                |
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| MAR-05-2008 16                                                                                      | 5:43 HCP                                                         |                                |                                           | 6265827928                                                | P.03                |
|                                                                                                     | 314                                                              | Speciali:<br>4 Santa Anita Ave | nue. Module A                             |                                                           |                     |
|                                                                                                     |                                                                  | ∃ Monte, CA                    | 91733                                     |                                                           |                     |
|                                                                                                     | Phone:                                                           | (626) 582-7 <b>989</b> Fa      | ax: (626) 582-7953                        |                                                           |                     |
| DATE<br>PATIENT<br>EMPLOYER<br>CASE #                                                               | 02/21/2008<br>ROOKS,FLOREEN<br>D'Veni Family & Youth Se<br>80283 | Nices                          | DATE OF INJURY :<br>SOC. SEC.#<br>CLAIM # | 11/10/2007<br>130-38-8510<br>05170360/Yolanda             | i Nielsen           |
| 02/21/2008<br>State Comp 92522<br>P.O. Box 92622                                                    | 2                                                                |                                | CATI                                      | Cl wid I<br>HY SELLITTO                                   | 239-08              |
| Los Angeles, CA                                                                                     | 90009-2622                                                       |                                | MA                                        | NR 0 6 2008                                               |                     |
| ATTN: Worker's<br>RE:<br>Age & Sex:<br>Occupation:<br>Employer:<br>Date of Injury:<br>Date of Exam: | 02/21/2008                                                       | HERAPIST<br>DUTH SERVICES      | bå GL                                     | ENDALE LOC.<br>A E C E I V F<br>MAR 0 5 20<br>Bit GLENDAL | = D<br>08<br>E LOC. |
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#### Gentleman:

As you are well aware, this patient has sustained a fracture of her right foot consistent with a fracture of the fourth and fifth metatarsals. She also has sustained a left ankle sprain and a left knee injury, and most recently her left knee pein has steadily gotten worse. This has progressively gotten worse and it appears that as a result of favoring her right lower extremity and putting all of the weight on her contralateral extremity, the pain has steadily gotten worse as a result of the initial injury as well as the underlying degenerative ost=carthritic changes from which the patient already suffers.

#### PHYSICAL EXAMINATION:

RICHT FOOT: There is evidence of mild tenderness. There is mild swelling. Motor and sensory function is intact distally.

LEFT KNEE: Reveals evidence of medial joint line tenderness. There is notable swelling. There is notable effusion. Positive grind sign. Fositive Apley sign. Fositive McMurray's sign.

#### RADIDGRAPHIC FINDINGS: ----

X-rays of the right foot reveal evidence of a healing fourth and fifth metatarsal fracture.

IMPRESSION:

----

1. HEALING RIGHT FOURTH AND FIFTH METATARSAL FRACTURE. 2. LEFT KNEE INTERNAL DERANGEMENT.

#### DISCUSSION:

It appears quite evident that this patient has developed an increased level of pain and discomfort of her left knee as a result of favoring her right lower extremity. She initially incurred the injury of the left knee as well; however, it was certainly not as painful as it is now. I will recommend that an MRI of the left knee be ordered at the soonest possible time, although this apparently has already been denied due to lack of the ability to communicate with my office; however, that appears to be erroneous since I am always available either by cellphone or in our office. If you deem it necessary to communicate with any review of service, I would be more than happy to do so. With respect 05170360

# SCIF RECD DTE 03/07/2008 BKSCAN 12 03/07/2008 03:01 PM 025665 12 3

P. 74

6265827928

MAR-05-2008 16:43 HCP

Specialists 3144 Santa Anita Avenue, Module A El Monte, CA 91733

Phone: (626) 582-7989 Fax: (626) 582-7953

| DATE<br>PATIENT | 02/21/2008<br>ROOKS,FLOREEN    | DATE OF INJURY: | 11/10/2007               |
|-----------------|--------------------------------|-----------------|--------------------------|
| EMPLOYER        | D'Veal Family & Youth Services | SOC. SEC.#      | 130-38-8510              |
| CASE#           | 80283                          | CLAIM #         | 05170360/Yolanda Nielsen |

to her right foot, it appears to be healing well and I am hopeful this will heal uneventfully. I would like to reexamine her in four weeks' time and I will continue her off of work until further progress is made.

Should there be any questions or concerns, please do not hesitate to contact me.

"I have not violated Labor Code Section 139.3 and the contents of the report end bill are true and correct to the best of my knowledge."

"I declare under penalty of parjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I 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."

Sincerely Yours,

Thomas Saucedo, M.D.

Executed in the County of Los Angeles on 02/21/2008.

TS:pf/tj

095N/ TGN

TOTAL P.04

| SCIF RECD DT                                                                                                                                                                     | 03/07/2008                                                                                                 |                                                                     | 292/72                                                       | (20085 <sup>83:0</sup>                                                         |                                                       |                 | 1                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------|-----------------|---------------------------|
| -05-2008 16:42                                                                                                                                                                   | HCP                                                                                                        |                                                                     |                                                              |                                                                                | 6265827                                               | 928 P.Ø         | 1                         |
| Fax Transm                                                                                                                                                                       | nittal                                                                                                     |                                                                     |                                                              |                                                                                | Hea<br>P A R                                          | thCar           | 23                        |
| DATE: 3/5<br>10: UR 5                                                                                                                                                            | los<br>Dept                                                                                                |                                                                     | FROM: _                                                      | SG<br>Ana<br>626)5                                                             | AN<br>Gome<br>82-79                                   | MAR             | EIVE<br>05 2008<br>NDALEL |
| FAX #: 818.5                                                                                                                                                                     | 50.670                                                                                                     | 1                                                                   | FAX #: (                                                     | 626).5                                                                         | 82-79                                                 | 28 E            | FR SC                     |
| TOTAL # OF PAGES<br>IF YOU DO NOT RE<br>CONTACT OUR OF                                                                                                                           | CEIVE THE NUM                                                                                              | MBER OF                                                             | SHEETS                                                       | INDICATED                                                                      | ABOVE, P                                              | LEASE           | ię.                       |
| COMMENTS:                                                                                                                                                                        |                                                                                                            |                                                                     | re:<br>C                                                     | Prook                                                                          | 6 FI<br>7517                                          | 036(            |                           |
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| CONFIDENTIAL TF<br>The information in this face<br>information. This facesimile<br>received this facesimile in er<br>copies of this message and<br>not limited to, the Health Ju | limBe, including attachn<br>Is intended to be review<br>ror picese notify Health<br>any attachments. Confl | nents, may be<br>yed only by th<br>Care Partners<br>idential health | confidential<br>e individual o<br>immediately<br>information | and/or privileged<br>r organization na<br>- by phone numi<br>is protected by a | med as addres.<br>Set of the sense<br>tate and federa | see. If you hav |                           |
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| DOII:       Dr. Hadiey       Dr. Wilson       Date of Request:       Dity of the construction of th | SCIF RECD DTE 02/28<br>5-2008 14:56 H | 72008 BKSCAN 12 02/ | /28/2008 09:04 AM 025392 16 2<br>6265827928 |
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| DOB:       662014949         SSR       130-38-8510         MRN:       32-295496         Case       80283         DOI:       MRN:         Bool:       Bool:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ,                                     |                     |                                             |
| DOE: ::02/201949         SS# ::30:38-8510         MRN ::32:295496       Case ::0283         DOI:       Case ::0283         DOI:       Case ::0283         DOI:       Case ::0283         DOI:       Case ::0283         Cocupational Medical Case         Requested by:       Dr. Halley         Date of Request:       Date of Request:         Contact/Adjuster:       Claim #:         Phych       Gen. Surg       Optichal         Date       Optichal       Dentist         Diate       Comments:       Comments:         1 <sup>17</sup> call       Cate       Comments:         1 <sup>27</sup> call       Comments:       Comments:         1 <sup>276</sup> call       Comments:       Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Name: ROOKS,FLOREEN                   | -                   | <i>E</i> HealthCare                         |
| MRN: : 32-295496       Case S0283       Occupational Medical C.         DOI:       MRN: : 32-295496       Case S0283       Occupational Medical C.         Requested by:       Dr. Hadley       Dr. Wilson       Date of Request:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                     |                                             |
| MRN : 32-296496       Case 80283       Occupational Medical CA         DOI:       RefERRAL SL         Requested by:       Dr. Hadley       Dr. Witson         Bave Weizel, PA, C       Date of Request.       Dit (0)         Contact/Adjuster:       Claim #:       Claim #:         Contact/Adjuster:       Claim #:       Shoulder - Left, Right, Right, Contact/Adjuster:         Contact/Adjuster:       Claim #:       Shoulder - Left, Right, Contact/Adjuster - Left, Right, Contact, Right, Right, Co                                                                                                                                                                                                                                              | SS# 130-38-8510                       |                     | FARINENS                                    |
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| DOI:       Dr. Hiadley       Dr. Wilson       Date of Request:       Difference         Requested by:       Dr. Wilson       Date of Request:       Difference         Contact/Adjuster:       Telephone:       Telephone:       Contact/Adjuster:         Contact/Adjuster:       Claim #:       Claim #:       Claim #:         REFERED TO:       Date of Request:       Definition       Definition         Partho       Hand Sug.       DNCV Only       EMG Only       EMG & NCV       Neuro       Derm.       DENT         Main       Claim #:       Shoulder - Left       Right       Shoulder - Left       Right         Filed Cf fue contrast)       Boue Scan - Location:       Other       Shoulder - Left       Right         Psych       Gen. Surg       Ophthal       Dentist       Other       Contact - Left       Right         Bvaluation ONLY       Evaluation and Treatment       DIAGNOSIS:       I)       R E C E i v E i       I)         ACTIVITY:       Date       Comments:       Idt GLENDALE L         ACTIVITY:       Date       Comments:       Iff call       Iff call       Iff call       Iff call         3 <sup>10</sup> call       Comments:       Iff call       Iff call       Iff call       Iff call                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |                     | Occupational Medical Car                    |
| Dave Weizel, PA-C Date of Request:   Other: Part of Request:   Contact/Adjuster: Telephone:   Contact/Adjuster: Claim #:     Contact/Adjuster: Shoulder - Left, Right, Right, Shoulder - Left, Right, Cother     Payoh Gen. Surg   Ophthal Destine:   Diagon on DNLY Evaluation and Treatment   Diagon on FEB 2 5 2002   Solf - Sa   Active: Contact:   If a C E I VE I   Active: Contact:   If a C E I VE I   Dia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DOI: 11/10/                           | 17                  | REFERRAL SLI                                |
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| Contact/Adjuster:       Claim #:         REFEREED TO:       Other         Outsch/Adjuster:       NCV Only         Experimentation       EMG Only         Base       Emet         Base       Contract/Adjuster         Base       Claim #:         Base       Claim #:         Base       Claim #:         Base       Claim #:         Base       Ophthal         Dentist       Other         Base       Example                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Employer: MUGA                        | l frinkly           | Telephone:                                  |
| REFERRED TO:       Only       EMG Only       EMG & NCV       Neuro       Derm.       ENT         MRI:       C1-T1       L2-S1       XRace-Left       Right       Shoulder-Left       Right         I Head CT (no contrast)       Bone Scan - Location:       Dentist       Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Guarantor:                            | <u> </u>            | Telephone:                                  |
| Outho Hand Surg.   MET C1-T1   L2-S1 Knee - Left   Right Shoulder - Left   Right Other      Psych Gen. Surg   Ophthal Dentist   Diagnostic Other      Participation on ONLY Evaluation and Treatment   DIAGNOSIS:   1) Sciff - Sa   2) FEB 2 5 2002   3) FEB 2 5 2002   Int GLENDALE L         ACTIVITY:   Date Comments:   1 <sup>377</sup> call                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Contact/Adjuster:                     |                     | Claim #:                                    |
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| 2 <sup>m</sup> call                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       | Comments:           |                                             |
| 3 <sup>8D</sup> call                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 <sup>sr</sup> call                  |                     |                                             |
| 4 <sup>7H</sup> call                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2™ call                               |                     |                                             |
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Date Anthonized:

CANARY - Referral Coordinator

\_\_\_\_\_ Appt Date & Time: \_\_\_\_\_

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WHITE - Patient Charl

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6<sup>rn</sup> call \_\_\_\_\_

Referred to: \_\_\_\_

MGO-FO-014 (2/02)

Authorized by: \_\_\_\_\_

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#### **Specialists**

3144 Santa Anita Avenue. Module A El Monte, CA 91733

Phone: (626) 582-7989 Fax: (626) 582-7953

| DATE     | 02/21/2008                     |                  |                          |
|----------|--------------------------------|------------------|--------------------------|
| PATIENT  | ROOKS, FLOREEN                 | DATE OF INJURY : | 11/10/2007               |
| EMPLOYER | D'Veal Family & Youth Services | SOC. SEC.#       | 130-38-8510              |
| CASE #   | 80283                          | CLAIM #          | 05170360(Yolanda Nielsen |

02/21/2008

State Comp 92622 P.O. Box 92622 Los Angelea, CA 90009-2622

ATTN: Worker's Compensation Claims

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| RE:             | ROOKS, FLOREEN  |                |
|-----------------|-----------------|----------------|
| Age & Sex:      | 58 & F          |                |
| Occupation:     | MARRIAGE FAMILY | THERAPIST      |
| Employer:       | D'VEAL FAMILY & | YOUTH SERVICES |
| Date of Injury: | 11/10/2007      |                |
| Date of Exam:   | 02/21/2008      |                |

SCIF-SA RECEIVED FEB 2 5 2008 ta GLENDALE LOC.

ORTHOPEDIC SUPPLEMENTAL REPORT (PR-2) .... ----- - -..... ----

#### Gentlemen:

As you are well aware, this patient has sustained a fracture of her right foot consistent with a fracture of the fourth and fifth metatarsals. She also has sustained a left ankle sprain and a left knee injury, and most recently her left knee pain has steadily gotten worse. This has progressively gotten worse and it appears that as a result of favoring her right lower extremity and putting all of the weight on her contralateral extremity, the pain has steadily gotten worse as a result of the initial injury as well as the underlying degenerative osteoarthritic changes from which the patient already suffers.

## PHYSICAL EXAMINATION:

RIGHT FOOT: There is evidence of mild tenderness. There is mild swelling. Motor and sensory function is intact distally.

LEFT KNEE: Reveals evidence of medial joint line tenderness. There is notable swelling. There is notable effusion. Positive grind sign. Positive Apley sign. Positive McMurray's sign.

#### RADIOGRAPHIC FINDINGS:

X-rays of the right foot reveal evidence of a healing fourth and fifth metatarsal fracture.

IMPRESSION:

- - -
- 1. HEALING RIGHT FOURTH AND FIFTH METATARSAL FRACTURE.
- 2. LEFT KNEE INTERNAL DERANGEMENT.

DISCUSSION: -----

It appears quite evident that this patient has developed an increased level of pain and discomfort of her left knee as a result of favoring her right lower extremity. She initially incurred the injury of the left knee as well; however, it was certainly not as painful as it is now. I will recommend that an MRI of the left knee be ordered at the soonest possible time, although this apparently has already been denied due to lack of the ability to communicate with my office; however, that appears to be erroneous since I am always available either by cellphone or in our office. If you deem it necessary to communicate with any review of service, I would be more than happy to do so. With respect

05170360

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Specialists

3144 Senta Anita Avenue. Module A El Monte, CA 91733

Phone: (626) 582-7989 Fax: (626) 582-7953

| DATE     | 02/21/2008                     |                  |                          |
|----------|--------------------------------|------------------|--------------------------|
| PATIENT  | ROOKS,FLÖREEN                  | DATE OF INJURY : | 11/10/2007               |
| EMPLOYER | D'Veal Family & Youth Services | SOC. SEC.#       | 130-38-8510              |
| CASE #   | 80283                          | CLAIM #          | 05170360/Yolanda Nielsen |

to her right foot, it appears to be healing well and I am hopeful this will heal uneventfully. I would like to reexamine her in four weeks' time and I will continue her off of work until further progress is made.

Should there be any questions or concerns, please do not hesitate to contact me.

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge."

"I declare under penalty of parjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I 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."

Sincerely Yours,

Thomas Saucedo, M.D. \_\_\_\_\_\_DATE

Executed in the County of Los Angeles on 02/21/2008.

TS:pf/tj

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| me: ROOKS, FLOREEN                                         | E HealthCare                     |
| $OB: 05/20/1949 \qquad OS(70360)$                          | PARTNERS                         |
|                                                            | MEDICAL GROUP                    |
| N 32-295496 Case 80283                                     | Occupational Medical Care        |
| DOI 1110107                                                | REFERRAL SLIP                    |
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| Date         Comments:           1 <sup>gr</sup> call      | yolanda Nelson                   |
| Date         Comments:           1 <sup>gr</sup> call      | Date Authorized:X767             |
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## Synergy Imaging Center

506 West Valley Blvd San Gabriel, CA 91776 Phone: (626)308-9990 Fax: (626)308-9991

## X-Ray Report

Patient Name:ROOKS, FLOREENMRN:613368Date of Report:03/23/2011Date of Birth:06/20/1949Sex:FemaleRef. Physician:FELL, THOMAS M.D.

EXAMINATION: X-RAY LEFT KNEE

HISTORY: Evaluate for degenerative joint disease.

TECHNIQUE: An AP, oblique and lateral views are available to review.

FINDINGS: The bones are notable for medial marginal osteophytes as well as solerosis of the subchondral bone of the lateral femoral condyle and lateral tibial plateau with narrowing of the lateral joint space compatible with primary lateral compartment degenerative disease. The lateral view does not reveal a significant effusion. No definite fractures are visualized. The soft tissues are unremarkable.

## IMPRESSION:

Findings compatible with degenerative joint disease primarily involving the lateral compartment.

Thank you for your referral.

Crues, John M.D. electronically signoff on March 24, 2011 08:56 am

SXNERGY

Patient: ROOKS, FLOREEN MRN: 613265 Sex: Pemale DOB: 08/20/1943 Date of Sarvice: 03/23/2011

## **Synergy Imaging Center**

506 West Valley Blvd San Gabriel, CA 91776 Phone: (626)308-9990 Fax: (626)308-9991

## X-Ray Report

| Patient Name:   | ROOKS, FLOREEN    |
|-----------------|-------------------|
| MRN:            | 613368            |
| Date of Report: | 03/23/2011        |
| Date of Birth:  | 06/20/1949        |
| Sex:            | Female            |
| Ref. Physician: | FELL, THOMAS M.D. |

EXAMINATION: X-RAY LEFT ANKLE

HISTORY: Degenerative joint disease.

FINDINGS: The bones are notable for an old fracture involving the distal left fibula and medial malleolus with internal fixation. The lateral view reveals marked narrowing of the mortise joint space compatible with severe degenerative disease. The remainder of the bones is unremarkable. The soft tissues are notable for both medial and lateral soft tissue swelling.

## IMPRESSION:

- 1. Old fractures with internal fixation as described above.
- 2. Severe degenerative disease of the mortise joint.
- 3. Soft tissue swelling.

Thank you for your referral.

Crues, John M.D. electronically signoff on March 24, 2011 08:56 am

SUMERGY

Petioni; ROOKS, FLOREEN MRN; 613368 Sex; Female DOB: 06/20/1949 Eate of Service: 03/23/2011

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## Health Care Partners 95-4526112

3144 Santa Anita Avenue

Suite # 205

El Monte, CA 91733 Phone: (626) 582-7989 Fax: (626) 582-7953

DATE01/17/2008PATIENTROOKS,FLOREENEMPLOYERD\*Veal Family & Youth ServicesCASE #80283

 DATE OF INJURY:
 11/10/2007

 SOC. SEC.#
 130-38-8510

 CLAIM #
 05170360/Yolanda Nielsen

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DEPARTMENT OF DIAGNOSTIC IMAGING - 01/17/2008

MRN: 32-295496 Case: 80283

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RIGHT FOOT: (THREE VIEWS)

The films dated 01/17/2008 are submitted for interpretation on 01/18/2008.

HISTORY: Follow-up fracture.

Comparison is made to prior radiographs of the right foot performed on 12/20/2007. There is continued healing of fractures involving the distal fourth and fifth metatarsals. The remaining visualized bony structures and joint spaces appear to be intact.

IMPRESSION:

1. NO SIGNIFICANT INTERVAL CHANGE. 2. THERE IS CONTINUED HEALING OF FRACTURE INVOLVING THE FOURTH AND FIFTH METATARSALS AS DESCRIBED ABOVE.

MICHAEL VO, M.D.

MV/pf/kg D: 01/18/2008 R: 01/21/2008 T: 01/21/2008 103601

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### Health Care Partners 95-4526112

3144 Santa Anita Avenue Suite # 205 El Monte, CA 91733 Phone: (626) 582-7989 Fax: (626) 582-7953

DATE 11/20/2007 PATIENT ROOKS,FLOREEN EMPLOYER D'Veal Family & Youth Services CASE # 80283

 DATE OF INJURY:
 11/10/2007

 SOC. SEC.#
 130-38-8510

 CLAIM #
 05170360/Yolanda Nielsen

DEPARTMENT OF DIAGNOSTIC IMAGING 11/20/2007

MRN: 32-295496 Case: 80283

RIGHT FOOT: (THREE VIEWS)

The films dated 11/20/2007 are submitted for interpretation on 11/21/2007.

There is minimally displaced comminuted fracture of the distal fourth metatarsal. In addition, there is a nondisplaced fracture of the shaft of the fifth metatarsal seen best in the oblique view. The remaining visualized osseous structures and joint spaces are intact. The fractures do not appear to extend into adjacent metatarsophalangeal joints.

IMPRESSION:

1. FRACTURES OF THE FOURTH AND FIFTH METATARSALS AS DESCRIBED ABOVE.

2. ABNORMAL REPORT. A PRELIMINARY REPORT WAS SENT TO DR. HADLEY'S OFFICE ON 11/21/2007.

LEFT ANKLE: (THREE VIEWS)

There are postoperative findings of metallic plate and surgical screws in the distal fibula and two screws in the distal tibia in place. No acute fracture or dislocation is identified. There is significant degenerative narrowing of the ankle mortise.

IMPRESSION:

POSTOPERATIVE FINDINGS IN THE DISTAL TIBLA AND FIBULA AS DESCRIBED ABOVE. THERE IS SIGNIFICANT DEGENERATIVE NARROWING OF THE ANKLE MORTISE.

LEFT KNEE: (THREE VIEWS)

No acute fracture or dislocation is identified. There are mild degenerative changes in the left knee. The visualized bony structures and joint spaces are intact. No joint effusion is seen. There is an approximately 0.8 cm density in the knee joint, seen only in the oblique view, questionable for a loose body.

IMPRESSION: 1. MILD OSTEOARTHROSIS IN THE LEFT KNEE. 2. QUESTIONABLE 0.8 CM LOOSE BODY.

MICHAEL VO, M.D.

MV/pf/kg D: 11/21/2007 R: 11/27/2007 T: 11/27/2007

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3144 Santa Anita Avenue, El Monte, CA 91733 (626) 444-0333 FAX (626) 582-7990

\*Radiology Services Provided by Anthony Bledin, M.D., Inc. Granada Hills (818) 832-3300 Oxnard (805) 988-1111

PATIENT:ROOKS, FLOREENDOB:06-20-49CHART NUMBER:32-295496REFERRED BY:DR. MICHAEL HADLEYDATE:03-19-08

## MAGNETIC RESONANCE IMAGING OF THE LEFT KNEE

## **HISTORY**

Rule out internal derangement. No known surgery.

## **TECHNIQUE**

The following imaging sequences were acquired on a General Electric Signa Horizon MRI scanner: Sagittal T1 localizer images. Axial T2 FSE images. Coronal proton density fat saturated and T1 images. Sagittal proton density fat saturated and proton density images. Oblique Coronal T2 FSE images parallel to the anterior cruciate ligament.

## **FINDINGS**

Minimal osteoarthritic changes are present in the knee joint, predominantly involving the medial compartment. The osteoarthritic changes are manifest by joint space narrowing, denudation of the articular cartilage and small 1 to 2 mm anterior femoral condylar articular surface osteophytes.

There is fraying and irregularity of the apex of the posterior horn of the medial meniscus. This abnormality is associated with an oblique signal abnormality in the peripheral capsular half of the posterior horn of the medial meniscus. This oblique signal abnormality freely communicates with the inferior meniscal surface and is compatible with a tear of the posterior horn of the medial meniscus. The body and anterior horn of the medial meniscus appear normal and the lateral meniscus demonstrates no significant abnormality.

A knee joint effusion is present with fluid in the suprapatellar bursa. The volume of this effusion is less than 5 cc. There is no significant popliteal cyst.

The cruciate ligaments, the collateral ligaments, the patellar tendon, quadriceps tendon appear normal.

(Continued On Page Two)

PATTENT:ROOKS, FLOREENEXAM:MRI – LEFT KNEEDATE:03-19-08PAGE:2

## **IMPRESSION**

- 1. Tear, posterior horn, medial meniscus (Grade III).
- 2. Early osteoarthritic changes of the medial compartment of the knee joint.
- 3. Knee joint effusion.

Anthony Bledin, M. D. Diplomate American Board of Radiology AGB/aj D: 03/19/08 T: 03/20/08



Arrow = tear posterior horn medial meniscus (sagittal)

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### Health Care Partners 95-4526112

3144 Santa Anita Avenue Suite # 205

El Monte, CA 91733

Phone: (626) 582-7989 Fax: (626) 582-7953

DATE03/20/2008PATIENTROOKS,FLOREENEMPLOYERD'Veal Family & Youth ServicesCASE #80283

 DATE OF INJURY:
 11/10/2007

 SOC. SEC.#
 130-38-8510

 CLAIM #
 05170360/Yolanda Nielsen

DEPARTMENT OF DIAGNOSTIC IMAGING - 03/20/2008

MRN: 32-295496 Case: 80283

RIGHT FOOT:

The films dated 03/20/2008 are submitted for interpretation on 03/21/2008.

HISTORY: Follow-up fracture.

Comparison is made to prior radiographs of the right foot performed on 02/21/2008. There is continued healing of fractures involving the distal fourth and fifth metatarsals. The alignment is anatomic. The remainder of the examination is rather unremarkable.

IMPRESSION: CONTINUED HEALING OF FOURTH AND FIFTH METATARSAL FRACTURES.

MICHAEL VO, M.D.

MV/pf/kg D: 03/21/2008 R: 03/22/2008 T: 03/22/2008 05170360

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3144 Santa Anita Avenue, El Monte, CA 91733 (626) 444-0333 FAX (626) 582-7990

\*Radiology Services Provided by Anthony Bledin, M.D., Inc. Granada Hills (818) 832-3300 Oxnard (805) 988-1111

PATIENT:ROOKS, FLOREENDOB:06-20-49CHART NUMBER:32-295496REFERRED BY:DR. MICHAEL HADLEYDATE:03-19-08

## MAGNETIC RESONANCE IMAGING OF THE LEFT KNEE

## HISTORY

Rule out internal derangement. No known surgery.

## **TECHNIQUE**

The following imaging sequences were acquired on a General Electric Signa Horizon MRI scanner: Sagittal T1 localizer images. Axial T2 FSE images. Coronal proton density fat saturated and T1 images. Sagittal proton density fat saturated and proton density images. Oblique Coronal T2 FSE images parallel to the anterior cruciate ligament.

## **FINDINGS**

Minimal osteoarthritic changes are present in the knee joint, predominantly involving the medial compartment. The osteoarthritic changes are manifest by joint space narrowing, denudation of the articular cartilage and small 1 to 2 mm anterior femoral condylar articular surface osteophytes.

There is fraying and irregularity of the apex of the posterior horn of the medial meniscus. This abnormality is associated with an oblique signal abnormality in the peripheral capsular half of the posterior horn of the medial meniscus. This oblique signal abnormality freely communicates with the inferior meniscal surface and is compatible with a tear of the posterior horn of the medial meniscus. The body and anterior horn of the medial meniscus appear normal and the lateral meniscus demonstrates no significant abnormality.

A knee joint effusion is present with fluid in the suprapatellar bursa. The volume of this effusion is less than 5 cc. There is no significant popliteal cyst.

The cruciate ligaments, the collateral ligaments, the patellar tendon, quadriceps tendon appear normal.

(Continued On Page Two)

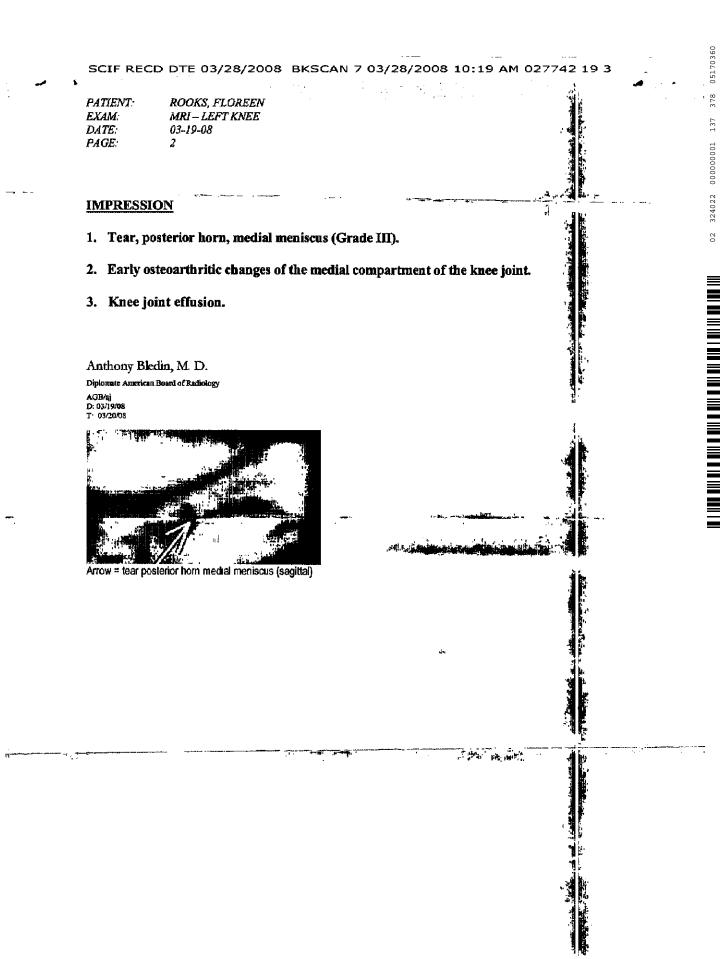
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### Health Care Partners 95-4526112

3144 Santa Anita Avenue

Suite # 205

El Monte, CA 91733 Phone: (626) 582-7989 Fax: (626) 582-7953

DATE02/21/2008PATIENTROOKS, FLOREENEMPLOYERD'Veal Family & Youth ServicesCASE #80283

 DATE OF INJURY:
 11/10/2007

 SOC. SEC.#
 130-38-8510

 CLAIM #
 05170360/Yolanda Nielsen

DEPARTMENT OF DIAGNOSTIC IMAGING - 02/21/2008

MRN: 32-295496 Case: 80283

RIGHT FOOT: (TWO VIEWS)

The films dated 02/21/2008 are submitted for interpretation on 02/22/2008.

HISTORY: Follow-up fracture.

Comparison is made to prior radiographs of the right foot performed on 01/17/2006. There is continued healing of fractures involving the distal fourth and fifth metatarsals. There is near anatomic alignment of the fracture fragments of the fourth metatarsal fracture.

IMPRESSION: CONTINUED HEALING OF FRACTURES INVOLVING THE FOURTH AND FIFTH METATARSALS.

MICHAEL VO, M.D.

MV/pf/kg D: 02/22/2008 R: 02/23/2008 T: 02/23/2008 0000

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## Health Care Partners 95-4526112

3144 Santa Anita Avenue

Suite # 205

El Monte. CA 91733 Phone: (626) 582-7989 Fax: (626) 582-7953

DATE 12/20/2007 PATIENT ROOKS,FLOREEN EMPLOYER D'Veal Family & Youth Services CASE # 80283

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 DATE OF INJURY:
 11/10/2007

 SOC. SEC.#
 130-38-8510

 CLAIM #
 05170360/Yolanda Nielsen

DEPARTMENT OF DIAGNOSTIC IMAGING - 12/20/2007

MRN: 32-295496 Case: 80283

RIGHT FOOT: (THREE VIEWS)

The films dated 12/20/2007 are submitted for interpretation on 12/21/2007.

HISTORY: Follow-up fracture.

Comparison is made to prior radiographs of the right foot performed on 11/20/2007. There are healing fractures involving the distal fourth metatarsal and the distal shaft of the fifth metatarsal. There is near anatomic alignment of the fourth metatarsal fracture. There is good anatomic alignment of the fifth metatarsal fracture. The rest of the examination is rather unremarkable.

IMPRESSION: HEALING FRACTURES OF THE FOURTH AND FIFTH METATARSALS AS DESCRIBED ABOVE.

MICHAEL VO, M.D.

MV/pf/kg D: 12/21/2007 R: 12/24/2007 T: 12/24/2007 00001

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- SCIF RECD DTE 10/16/2008 BKSCAN 7 10/16/2008 10:44 AM 032957 4 5

Associated Sports Therapy (AST) 880 South Atlantic Blvd, Suite 203, Monterey Park, CA 91754 Fax: (626) 284-4276 Phone: (626) 282-3577 IED. DIAGNOSIS: K NU Ó - 8002 2002 5 2000 ବ୍ୟ ବତ AUG 0 DATE DateUG 2 2 2008 ( pan Initial Evaluation 6 **Re-Eval/Progress Report** doing u **Treatment Modalities:** Hot Packs V ZO Cold Packs Ultrasound Whirlpool Paraffin Date Massage / STM / STM / MFR MU STM E-Stim / TENS / IFT NMES Neuromuscular Re-ed Therapeutic Activities Gait Training Joint Mobilization Techniques Posture Education **Body Mechanics** Date: Work Simulation Home Exercise Program (HEP) Other: Therapeutic Procedures: Stationary Bike W Squats (by the wall) Date: 151 Heel Raises Progressive Resistive Ex's (PRE's) 5721512 -Theraband/Theratube 3 1513 -Ankle Weight -Swiss Ball 5X3 ×٩ -Step ups DX. -SAQ's/LAQ's/SLR's Date: Stretching Exercises -QS/HS/GS 1013 | 10X3 -Heelcord Stretch -Manual Stretch Other: (12 TON Therapist Initials <u>rs, Florence</u> 7679 ROOKS, Therapist Name/ Title initials Patient Name: Patient Account #: saucido Albert Q. Escobar, RPT Dr, Physician's Name: \_ PT19096 **Treatment Flow Chart** (Hip and/or Knee)

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| NUG 142<br>AUG 15                      | 2008               | 6                                            |                         |                    |                 | İ                         |                      |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                             | ŀ                     | Π                           |                                         |                | 1           | Í                 |                    |                    |             | İ                       |              |                       |                       |                |                     | T                   |               |                     | -                   |       |            | -         |             |
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| UG 212<br>UG 22 2                      | 008                | ¥                                            |                         | )<br>              |                 | 1<br>                     | !<br>                | 1                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | }                      |                             |                       | 4                           |                                         |                |             |                   | 1                  |                    |             |                         |              |                       |                       |                |                     |                     |               |                     |                     |       |            |           |             |
| <u> </u>                               |                    | 2                                            |                         |                    |                 | I                         | ┼─                   |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                             | -                     | Y                           |                                         |                | ·           |                   |                    |                    |             |                         |              |                       |                       |                |                     | Z                   |               |                     |                     |       |            |           | ļ           |
|                                        |                    |                                              |                         |                    |                 | Ļ                         | <u> </u> .           |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <br> <br>              |                             |                       |                             |                                         |                | <u></u>     | ┢╌                |                    |                    |             |                         |              | _                     |                       | •              |                     |                     |               |                     | _                   | -     |            | •         |             |
|                                        |                    | •                                            |                         |                    |                 |                           | İ                    | <u> </u>               | !<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                             |                       |                             | -                                       |                |             | <u> </u><br>      |                    |                    |             |                         |              |                       |                       | _              |                     |                     | _             |                     |                     |       | . <u> </u> |           |             |
|                                        |                    |                                              | •                       |                    |                 |                           | <b>.</b>             | İ                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                             |                       |                             |                                         |                |             | <u> </u>          |                    | •                  |             |                         |              |                       | -                     |                |                     |                     |               |                     |                     |       |            |           |             |
| 18488em=Beme                           |                    |                                              |                         |                    | -               |                           |                      |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                             |                       |                             | ·                                       |                | i           | {                 |                    |                    |             |                         |              | T                     |                       |                |                     |                     |               |                     | i                   |       | i          |           |             |
| <del></del>                            |                    |                                              |                         |                    |                 |                           |                      |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | •                           |                       |                             |                                         |                |             | Ŀ                 |                    |                    |             |                         |              |                       | ·                     |                |                     |                     |               |                     |                     | Í     | Ì          | Ī         |             |
| · ·                                    |                    | -                                            |                         |                    |                 |                           |                      |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                             |                       |                             |                                         |                |             |                   |                    |                    |             |                         |              |                       |                       |                |                     |                     |               |                     |                     |       |            |           |             |
|                                        | <u> </u>           | _                                            |                         |                    |                 |                           |                      |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                             |                       |                             | . (                                     |                |             |                   |                    |                    |             | ·                       |              |                       | [                     |                |                     |                     |               |                     |                     |       |            |           |             |
|                                        |                    | $\neg$                                       |                         |                    |                 |                           |                      | $\left  \cdot \right $ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | _                           |                       |                             |                                         |                | <br> <br>   |                   |                    |                    |             |                         | -            |                       |                       |                | ·                   |                     |               |                     |                     | _     | _          |           |             |
|                                        |                    |                                              |                         | :                  |                 |                           |                      |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                             | -                     |                             |                                         |                |             |                   |                    |                    |             |                         |              |                       |                       |                |                     |                     |               |                     |                     |       |            |           |             |
| ······································ | İ                  | T                                            |                         |                    |                 |                           |                      |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                             |                       |                             |                                         | _              |             |                   |                    |                    |             |                         |              |                       | -                     |                |                     |                     | ᅻ             |                     | -                   | ┥     | 1          | 1         |             |
|                                        |                    |                                              | ·                       |                    |                 |                           |                      |                        | Ì                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                             |                       |                             | 1                                       |                | -           |                   |                    |                    |             |                         |              | -                     | -1                    |                |                     |                     |               | :                   |                     |       | ╡          |           | · · ·       |
| ******                                 |                    | _[                                           |                         |                    |                 |                           |                      |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                             | ·                     |                             |                                         |                |             |                   |                    |                    |             |                         |              |                       |                       | _              | _                   | ·                   | 1             |                     |                     | -     | Ť          |           |             |
| <del>*</del>                           |                    |                                              |                         |                    |                 |                           |                      |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | _                           |                       |                             | _                                       |                |             |                   |                    |                    |             |                         |              | ·                     |                       |                |                     |                     |               | ĺ                   |                     | Ì     |            |           |             |
|                                        |                    | -                                            |                         |                    |                 |                           |                      |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                      |                             |                       |                             |                                         |                |             |                   |                    |                    |             |                         |              |                       |                       |                |                     |                     |               |                     |                     |       |            |           |             |
| X Date:                                | 0                  | 5.7                                          |                         | 1                  | 10              | 5                         | .<br>r               |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | <u>_</u>                    |                       |                             |                                         |                |             |                   |                    |                    |             |                         |              |                       |                       |                |                     |                     |               |                     |                     |       |            |           | _           |
| uth Date:                              | $\underline{\neg}$ | <u>- (</u>                                   | <u>ي ر</u>              | <u>) · (</u>       | 07              | 2                         | ι                    | X                      | 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | K                      | <u>×</u>                    |                       |                             | ks)<br>Pre-                             | C.P            | n #         | <br>;1            |                    | rota               | al V        | isit.                   | <u>5 A</u>   | uth                   |                       |                | To                  | );                  |               |                     |                     |       |            |           |             |
| ulhorized b                            | oy (Ad             | j / F                                        | RN )                    | ):                 |                 |                           |                      |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                             |                       |                             | Star                                    | _              |             |                   |                    |                    |             |                         |              |                       |                       |                | Елс                 | Da                  | ite:          |                     |                     |       |            |           |             |
| ו#:                                    | · ·                |                                              |                         |                    |                 |                           | •                    |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                             |                       |                             |                                         |                |             |                   |                    |                    | -           |                         |              |                       |                       |                |                     |                     |               |                     |                     |       | ·          | •         |             |
| ax #:                                  |                    |                                              |                         |                    |                 |                           |                      |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                             |                       |                             |                                         |                | •           |                   |                    |                    |             |                         |              | · · ·                 |                       |                |                     |                     |               |                     |                     | •     | ·          |           |             |
| ext MD Ap                              | ot: (lir           | ne                                           | <i>i</i> da             | te)                |                 |                           |                      |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                             |                       |                             |                                         | ·              |             | Da                |                    |                    | 0-          | por                     |              |                       | _                     |                |                     | <b></b>             | ·····         |                     |                     |       |            |           |             |

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| 880 South 317                     |                          |            | -         | Therapy         |              | Park, CA 91754                         |             |
|-----------------------------------|--------------------------|------------|-----------|-----------------|--------------|----------------------------------------|-------------|
| Phone:                            |                          |            |           | -               | -            | 284-4276                               |             |
| DIAGNOSIS:                        | يسبحه فأسوا ويروا المأجا | nu         |           | ĘD              | (020)        |                                        |             |
| DATE                              | AUG 2.2                  | 88         | 7         | []              | 7            |                                        |             |
| Initial Evaluation                |                          |            |           |                 | DateUG       | 22 2008 S = PT                         | to pain     |
| Re-Eval/Progress Report           |                          | 1          |           |                 | HAT          | doing Will T                           | day         |
| Treatment Modalities:             |                          |            |           |                 | Dite         | Ala do Al                              | AAA         |
| Hot Packs                         |                          |            | · · · · · |                 | Acti         | per for ch                             |             |
| Cold Packs                        | + +                      |            |           |                 | orn          | nta stor                               |             |
| Ultrasound                        |                          |            |           |                 | 1            | er a po                                |             |
| Whirlpool                         |                          |            |           |                 | <del> </del> |                                        |             |
| Paraffin                          |                          |            | <u>-</u>  |                 | Date:        |                                        | `··[        |
| Massage / STM /DTM MFR            | Dom                      |            |           |                 |              |                                        |             |
| E-Stim / TENS / IF / NMES         |                          |            |           |                 |              |                                        |             |
| Neuromuscular Re-ed               | Inv )                    |            | •         | ·               |              |                                        |             |
|                                   |                          |            |           |                 | - <u> </u>   |                                        |             |
| Therapeutic Activities            |                          |            |           |                 |              | · · · · · · · · · · · · · · · · · · ·  |             |
| Gait Training                     |                          |            |           |                 |              |                                        |             |
| Joint Mobilization Techniques     |                          |            |           |                 |              |                                        |             |
| Posture Education                 |                          |            |           |                 |              |                                        |             |
| Body Mechanics                    |                          |            |           |                 | Date:        |                                        |             |
| Work Simulation                   |                          |            |           |                 |              |                                        |             |
| Home Exercise Program (HEP)       |                          |            |           |                 |              |                                        |             |
| Other:                            |                          |            |           |                 |              |                                        |             |
|                                   |                          |            |           |                 |              |                                        |             |
| Therapeutic Procedures:           |                          |            |           |                 |              |                                        |             |
| Stationary Bike                   | 20                       |            |           |                 |              |                                        |             |
| Squats (by the wall)              | 1522                     | -          |           |                 | Date:        |                                        |             |
| Heel Raises                       | 15X2                     | -          | T         |                 |              |                                        |             |
| Progressive Resistive Ex's (PRE's |                          |            |           |                 |              |                                        |             |
| -Theraband/Theratube              | 2X2                      | ~          |           |                 |              |                                        |             |
| -Ankle Weight                     | 1573                     |            |           |                 |              |                                        |             |
| -Swiss Ball                       | 1523                     |            |           |                 | 1            |                                        |             |
| -Step ups                         | 1043                     | -          |           |                 | 1            |                                        |             |
| -SAQ's/LAQ's/SLR's                |                          | ├ <u>}</u> |           |                 | -1           |                                        |             |
| Stretching Exercises              |                          |            |           |                 | Date:        |                                        |             |
| -QS/HS/GS                         | 1013                     |            |           |                 |              | ,,,                                    | · ·         |
| -Heelcord Stretch                 | <u> </u>                 |            |           |                 | +            | ······································ | · · · · · · |
| -Manuel Stretch                   |                          | ┣          |           |                 | 1            |                                        |             |
| Other:                            |                          | ┞───┤      |           |                 |              |                                        |             |
|                                   |                          | <u></u> ∤} |           |                 |              |                                        |             |
| Therapist Initials                | 72                       | <u> </u>   |           |                 |              |                                        |             |
|                                   |                          |            |           |                 |              | POOKS, 7-1<br>7679<br>DI, Sauc         | DrPMAD      |
| Therapist Name/ Title             |                          | Initials   |           | Patient Na      | .me:         | popping pr                             |             |
|                                   |                          |            |           | <b>Dation 4</b> |              | 71079                                  |             |
|                                   |                          |            |           | Patient Ac      | count #:     | <u> </u>                               | 4           |
| Albert Q. Escobar, RPT            |                          | ļ          |           | <b>.</b>        |              | Dr. Soul                               | ido         |
| PT19096                           |                          |            |           | Physician'      | s Name: _    | Nº1 Durit                              |             |
|                                   |                          | Treat      | tment l   | Flow Cha        | art          |                                        |             |

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|------------------------------------|----------|----------|--------------|--------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Phone: (                           |          |          |              |              |                                           | terey Park, CA 91754<br>(626) 284-4276                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                    | 020/     | 202-3    |              | 3            |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| DIAGNOSIS: CF                      | Lee      | Ē        | In           | <u>D</u>     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                    | -di In-  | AUG 1 4  | AUG , - 1900 | 466 2 1 2000 | - CUL:                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| DATE                               | 17       | /₹       | 13           | / 🤻          | /                                         | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Initial Evaluation                 |          |          |              | f            |                                           | Dete: JUL 1 6 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Re-Eval/Progress Report            | ~        |          |              |              |                                           | Ad lin last fra tolan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Treatment Modalities:              |          |          |              |              |                                           | The section of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Hot Pecka                          |          |          | .00          |              |                                           | Pro an Andrew March                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Cold Packs                         |          |          | 00           |              |                                           | the los other live of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Ultrasound                         | ··       |          |              |              |                                           | The add mark and the Am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Whinlood                           |          |          |              |              |                                           | and ralls to of the manned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Pareffin                           |          |          |              |              |                                           | The House will pleaned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                    | 5 m      | 5M       | (m)          | STM          |                                           | Out the lad At to hun-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| E-Stim / TENS / IF / NMES          | the      | H.       | in           | Hu           |                                           | Our norme thestore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Neuromuscular Re-ed                |          | t tr     |              |              |                                           | from el ano porte land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Therapeutic Activities             |          | ·        |              |              |                                           | Andine authors-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Geit Training                      |          | ]        |              | ···          |                                           | ave in the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Joint Mobilization Techniques      |          | <u> </u> |              |              |                                           | - yacore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Posture Education                  | <u> </u> | <u> </u> | <u> </u>     | <u> </u>     | <u>-</u>                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Body Mechanics                     | <b></b>  |          | <u> </u>     | <u> </u>     |                                           | Date: AUG 1 4 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Work Simulation                    | <b>+</b> |          | <u>+</u>     | <b> </b>     | <u> </u>                                  | desined of the today and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Home Exercise Program (HEP)        | 1        | 17       |              | 1            |                                           | ho and I per authorized                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Other:                             | ŧ        |          | <u> </u>     | 1            |                                           | by MC. Reid PID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                    | 1        |          |              | 1            | †                                         | se flow chart + Tal,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Therapeutic Procedures:            |          |          |              |              |                                           | Wel: Reviewed + reconforce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Stationary Bike                    | 151      | 157      | 20           | 120          | 1                                         | Her, will care - FAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Squats (by the wall)               | 1/2-     | 1572     | 1512         | 1572         | t                                         | Datalling 5 2000 Sunt Clo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Heel Raises                        | 1172-    | 1/5/2    | FSX2         | 1522         |                                           | Dikyu Alexand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Progressive Resistive Ex's (PRE's) |          |          |              |              | 1. S. S. S. S. S. S. S. S. S. S. S. S. S. | yourow Walker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| -Theraband/Theratube               | 1512     | 152      | YSX2         | 150          |                                           | Daching & O.c. fr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| -Ankle Weight                      | 1512-    | 1512     | YOY3         | 1512         |                                           | Putter Clist Acto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| -Swiss Ball                        | 00       | 1522     | 158          | 1512         | + 6                                       | Willop p'temile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| -Step ups                          | 1522     | 15x2     | 151.2        | 2/52         | 4                                         | John Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Ma<br>Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin Martin |
| -SAQ's/LAQ's/SLR's                 | 1512     | - /\$7/  | 1/52         | 2-158)       | <u></u>                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Stretching Exercises               | · · ·    |          |              |              |                                           | Date: AUG 2 1 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| -QS/HS/GS                          | 1522     | 1522     | 15A          | 2-1572       | <u>+</u>                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| -Heelcord Stretch                  | <u> </u> | <u> </u> | 1-7-7-1      |              |                                           | Cent to read M B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| -Manual Stretch                    | <b></b>  | SX1      | ST/          |              |                                           | fall walls Cont to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Other:                             |          |          | +            |              |                                           | The wall cono to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Therapist Initials                 | TE       | Æ        | 1.512        | Æ            |                                           | her. Cout the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Therapist Name/ Title              |          | Initial: | 5]           | Pa           | tient Nai                                 | me ROKS, FLOKENE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| AloSicator 1.                      | 3-       | RE       |              |              |                                           | count #: 7679                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Albert Q. Escobar, RPT             |          | 11-      |              |              |                                           | 12 ATLATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| PT19096                            |          |          |              | Ph           | ysician's                                 | s Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                    |          | Tre      | atmer        | nt Flov      | v Cha                                     | rt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

(Hip and/or Knee)

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SCIF RECD DTE 07/17/2008 BKSCAN 3 07/17/2008 04:56 PM 022999 12 1 JUL-14-2008 08:24 AM Asso, Sports Therapy 6262844276

# 05 M 0360 ZD Galorda Nuelen Int 5 Bowern Marcelo ASSOCIATED SPORTS THERAPY

ASSOCIATED SPORTS THERAPY 880 S. ATLANTIC BLVD STE 203 MONTERAPARK, CA 91754 OFFICE (626) 282-3577 FAX (826) 284-4276

FAX COVER SHEET

| DATE: JUL 11 2008                                  | SCAN AS ONE DOCUMENT                   |
|----------------------------------------------------|----------------------------------------|
|                                                    | SUAN AS UNL DOUBLIN                    |
| ATTN: Yolanda Melson                               |                                        |
| INS: State Omp                                     |                                        |
| FAX: (8) 291.115                                   | ······································ |
| RE: Rook, Floren                                   |                                        |
| CLAIM #: 80283 DOI: 11                             | 1007                                   |
| MESSAGE: AUTHORIZATION REQUEST FOR PHYSICA         | L THERAPY                              |
|                                                    | I I I III                              |
| - YKOSP VEVIEW VEQUEST OF THYSIC                   | a herapy                               |
| PROSE veriew regust for Physic<br>2X4 for Lt knee. |                                        |
| ENCLOSED, FOR YOUR REVIEW:                         | nleyou,                                |
| endloged, for tour review.                         | •                                      |
| PRESCRIPTION: (DATED) JUL 11 2008                  |                                        |
| EVAL/REPORT; PROGRESS NOTE; RE-EVAL: (DATED)       |                                        |
|                                                    |                                        |
| WORK STATUS SHEET:                                 | ·····                                  |
| DOCTORS SUPPLEMENTAL REPORT:                       | ·····                                  |
|                                                    |                                        |
| FROM: Sonia De La Torre                            | C                                      |
| NUMBER OF PAGE                                     | s                                      |
| (INCLUDING CO                                      | OVER SHEET)                            |
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THIS DOCUMENT IN THIS FASCIMILE TRANSMISSION MAY CONTAIN CONFIDENTIAL HEALTH INFORMATION THAT IS PRIVELEDGE AND LEGALLY PROTECTED FROM DISCLOSURE BY FEDERAL LAW. THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPPA). THIS INFORMATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF YOU ARE NOT THE INTENDED RECEIPIENT, YOU ARE HERBY NOTIFIED THAT READING READING DISCEMINATION, OISCLOBING, DISTRIBUTING, COPYING, ACTING UPON OTHERWISE USING THE INFORMATION CONTAINED IN THIS FACSIMILE IS STRICLY PROHIBITED. IF YOU HAVE RECEIVED THIS INFORMATION IN ERROR, PLEASE NOTIFY THE SENDER IMMEDIATLY AT (826) 282-3577 AND DESTROY THIS FASCIMILE

**MYRA GUEVARA** 

JUL 14 2008

LUS ANGELES CLAIMS

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| SCIF RECD DTE 07/17/2008 BKSCAN 3 07/17/2008 04:57 PM 022999 12 4<br>JUL-14-2008 08:26 AM Asso. Sports Therapy 6262844276 P. 6<br>SB0 S. / LANTIC BLVD, SUITE 203<br>MONIEREY PARK, CA. 91754<br>PHONE (626) 282-3577 FAX (626) 284-4276                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Physical Therapy Progress Report                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Patient Name:       Pools       Porence       Date:       JUN 182008         Referring Physician:       D:       Scienced O       Visits:       III         Diagnosis:       Diagnosis:       Diagnosis:       DO283       DO283       DO0001                                                                                                                                                                                                               |
| Chief Complain(s):<br>C/S FAIN<br>T/S PAIN<br>L/S PAIN<br>Radicular Symptoms<br>Extremity Pain (U) Eulo men P f=5/10                                                                                                                                                                                                                                                                                                                                        |
| Other<br>Improvement(s) Noted: = change 1 = increased 1 = decreased<br>(no = 1+4) ROM 1 1 (C) Face Ala Kegn 4c O- 115<br>(no = 1+4) Strength 1 (C) Face Ala Kegn 4c O- 115<br>(no = 1+4) Strength 1 (C) SN 9-471 m (C) LE plant 197. Level<br>(no = 1+4) Function 7 d anerall pencter + able for Walter length des tonce<br>(no = 1+4) Radiculopathy 0<br>(no = 1+4) Pain (C) Fals. 15/10<br>(no = 1+4) Otherfor U.d. Conclument on (C) Fals Significantly. |
| General Assessment: At have Showed segui fromt Informe nout<br>have myrmed depressive Salence + Indelsonce,<br>Cost 40 bane residual pain + weather + and a<br>penefit from Ont At Neatment.<br>Treatment Plan/Recommendations: Cont. Skilled At interwortein<br>Strontine with same treatment plan. OAdd                                                                                                                                                   |
| GOAL:(5) ) pertrés l'par. a Otale (v 1-3/0-2) 9<br>Signall mais le la general a consulto in lon niemes 3 40 m<br>Matrial gass pator h. D' la ambulato in lon niemes 3 40 m<br>PHYSICAL THERAPIST AOSICE EN A JUN 18 2008                                                                                                                                                                                                                                    |

MYRA GUEVARA

JUL 1 4 2008

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SCIF RECD DTE 07/17/2008 BKSCAN 3 07/17/2008 04:57 PM 022999 12 6 JUL-14-2008 08:25 AM Asso. Sports Therapy 6262844276 P. 5

|                                                                                                                | Phone: (626)     | 282-3577              | <b>Fax:</b> (625)                                                     | r Fark, CA 91<br>) 284-4276         |             |
|----------------------------------------------------------------------------------------------------------------|------------------|-----------------------|-----------------------------------------------------------------------|-------------------------------------|-------------|
| Patient Name: R<br>Diagnosis: L                                                                                |                  | RENCE                 |                                                                       | Account Number                      |             |
| the second second second second second second second second second second second second second second second s | trace p          | JUN 1 8 2008 (        | میں داری مدرو بر اور در ایران اور اور اور اور اور اور اور اور اور اور | Date Of Injury:                     |             |
| Date                                                                                                           | MAY 2 2 2008     |                       |                                                                       |                                     |             |
| Objective FindIngs:                                                                                            | Eveluation       | Summary 1             | Summary # 2                                                           | Summary # 3                         | Summary # 4 |
| Rom                                                                                                            |                  |                       |                                                                       |                                     |             |
| DEale Deven                                                                                                    | 5-800            | 0-115                 |                                                                       | '                                   |             |
| Dkall Devien<br>Chip/ArkCe                                                                                     | WAA              | WM                    | · <u> </u>                                                            |                                     |             |
| - apprint                                                                                                      |                  |                       |                                                                       |                                     |             |
| strength -                                                                                                     |                  |                       |                                                                       |                                     |             |
| his blogs                                                                                                      | 3+15             | 445                   |                                                                       | 1                                   |             |
| (L) Quart                                                                                                      | 3-1-             | 4/~                   |                                                                       |                                     |             |
| () Hams                                                                                                        | 3/4              | <u> </u>              |                                                                       | <u> </u>                            |             |
|                                                                                                                |                  |                       |                                                                       |                                     | <u> </u>    |
| To Ankle                                                                                                       | <del>7</del> 475 | 5/5                   |                                                                       | *                                   | <u> </u>    |
| nusco,                                                                                                         |                  |                       |                                                                       |                                     |             |
|                                                                                                                |                  |                       |                                                                       |                                     |             |
|                                                                                                                |                  |                       |                                                                       |                                     |             |
| pain level;                                                                                                    | 10/10            | 4-5/10                |                                                                       |                                     |             |
|                                                                                                                |                  |                       |                                                                       |                                     |             |
|                                                                                                                |                  |                       |                                                                       |                                     |             |
|                                                                                                                |                  |                       |                                                                       | +                                   | +           |
|                                                                                                                |                  |                       |                                                                       |                                     |             |
| Therapist Initials:                                                                                            | The              | AE                    |                                                                       |                                     |             |
| Therepist Name/Title:                                                                                          | Notes            | Note: ;               | Notes:                                                                | Notes:                              | Notes:      |
| Albert Q Escobar, RPT                                                                                          | B+Scall          | Significan            | *                                                                     |                                     | 1           |
|                                                                                                                |                  |                       | 4                                                                     |                                     | 1           |
| Signature/Initials:                                                                                            | Conflited        | migrournery<br>wated. |                                                                       |                                     |             |
| ABSCOBN RIRE                                                                                                   | todas :          | MAURA.                |                                                                       | MYRA GUE                            | WARA        |
| Therapist Name/Title:                                                                                          | Ge               | <b>`</b>              |                                                                       |                                     |             |
|                                                                                                                |                  |                       |                                                                       | JUL 14                              | 318         |
| Signature/Initials:                                                                                            |                  |                       | 1                                                                     | LOS ANGELES                         | a s         |
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SCIF RECD DTE 06/24/2008 BKSCAN 3 06/24/2008 06:16 PM 022421 11 4 JUN-19-2008 09:05 AM Asso. Sports Therapy 6262844276 P. 5 ASSOCIATED SPORT THERAPY 880 S. LANTIC BLVD, SUITE 203 MONTEREY PARK, CA. 91754 PHONE (626) 282-3577 FAX (626) 284-4276 **Physical Therapy Progress Report** JUN 1 8 2008 orenc 1tr Patient Name: Dute: Visits: Referring Physician  $\overline{n}$ Account #: .761 Diagnosis:\_ a Claim Number: D.O.I.: \_\_\_ 11-10.0 Chief Complain(s); 0-10 pain scale C/S PAIN T/S PAIN L/S PAIN Radicular Symptoms Extremity Pain -4 20 Other Improvement(s) decreased Noted change = increased (no 4+++) ROM (no ^-+-H)Strength (no - +-+)Function (no ~1-1)Radiculopathy (no ~. 1.)Pain (no ~ty)Other and mormener General Assessment: me on cliff on Cl Ru Tota u age 4. SE UL a in the iente Treatment Plan/Recommendations: Contine with same treatment plan. DAdd tree Ø ·AÐ P AOS: Co for JUN 1 8 2008 PHYSICAL THERAPIST RECEIVEL JUN 1 9 2008 6/19/08 La GLENDALE LOC

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# MAY-13-2008 10:51 AM Asso. Sports Therapy 6262844276

#### ASSOCIATED SPORTS THERAPY 860 S. Atlantic Blvd 33 Monterey Park, CA 91754

# EASTSIDE ORTHOPER C MEDICAL ASSOCIATES 880 S. Au. ... ic Blvd., 205 Monterey Park, CA 91754

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|                                                                   |                       |                                        |                    |                                     | NEW [].<br>Npdate []                  |
|-------------------------------------------------------------------|-----------------------|----------------------------------------|--------------------|-------------------------------------|---------------------------------------|
| <b>UT</b>                                                         | PAT                   | IENT/PACIENTE                          |                    | . <del></del>                       |                                       |
| Pariaal last Name/Apellida<br>ROOKS                               | Flost Remo/Rembre     |                                        | lsitiel/Inicial    | (Maldan Hame) (Rami                 | are de Soliere]                       |
| Sweet Address/Birection 1315 S. Gladys Are.                       | San Gr                | briel CA                               | 21P/Zana Postal    | 1776                                |                                       |
| Reser 7 (a)hone/Telelises (626) 573-1906                          | Vensage Totophnee/H   | amero da Maasajas<br>44900 (co)        | Birthplace/Lucar   |                                     | ty                                    |
| San/Sans<br>Birtudate - Feaha de Nacimiento                       | Driver's License Muni | Ner/Licencia                           |                    | Newber/Segura Social                | 0                                     |
| 06/20/1949                                                        | Decemption/Ocapacian  | Tamber Theres                          | Dele Employmen     | 510<br>6931/Fechs de Emple<br>12004 | 0                                     |
| DEMONSAL MERCHANTEL INPISE YOUTH SVS                              | 1                     | Enter P                                | (828) 298          | Bylow & Easter                      | · · · · · · · · · · · · · · · · · · · |
| Strant Addipastilitercelum N. Fair Oak                            | Pasades               |                                        | ZIP/Zeze Postal    | <u> </u>                            |                                       |
| RESPONSIB                                                         | LE PERSON SPOU        | SE PARENT/PERSO                        | NA RESPONSA        | BLE                                 |                                       |
| Putteni Lass Xuma/Apalijdo                                        | Fitt Hano/Nombro      |                                        | loitic  / loir ist | (Alaiden Nome) (Nomb                | ira da Sallera)                       |
| Street Address/Blarreian                                          | City/Clades           | Stole/Esta la                          | ZIP/Zena Pastal    |                                     |                                       |
| Home Telephann/Tateluna<br>Sax/Saan Birthdute/Fecha de Nacimiento | Meisego Telaphanu/N   |                                        | Birthplace/Lugar   |                                     |                                       |
|                                                                   | Ariver's License Mand |                                        |                    | Numbaz/Sucura Sazial                |                                       |
| Marikal Sintes/Estado Civil<br>CI 5 CI M CI W CD 0                | Occupation/Occupation | ······································ |                    | Regan/Focha de Emple                |                                       |
| Employer Narae/Humbro da Emplan<br>Sunet Address/Bireccion        |                       |                                        |                    | Nes/Telephone de Emple              | iə                                    |
| 2484 <b>48872310:</b>  #*** 00                                    | City/Ciadad           | Sinta/Esiado                           | ZIP/Zess Pastal    |                                     |                                       |
| INSUR                                                             | ANCE INFORMATI        | INFORMACION                            | DE SEGURO          |                                     |                                       |
| HMB [] Group Insurance [] Industrial                              |                       | Modicore 🗋 PPD                         | Eliective Oate/Fe  | che Segura Elleci.                  | Acct. type/Carr. No.                  |
| Group Mamber/Monecre da Grupo                                     | Member Number/Neme    | rt de Miembro                          | 1                  |                                     |                                       |
| Insufance Camp. Reme-Primary/Honstore da Abegaranza               | Cort. Number/Nemero   | fa Certilicado                         | Rela Nonship/Na    | lacion al Paciente                  |                                       |
| Sweet Address/Direntelas da la Asegurates                         | City7Civesi           | State/Esta do                          | ZIP/Zone Postal    |                                     |                                       |
| Folaphane/Telajana Plan. No                                       | ma/Nombra del Plas    | Plas Number/Nomers de                  | d Plaa             |                                     | ELA SELEVICH                          |
| Inamanca Company Name/Rombre do Aseguronza (Segunda)              | Insured/Assgurado     |                                        | Relationship/Rate  | cina at Parlante                    |                                       |
| Stroel Address/Directing                                          | £fty/Cloded           | State/Estade                           | ZiP/Zane Postel    |                                     | AY 1 4 2008                           |
| Talaphane/Teleiose Policy/I                                       | lunara Polisa         | Group Mumber/Numero d                  | a Grope            | I.D. Number / De Lad                | MGELES CLAIMS                         |
|                                                                   |                       | D/PARIENTE AMIST                       |                    | 1                                   | <u> </u>                              |
| Last NumerApelling                                                | First Name/Nembra     |                                        | winel/willel . Be  | sileashig , Belecion                | elephone/Telefeno                     |
| Streen Address (Blue Coline<br>204 N. Olive                       | JUBITH                |                                        | KIP/Zase Pasiel    | Frend 6                             | 26 572-1511                           |
| RAME OF PRIVATE PHYSICIAN DY: Saca                                | Al ramps              |                                        | 91 .<br>DATE 4     | 801                                 |                                       |
| NOMBRE DE SU DOCTOR PRIVADO                                       |                       |                                        | INITIALS           |                                     | I                                     |

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> Richard Zapanta, M.D., Inc. Tomas Saucedo, M.D., Inc. Dana J. Primo, P.A.C.



Eastside Orthopedic Medical Associates Diplomates of the American Board of Orthopedic Surgeons Fellows of the American Academy of Orthopedic Surgeons Qualified Medical Examiners Total Joints Arthroplasty Industrial Medicine Sports Medicine

| SURGERY AUTHORIZ                                      | ATION REQUEST                    |
|-------------------------------------------------------|----------------------------------|
| Date DE 210 DA                                        |                                  |
| Patient: RODKS, FloRCCN                               | D.O.B. DV 20 49                  |
| s.e.# 130.38.8510                                     | Claim#                           |
| medial menisous Fear<br>px: Internal Domangement knee | ICD-9 CODE: 8340.0 1717.9        |
| Procedure: LT KACE Arthroscopy                        | CPT CODE: 29877, 29881           |
| Dr.: TOMAS SAUGOOD                                    |                                  |
| Asst Dr./Physician:                                   |                                  |
| Facility: PIQ2A SUBILIAL CONTRY                       |                                  |
| Address: 850 S. Atlantic B                            | 1vd. stet 211                    |
| City/State/Zip: MINTERRY PArk CA                      | 91764 RECEIVED                   |
| Phon (+010) 289. 2894                                 | Fax# (124) 289 284 DAPR 0 2 2008 |
| Out Patient Procedure:                                | dure: Days stay:                 |
| DME Equip: Cructules I ce The                         |                                  |
|                                                       | - ¥                              |

Physical Therapy:\_

Surgery has not been scheduled. We will schedule a surgery date once patient has been approved for surgery. If you have any questions or need further assistance feel free to call me at (626) \$88-1990 or you may Fax me at (626) 303-2083. Hope to here from you soon.

Thank You,



.. --- -

880 South Atlantic Boulevard, Suite 205, Monterey Park, California 91754 - (626) 289-0178 - FAX (626) 308-2083

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| SCIF RECD DTE 07/23/2008 BKSCAN 4 07/23/2008 12:22 PM 021702 11 16                                                     |
|------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                        |
|                                                                                                                        |
| ASSOCIATED SPORT THERAPY                                                                                               |
| 880 S. ATLANTIC BLVD, SUITE 203<br>MONTEREY PARK, CA. 91754<br>PHONE (626) 282-3577 FAX (626) 284-4276                 |
| MONTEREY PARK, CA. 91754<br>PHONE (626) 282-3577 FAX (626) 284-4276                                                    |
|                                                                                                                        |
| Physical Therapy Progress Report                                                                                       |
|                                                                                                                        |
| Patient Name: "Kock Florene Date JUL 162008                                                                            |
| Defamine Divisions Sector A                                                                                            |
| Diagnosis: Account #: .76.79                                                                                           |
| Claim Number: 60283 D.O.I.: (1-10-07                                                                                   |
| Claim Number:     SGOCO GO     Visits:                                                                                 |
| Chief Complain(s): 0-10 pain scale<br>C/S PAIN C                                                                       |
| T/S PAIN                                                                                                               |
| L/S PAIN                                                                                                               |
| Radicular Symptoms                                                                                                     |
| Exacemity Pain (2 tago Nem 2-3/18                                                                                      |
| Other                                                                                                                  |
|                                                                                                                        |
| Improvement(s) Noted: 2= change $\uparrow$ = increased $\downarrow$ = decreased                                        |
| (no +1+) ROM Tol (L) Face fleken to 0°- 120° & peri @ and g heape                                                      |
| (no -1-1) Strength 9 a Witt Strong the about 1/2 groble mone                                                           |
| (no -1-+)Function The purchase maked occurrent line of cone us ded to seene =<br>(no -1-1)Radiculopathy ( 0, nuge pain |
| (no -1-4)Pain Va a tule Men to 2-3/10                                                                                  |
| (no any)Other forder time on feet occosemally a modest side                                                            |
| of (L) there find                                                                                                      |
| General Assessment: At how completed another 4 pt & Sessenie                                                           |
| is hen cout to demonstrate Carsiderable mornen 9 2                                                                     |
| in a face plexibility (5° lan near (2) kare that morne                                                                 |
| ft gut petorn I water Vie lenging. It is now                                                                           |
| (I & bone Berline program 1                                                                                            |
| Treatment Plan/Recommendations: Would cont Sovefit from shilled Pt                                                     |
| To Contine with same meanment plan. BAdd high laud adi vi fich                                                         |
|                                                                                                                        |
| GOAL: (5) NO kinthe V barn to 10. 2) parties I strong the                                                              |
| to normal 3) opprate righal galt pattrie 4) aubulate                                                                   |
| in community in dependently without come i a good confidence                                                           |
| PHYSICAL THERAPIST AGSicabry PJ-JUL 16 2008                                                                            |
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### SCIF RECD DATES STAR ACQUELEX SCHULA DEMO28(2000) 12:22 PM 021702 11 15 880 S. J LANTIC BLVD, SUITE 203 MO., 1 EREY PARK, CA. 91754 PHONE (626) 282-3577 FAX (626) 284-4276

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# Physical Therapy Progress Report

| Patient Name:     PookS     Aprence       Referring Physician:     D:     SciencedD       Diagnosis:     (1) Full:     SciencedD       Claim Number:     80283     D.0.1.:                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Chief Complain(s):<br>C/S PAIN<br>T/S PAIN<br>L/S PAIN<br>Radicular Symptoms<br>Extremity Pain<br>(E) tago pert 5/10                                                                                                                                                                                                                                                                                                                                                      |
| Other<br>Improvement(s) Noted: ~= change ^= increased J=decreased<br>(no ^-,+-) ROM 7 1 (2) Face plaxen for 0-115<br>(no ^-,+-) Strength 1 (2) Face plaxen for 0-115<br>(no ^-,+-) Strength 1 (2) Face plaxen for 0-115<br>(no ^-,+-) Function 7 d order all per Clean + able for wall a longh de tonce<br>(no ^-,+-) Radiculopathy 0<br>(no ^-,+-) Radiculopathy 0<br>(no ^-,+-) Pain (2) Fall (5-5/10<br>(no ^-,+-) Other for 12d (oncluraen on (2) Face significantly, |
| General Assessment: At han Shimed segni ficent Improve ment<br>s han myrmed segnemic balence + indetrence,<br>(art 40 bans residual pain + weakhen + anold<br>bonefit from Cont At Neatment.<br>Treatment Plan/Recommendations: Cont. Stilled At intervention                                                                                                                                                                                                             |
| GOAL: (5) ) purther & pas. a Chale & 10 2) 1<br>Staroll m (2) LE p g. tigher 3) Ingrae formate<br>mainel gast patter & 9 40 ambulate in Conniumly 5 AD +<br>Mainel gast patter & 9 40 ambulate in Conniumly 5 AD +<br>Mainel gast patter & 9 40 ambulate in Conniumly 5 AD +<br>Mainel gast patter & 9 40 ambulate in Conniumly 5 AD +<br>Mainel gast patter & AD 5 Co for A JUN 18 2008                                                                                  |

| SCIE RECD DTE 07/23/2008 | BKSCAN 4 07/23/2008 12:22 PM 021702 11 10 |
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| Account Nut<br>Patient Name | nb:            | R         | 20                             | 6                      | <u>۲</u> ۹<br>کر | 5                          | Ь                   | 10                             | ne                       |                                 |                        |                                  |                                     |               |           |                          |          |                                |              | CLAIM: 80183<br>DOB: 6.20.49<br>BOI: 11.10.07 |                   |                           |                             |               |                        |                        |              |                     |                    |            |                   |                 |                |
|-----------------------------|----------------|-----------|--------------------------------|------------------------|------------------|----------------------------|---------------------|--------------------------------|--------------------------|---------------------------------|------------------------|----------------------------------|-------------------------------------|---------------|-----------|--------------------------|----------|--------------------------------|--------------|-----------------------------------------------|-------------------|---------------------------|-----------------------------|---------------|------------------------|------------------------|--------------|---------------------|--------------------|------------|-------------------|-----------------|----------------|
|                             |                |           | 11734                          | (1134                  | t US             | 144                        | (CCM                | 81(80                          | 13356                    | 11354                           |                        | 91110                            | ylıı2                               | 1121          | wili      | 12126                    | 17256    | 20616                          | 1210         | 01966                                         | 1212              | witt                      | 42145                       |               | 51476                  | +NN4                   | CCIN6        | Slock               | 371.76             |            | (HHA)             | (U)XiA          | UL 10          |
|                             | 101A1. (1881). | - 1       | 90.3 luterme, faster (New P.1) | WIS' Extended (New PT) | 1                | 918: Internatione (124 PT) | WO Terrakal(Est Pb) | 912 ("tompschensive (1:11 [1]) | 940 RIELINKASUFOCHERUNAN | 934 Manual Muscle Test / Repurt | THERAPEUTIC FRONTINURE | 928 Exercise (Rente & Textities) | 946 Phone monscriber Der Fullmatinn |               | 1         | 959 Thestaceatic Matsage |          | 966 Jeejant Attobility at her: |              | 9R4) Notel Tagane Methidian kan               | Wel loutepilottia | 914 Functional Artivities | 977 Each Additional 15 min. | NODALITIES    | 911 Mechanicallination | 916 Ekstikal Semulatis | 919 Winhad   | 41nth utiliants 729 | 94C3 Comprass Back | SUPPLIES . | ettes Electrochis | 614 "Decembrand | Sk7 Theraputty |
| UL 0 2 2008                 |                | _         |                                |                        |                  |                            |                     |                                | [                        | ļ                               | .<br>                  |                                  | Y                                   |               | 1         | Ļ                        | 1        | <u> </u>                       |              |                                               |                   |                           |                             | <u> </u>      |                        |                        | <br>         |                     |                    |            |                   | <br>            |                |
| L 0 7 2008                  | 30             |           |                                |                        | <u> </u>         | <br>;                      | .<br>               | <br>                           | <u> </u>                 | <br>  .                         |                        |                                  |                                     | <br>          |           | -                        |          | Ļ                              | <br>         |                                               |                   |                           |                             |               |                        | +                      | -            | .•<br>              |                    |            |                   |                 |                |
| UL 1 6 2008                 | 9              |           |                                | <br>                   | <br>             | !                          | <u> </u>            | <br>                           | 1                        | .<br>                           |                        | 1                                | 17                                  | 1             | ;         | <u> </u><br>             | K        |                                | <u> </u><br> |                                               |                   | !<br> <br>                |                             | <u>;</u><br>; | <u> </u><br>           | 7                      | <u> </u>     | <u> </u>            | <u> </u><br>       |            | (<br>             |                 | ι<br>          |
|                             |                |           |                                | ┢                      | <br>             | ┼╴                         | <u> </u>            | <br>                           | <u> </u> -               | +                               |                        | ┢                                | ₽                                   | <u>I</u>      | <u>.</u>  | ┢╴                       | ++       | ┢                              |              |                                               |                   | <b> </b>                  | ĺ                           |               |                        | 17                     | İ            | İ                   | İ                  |            | -                 | ·               | Ĺ              |
|                             |                |           |                                | $\square$              | İ                | <u> </u>                   | 1                   | +                              | ┢                        | Ť                               |                        | $\square$                        |                                     | Ī             | <u></u>   | T                        | Ĺ        | İ                              | <u> </u>     | Ť                                             |                   | Î                         |                             | Γ             | Ţ                      |                        | Ī            |                     |                    |            |                   |                 |                |
|                             |                | 1         |                                | 1                      | İ                | <u> </u><br>               | †-                  | Ì                              | Ì                        | <u>†</u>                        |                        | İ.                               | 1.                                  | İ             |           | İ                        | Ĺ        | Ì                              | Ì            |                                               |                   |                           |                             |               |                        | ļ                      | ļ            |                     | 1                  |            |                   |                 |                |
|                             |                |           |                                |                        | ľ                | ţ.                         | ŀ                   | Ĺ                              | 1                        |                                 |                        | 1                                |                                     | Ī             | 1         |                          |          | <u> </u>                       |              | <u> </u>                                      | <u> </u>          |                           | ļ<br>                       | <u> </u>      |                        |                        |              | -                   | <u> </u>           |            | L                 | <u> </u>        | Ļ              |
|                             |                |           | ŀ                              | 1.                     |                  |                            | Τ                   |                                |                          |                                 |                        |                                  |                                     |               | ,         |                          |          |                                | Ļ            | <u> </u>                                      | <u> </u>          | ļ                         | <u> </u>                    | <u> </u>      | 1                      |                        |              |                     | <u> </u>           | -          | 1                 | <u></u>         |                |
|                             |                |           |                                |                        |                  |                            | <u> </u>            | <u> </u>                       |                          | <u> </u> .                      | 1                      | <u>k</u>                         |                                     | Ļ             |           |                          |          | -                              | ļ            | _                                             | ļ                 |                           | <u> </u> -                  |               | ╞                      | ╀                      | +            | +                   |                    | –          | Į.                | ┼╌              | ╀              |
|                             |                |           | _                              |                        | <b>_</b>         | <u> </u>                   |                     | <u> </u>                       |                          |                                 |                        |                                  | <u> </u>                            | +             |           | +                        | <u> </u> | ┢                              |              | +                                             | <u> </u>          | <u> </u>                  | <u> </u>                    |               | ┢                      |                        | +            | +                   | $\frac{1}{1}$      | ┢─         | +-                | ┟┷              | ┝              |
|                             |                | <u> </u>  | Ļ                              | Ļ                      | ļ                | ļ                          | 1                   | <u> </u>                       | 1                        | <u> </u> .                      | <u> </u>               | <u> </u>                         | <u> </u>                            | <u> </u>      |           |                          |          | ŀ                              | <u> </u>     | +                                             | <u> </u>          | $\frac{1}{1}$             | <u>i</u><br>T               | <u> </u><br>  | <u> </u>               |                        | <br> <br>    | <u> </u>            | <br>               | 1          | -                 | <u>!</u>        | <u> </u><br>   |
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|                             | <br>           | <br> .    | <u>  :</u>                     |                        | <u> </u><br>     | +                          | <u> </u><br>        | +                              | <u> </u>                 | <u> </u>                        | <u> </u>               | $\frac{1}{1}$                    | +                                   | <u> </u>      | - <u></u> | +                        | +        | +                              | <u>+</u>     |                                               | <u></u>           | -                         | Ť                           | T             | $\frac{1}{1}$          | İ                      | Ť            | Ī                   | Í                  | İ          | Í                 |                 | Í              |
|                             |                | +         | ┢                              | ŀ                      | ╎                | ╈                          | ╉                   | +                              | ╎                        | ╎                               | ┢                      | $\uparrow$                       | 1                                   | ╎             | Ť         | +                        | t        | ╈                              | ╀            | ╎                                             |                   | $\uparrow$                | T                           | ŀ             | T                      |                        | Τ            | T                   |                    |            |                   |                 |                |
|                             |                | T         | +-                             |                        | Ť                | 1                          | +                   | T                              | 1                        | Ť                               | ϯ                      | T                                | T                                   | Ť             | Ì         | Ť                        | Τ        |                                | Τ            | Τ                                             |                   |                           | Γ                           | Γ             | Γ                      | Γ                      | ·            |                     |                    |            | Ļ                 |                 | 1              |
| ŧ <sup>j.</sup>             |                | ĺ         | Ĺ                              | Ĺ                      |                  | Ì                          | Ì                   | T                              | T                        | ·                               | Ţ                      | Γ                                | T                                   | Ţ             | 1         | Ţ                        | Ţ        |                                |              | T                                             | Ţ                 | ŀ                         | ļ                           |               | 1.                     | 1                      | 1            | Ļ                   | -                  | ╞          | -                 | +-              | +              |
|                             |                |           |                                |                        |                  | 1                          | -                   | <u> </u>                       |                          | Ļ                               | 1                      | 1                                | <b>_</b>                            | <u> </u>      | Ļ         |                          | Ļ        | -                              | <br>         |                                               |                   | ╀                         | <u> </u>                    | +             | +                      | $\frac{1}{1}$          | ╀            | -                   | ╀                  | ╀          | -                 | +               | ╀              |
|                             | Ļ              |           | 1                              |                        |                  | 1                          |                     |                                |                          |                                 |                        | <u> </u>                         |                                     |               |           |                          | 1        | <u> </u>                       | <u> </u>     | <u> </u>                                      | <u>. </u>         |                           |                             | 4             | 4                      | +                      | 1_           |                     | 1                  |            | 1_                | <u> </u>        | 1              |
| X Date: (0)                 | 6              | <u>'0</u> | 6                              | <u> </u>               |                  | (                          | 3                   | x /                            | wk                       | X                               | <u> </u>               | 1 1                              | wks                                 |               | Y.<br>ert |                          |          | To                             | otal         | Vis                                           | <u>IIS /</u>      | <u>Aut</u>                |                             | Ĵ             | レ                      | j <u>b:</u>            |              |                     |                    |            |                   |                 |                |
| uth Date: 6                 |                |           |                                |                        |                  |                            |                     |                                |                          |                                 |                        |                                  |                                     |               | Dat       | _                        |          |                                |              |                                               |                   |                           |                             |               | ٤                      | nd I                   | Dat          | e:                  |                    |            |                   |                 |                |
|                             | <u>.</u>       |           |                                |                        |                  |                            |                     |                                |                          |                                 |                        |                                  |                                     |               |           |                          |          |                                |              |                                               |                   |                           |                             |               |                        |                        |              |                     |                    |            | _                 | <u>.</u>        |                |
| 'n <b>#:</b>                |                |           |                                |                        |                  |                            |                     |                                |                          |                                 |                        |                                  |                                     |               |           | _                        |          |                                |              |                                               |                   |                           |                             |               |                        |                        |              |                     |                    |            |                   |                 |                |

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| Account Number Rooks, Floslerve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |
| Distant Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 97. Salety Saletzi (e. 8. 1919, 12) (c. 1910)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |
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| Authorized by (Adj / RN ):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |
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Associated Sports Therapy (AST) 880 South Atlantic Blvd, Suite 203, Monterey Park, CA 91754 Phone: (626) 282-3577 Fax: (626) 284-4275 T 2 DIAGNOSIS: Theo Ľ 262000 70/-DATE Date: JUL 1 6 2008 Initial Evaluation **Re-Eval/Progress Report** 1 **Treatment Modalities:** Hot Packs ~ Cold Packs Ultrasound Whiripool Paraffin Date: 5m Massage / STM / DTM / MFR E-Stim / TENS / IF / NMES th. Neuromuscular Re-ed 1 Tharapeutic Activities Gait Training 1~ Joint Mobilization Techniques Posture Education Date: **Body Mechanics** Work Simulation Home Exercise Program (HEP) Other: Therapeutic Procedures: Stationary Bike n Squats (by the wall) Date: Heel Raises ((7) Progressive Resistive Ex's (PRE's) 1572 -Theraband/Theratube -Ankle Weight ちつ -Swiss Ball RA -Step ups -SAQ's/LAQ's/SLR's 1512 Stretching Exercises Date: -QS/HS/GS 1572 -Heelcord Stretch -Manual Stretch Other: Therapist Initials Æ ROKS, FLOKENE Therapist Name/ Title Initials Patient Name: AGSicabon 13 7675 ĥÉ Patient Account #: \_ Albert Q. Escobar, RPT IR MULDO PT19096 Physician's Name: \_\_\_\_ Treatment Flow Chart

(Hip and/or Knee)

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| Associated Sports Therapy (AST)<br>880 South Atlantic Blvd, Suite 203, Monterey Park, CA 91754 |          |               |                         |              |                    |                                |
|------------------------------------------------------------------------------------------------|----------|---------------|-------------------------|--------------|--------------------|--------------------------------|
| SSU SOUTH ATLA<br>Phone: (                                                                     |          |               |                         |              |                    | (626) 284-4276                 |
| 131                                                                                            |          | 202-3         |                         |              |                    |                                |
| DIAGNOSIS: () KA                                                                               | ee       | P             | 之气.                     |              |                    |                                |
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| DIAGNOOIS: CARE AND AND AND AND AND AND AND AND AND AND                                        |          |               |                         |              |                    |                                |
|                                                                                                | 12       | 13            |                         |              | 1.8                |                                |
| DATE                                                                                           | / ?      | /5            | / 🗣                     | 13           | 15                 | /                              |
| Initial Evaluation                                                                             |          | {             |                         |              |                    | Date: 11 N 1 8 2008            |
| Re-Eval/Progress Report                                                                        | ~        |               |                         |              |                    | lef states she can't to do     |
| Treatment Modalities:                                                                          |          | ada g         |                         |              |                    | 470 Propert pain Segned        |
| Hot Packs                                                                                      | V        |               | 70'                     |              | ~                  | to t'd a ment. Reid            |
| Cold Packs                                                                                     |          |               |                         |              |                    | PT. TA Ph Clon digent          |
| Ultrasound                                                                                     |          |               |                         |              |                    | + tol Roll, were kenerit       |
| Whiripool                                                                                      |          |               |                         |              |                    | Jean stilled PT - HE           |
| Paraffin                                                                                       |          |               |                         |              |                    | Date: JUN 2 0 2000             |
| Massage / STM / DTM / MFR                                                                      | sth      | 8941          | 5Tm                     | SM           | MFC                | Cant of preid PTR              |
| E-Stim / TENS / IF / NMES                                                                      | ph~      | HW            | HW                      | the          | HW                 | for fin thent, men             |
| Neuromuscular Re-ed                                                                            | V_       |               |                         |              |                    | in fal today in ptg            |
| Therapeutic Activities                                                                         |          |               |                         |              |                    | de cubed, She had mode         |
| Gait Training                                                                                  | · · · ·  |               |                         | <u> </u>     |                    | Good moren sofm -              |
| Joint Mobilization Techniques Posture Education                                                | <u> </u> |               | -                       |              |                    | and buefet geon                |
|                                                                                                |          |               |                         |              |                    | Data UL U Z CUB DI C/2 Usen to |
| Body Mechanics<br>Work Simulation                                                              |          | <b> </b>      |                         |              |                    |                                |
| Home Exercise Program (HEP)                                                                    |          |               |                         |              |                    | to a ane - pant                |
| Other:                                                                                         | <u> </u> |               |                         |              |                    | A Flore Elevel (land           |
|                                                                                                | <u> </u> |               |                         |              |                    | 1/2 It tol IX tone             |
| Therapeutic Procedures:                                                                        |          |               |                         |              | ł                  | R. continue + PT               |
| Stationary Blke                                                                                | 757      | IK7           | 15                      | 757          | 80                 | plan - DTT                     |
| Squats (by the wall)                                                                           | 102      | 1592          | 1042                    | 1013         | 1013               | Date JUL 0 7 2008              |
| Heel Raises                                                                                    | 102      | -101)         | 1047                    | 1013         | 1013               | Go Han in (2) Fue 3-4          |
| Progressive Resistive Ex's (PRE's)                                                             | 1        | 1 · · ·       | · . ·                   |              | ан Ан<br>1917 - Эл | Accid PTTA PA                  |
| -Theraband/Theratube                                                                           | 1.0      | 12:0          |                         | 10x 2        | (OX3               | Along chart & payforce a       |
| -Ankle Weight                                                                                  | 100      | 10y1          | 1042                    | 1913         | 1013               | ter to part                    |
| -Swiss Ball                                                                                    | 102      | 1072          | 1072                    | FX 2         | 1013               | Will Court A                   |
| -Step ups                                                                                      | 1012-    | 1612          | 1072                    | 10x3         | 1013               | Plant + + 19000 C a At ala     |
| -SAQ'3/LAQ'S/SLR'S                                                                             | 1012     | -1017-        | 1072                    | <u>1 ሥ/ኃ</u> | 1019               | Jul 1 1 2008 Sape elo          |
| Stretching Exercises<br>-QS/HS/GS                                                              | 100-     | 1/02          | 1047                    | 1676         | 1112               | Date: CUMANIA COLONIEL         |
| -Heelcord Stretch                                                                              | 14-      | + <u>/-//</u> | The Le                  | <u>r~~</u> / | 10.2               | asia Restriction To CARLE      |
| -Manual Stretch                                                                                |          |               | <u> </u>                |              | +                  | Actally July Car               |
| Other:                                                                                         |          |               |                         |              |                    | DEMONANT JI                    |
|                                                                                                | <u> </u> | 1             |                         |              | 1                  |                                |
| Therapist Initials                                                                             | IF       | Æ             | 1                       | AE           | 10                 |                                |
| Therapist Name/ Title                                                                          |          | [ Initial-    | , /``                   | Ď#           | ient Narr          | ne: ROOKS, PLORENE             |
|                                                                                                |          | Initials      | 1                       | คสบ          |                    |                                |
| ACEicaban P                                                                                    | -        | Æ             | Patient Account #: 7679 |              |                    |                                |
| Albert Q. Escobar, RPT                                                                         |          |               |                         |              |                    |                                |
| PT19096                                                                                        |          |               | j                       | Phy          | sician's           | Name: <u>VK. STRUCTOO</u>      |

**Treatment Flow Chart** (Mip and/or Knee)

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Associated Sports Therapy (AST) 880 South Atlantic Blvd, Suite 203, Monterey Park, CA 91754 Phone: (626) 282-3577 Fax: (626) 284-4276 DIAGNOSIS: W ,¢ag \$ 05 MŊ, DATE **Initial Evaluation** Dámin († 6200 **Re-Eval/Progress Report Treatment Modelities:** Hot Packs 20 20 1 20 ~ Cold Packs ~ Ultrasound Whirloool Paraffin Date Massage / STM / DTM/MFR 574 SM In STM E-Stim / TENS / IF / NMES h v $\mu$ ¢Ĵи. Neuromuscular Re-ed Therapeutic Activities Gait Training Joint Mobilization Techniques Posture Education **Body Mechanics** Date Work Simulation Home Exercise Program (HEP) Other: **Therapeutic Procedures:** 30 **Stationary Bike** 30 Squats (by the wall) Date: HIM 2008 Heel Raises o Progressive Resistive Ex's (PRE's) -Theraband/Theratube -Ankle Weight -Swiss Ball lo II -Step ups -SAQ's/LAQ's/SLR's Stretching Exercises Date: II N -QS/HS/GS -Heelcord Stretch -Manual Stretch Other: Therapist initiels Therapist Name/ Title Initials Patient Name: 7 Patient Account # Albert Q. Escobar, RPT sauerde DI PT19096 Physician's Name:

Treatment Flow Chart (Hip and/or Knee)