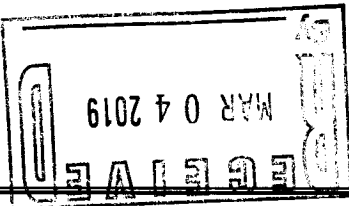


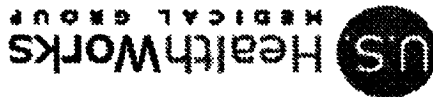
<p><b>1. INSURER NAME AND ADDRESS</b>                  STATE COMP (FRESNO)SOUTH                  P.O. BOX 65005                  FRESNO CA 93650 - 5005                  Claim #:</p>		<p><b>2. EMPLOYER NAME</b>                  CIM/CALIF. INSTITUTION MEN</p>		<p><b>3. Address No. and Street</b>                  P.O. BOX 128                  ROSALIND RIVAS [HEALTH &amp; SAFETY]                  CHINO                  Zip 91708 - 0128</p>		<p><b>4. Nature of Business (e.g. food manufacturing, building construction, retailer of women's clothes.)</b>                  PRISON/DPT OF CORRECTIONS                  County</p>		<p><b>5. PATIENT NAME (First Name, Middle Initial, Last Name)</b>                  GERGOE M SOOHOO                  6. Sex Male                  7. Date of Birth: 11-28-1953                  9. Telephone Number (949)892-8277                  Hazard</p>		<p><b>8. Address: No. and Street</b>                  2508 LIGHTHOUSE LANE                  CHINO                  City: CORONA                  Zip: 92625</p>		<p><b>10. Occupation (Specific Job Title)</b>                  SUPU DENTIST                  11. Social Security Number 562-78-4407                  Disease</p>		<p><b>12. Injured at: No. and Street</b>                  P.O. BOX 128                  City: CHINO                  County: SAN BERNARDINO                  Hospitalization</p>		<p><b>13. Date and hour of injury or onset of illness</b>                  Mo. Day. Yr./Hour 07-06-2018 /12:30                  14. Date last worked Mo. Day Yr. 07-20-2018                  Occupation</p>		<p><b>15. Date and hour of first examination or treatment</b>                  Mo. Day. Yr./Hour 07-20-2018/09:42 am                  16. Have you (or your office) previously treated patient? No                  Return Date/Code</p>		<p>Patient please complete this portion, if able to do so. Otherwise, doctor please complete immediately, inability or failure if a patient to complete this portion shall not affect his/her rights to workers' compensation under the California Labor Code.  <b>17. DESCRIBE HOW THE ACCIDENT OR EXPOSURE HAPPENED</b> (Give specific object, machinery or chemical. Use reverse side if more space is required.)                  walked off grounds of cim July 6 stressed from embarrassment humiliy and open degradation in front of all dental staff felt fatigue depressed loss of enery unable to sleep and no desire to do anything went to ont/13 blood pressure was 180/96</p>		<p><b>18. SUBJECTIVE COMPLAINTS</b>(Describe Fully. Use reverse side if more space is required.)                  History Of Present Illness:                  A 64 year old male, working as a SUPU DENTIST, states "walked off grounds of cim July 6 stressed from embarrassment humiliy and open degradation in front</p>	
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**DOCTOR'S FIRST REPORT OF OCCUPATIONAL ILLNESS OR INJURY**

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

U.S. HealthWorks  
 3200 Inland Empire Blvd, Suite 100,  
 Ontario CA 91764 - 5513  
 Ph: 909 945-5011  
 Case #: 124371402



of all dental staff felt fatigue depressed loss of energy unable to sleep and no desire to do anything went to 07/13 blood pressure was 180/96. I have reviewed the patient's complete health history and the review of systems obtained on 07-20-2018 included in the medical record. No chemical or toxic exposure was reported. No previous occupational injuries are cited by the patient. There are no known pre-existing conditions that might interfere with the treatment or delay/impe the recovery process. There was a specific event of an injury or illness, walked off grounds of cm July 6 stressed from embarrassment; humility and open degradation in front of all dental staff felt fatigue depressed loss of energy unable to sleep and no desire to do anything went to 07/13 blood pressure was 180/96. There are no known prior acute trauma or cumulative trauma to the affected body part. There has been no ongoing treatment for the prior trauma or exposure. There are no known related hobbies/sports complications.

**Dominant hand is right.**

**Present complaint**

**Severity:** On severity scale, the pain is 8 out of 10.

**Psych Complaints/Symptoms**

**Complaint:** Patient's complaint at this time is as follows: stress at work. The primary presenting symptom is insomnia. He says it is moderately severe. He reports having symptoms for 14 days. The frequency is constant.  
**Associated Symptoms:** The patient denies a history of suicidal ideations. The patient denies any suicide attempts. The patient states no history of self injurious behaviors. There is no history of homicidal ideations. The patient denies a history of mood swings. Patient denies increased incidents of crying. There is no history of anger or temperament issues. The patient denies auditory hallucinations. The patient denies visual hallucinations. There is no history of blackouts. The patient denies memory loss or forgetfulness. The patient denies confusion. The patient denies any difficulty with concentration. The patient has no complaints of myalgia. The patient denies headaches. The patient denies feeling tremulous or shaky. The patient denies insomnia or sleep disturbances. The patient denies a history of nausea and vomiting. There is no history of diarrhea or constipation. The patient states there is no loss of appetite. The patient denies abdominal pain. There is no history of chest pain or palpitations. The patient denies any dyspnea. The patient does not complain of any skin conditions.

**19. OBJECTIVE FINDINGS (Use reverse side if more space is required.)**

A. A Physical Exam was performed. Any pertinent findings are noted as follows:

**Physical Examination:**

Height: 60 inches. Weight: 185 lbs. BMI: 36 Pulse: 87/min. BP: 160/93 mmHg. Temperature: 98.8 deg F Respiration: 16 per min.

**Constitutional:** The patient is a well-developed, well-nourished male.

**Psychiatric:** He is alert and oriented to person, place and time. There is no history of psychiatric illness. There is no history of substance abuse.  
**Mental Status Exam:** The patient's memory appears intact. The patient states their mood is not abnormal. The patient's affect is within normal limits. The patient denies insomnia. The patient has no complaints of appetite disturbance or eating disorder. There are no complaints regarding loss of energy. The patient denies loss of libido. The patient denies suicidal ideation. The patient states there is no homicidal ideation. The patient is not inappropriately dressed or distressed. The exam reveals that the patient's behavior is not uncooperative, distant, or hostile. The patient states that thought processes are normal. The patient exhibits no abnormal thought content. The patient's speech is within normal limits.

**Eyes:** Pupils are equal and reactive to light and accommodation. The conjunctiva and sclerae show no signs of inflammation. There is no excessive lacrimation noted. There is no exophthalmos. Peripheral vision appears normal. The red reflex is present.

**Respiratory:** The patient's respiratory rate is normal. Lungs are clear to auscultation. The chest cavity has no deformities; there is no kyphosis.

**Skin:** The patient is not diaphoretic. The patient is not cyanotic. There is no skin pallor. The patient has no rashes or dermatitis. There are no suspicious skin lesions noted.

**Endocrine:** The neck exam is negative for thyromegaly. The thyroid is non-tender on palpation. There is no evidence of thyroid nodules or masses.

**Musculoskeletal:** The patient ambulates with a normal gait, full weightbearing on both lower extremities. The examination of the spine reveals no abnormality. Examination of the extremities is grossly within normal limits. There is no weakness of the lower extremities.

**Cardiovascular:** The heart rate is normal. Heart rhythm is not irregular. No heart murmur was auscultated. Exam of the carotids reveals strong pulses, without bruits. There is no jugular venous distention noted. There is no pretibial or pedal edema. Upper extremity pulses are within normal limits. Pulses of the lower extremities are within normal range.

**Neurologic:** Cranial nerves II-XII are grossly intact. Deep tendon reflexes are within normal limits. There is no evidence of tremors, tics or muscle twitching.





The attached documents are intended 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 applicable law. If you are not the intended recipient, any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and delete or destroy all copies of the original message.

Revised 09.19.2016

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Revised 09.19.2016

New RFA form required for all authorization requests (unless services are Pre-Approved per medical case instructions) effective 1-1-13 (do not use RFA on any advice of notification only).

Labor Code Section 4610, section (e) states that "no person other than a licensed physician ... may modify, delay or deny request for authorization of medical treatment.

(1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician. In cases where the review is retrospective, the decision shall be communicated to the individual who received services, or to the individual's designee, within 30 days of receipt of information that is reasonably necessary to make this determination. All of the denial or modification procedures contained in Labor Code section 4610 (g) (2) and (3) are mandatory, and if the statutory requirements are not met, the utilization review report is not admissible. The only other procedure for disputing the treatment is a GME, pursuant to Labor Code section 4662.

**Comments/Other Requests:**

For additional questions or concerns that may not be addressed by the above sender, please contact the Centralized Referral Team, or via email at: [centralizedreferrals@ushworks.com](mailto:centralizedreferrals@ushworks.com) (844) 341-2340

Please confirm receipt of attached RFA within (24) hours. If this RFA was directed to you in error and you are not the correct adjuster/contact, please contact the sender of this RFA and provide the correct contact person and fax or email address.	
X	DWC Form RFA (note: original provider (MD/DO only) signature is required)
	Authorization/Specialty Evaluation Form
X	First Visit/Last Visit Encounter Forms
X	Dr's First Report
X	Last PR2/Work Status
	Relevant Diagnostic Reports
X	Therapy Medical Necessity / Goals
	Other:

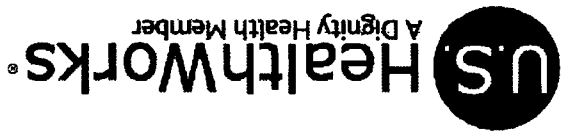
**Requested Service(s):** Included Supporting Material(s) Attached:

\*The prescribed service(s) as listed below are noted as "pre-approved" and does not require UR review per pre-established client service instructions on file with U.S. HealthWorks

**Notification Only: Pre-Approved**

Total number of pages included:		11
<b>Diagnosis:</b>	Other physical and mental strain related to work	
<b>Patient:</b>	SOHOO, GERGOE MANE	
<b>Email:</b>	ROGELIO.CUEVAS@USHWORKS.COM	
<b>Tel #:</b>	(951) 697-7330	(661) 568-7081
<b>Fax #:</b>	(707) 646-0738	(661) 678-2351
<b>To:</b>	Taylor Southerland	
<b>Date:</b>	07/25/18	
<b>Time:</b>	11:55 AM	

**Fax Cover Sheet**  
Request for Approval/Notification



**STATE  
COMPENSATION  
FUND**

October 11, 2019

06380832

Phillip Cohen  
1550 Hotel Circle North  
Suite 170  
San Diego CA 92108-2907

Re: **George Sotho v. Ca Institution For Men Attn: Return To Work Office**  
**WCAB Case No. ADJ1815610**

Dear Sir or Madam:

Enclosed please find copies of the following described reports.

**REPORTS:** Stewart Lonky, M.D.  
Long Beach VAMC  
**DATE:** 06/10/2019  
04/16/2019

Thank you for your attention to this matter.

Sincerely

**Maria A. Gomez**

Maria A. Gomez

Legal Secretary  
(714)667-7416

Enclosure(s)

