

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Check the boxes which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e., has reached maximum medical improvement), do not use this form. You may use DWC Forms PR-3 or PR-4.

<input checked="" type="checkbox"/> Periodic Report (required 45 days after last report)	<input type="checkbox"/> Change in treatment plan	<input type="checkbox"/> Released from care
<input type="checkbox"/> Change in work status	<input type="checkbox"/> Need for referral or consultation	<input type="checkbox"/> Response to request for information
<input type="checkbox"/> Change in patient's condition	<input type="checkbox"/> Need for surgery or hospitalization	<input type="checkbox"/> Request for authorization
<input checked="" type="checkbox"/> Other: Agree with the AME Findings, of Dr. Jeffery Berman, M.D.		

Patient:

Last: Johnson (9) First: Marvetta M.I.: _____ Sex: Female
 Address: 1022 W 138th St City: Compton State: CA Zip: 90222
 Date of Injury: 1) 01/25/19, 2) 3/14/19, 3) 07/29/2019 4. 08/18/2019 Date of Birth: 12/11/1967
 Occupation: Detention Service Officer SS #: 546-19-7076 Phone: 562-361-3048

Claims Administrator:

Name: Sedgwick Claim Number: 1. 419-01553-D 2. 419-02165-D 3. 420-00359-D 4. 20-00878-D
 Address: P.O. Box 51350 City: Ontario State: CA Zip: 91761
 Phone: (909)942.8936 FAX: (909) 942.8918

Employer name: Los Angeles County Probation Dept. **Employer Phone:** (562) 361-3048

Subjective complaints:

- (Lt.) Hip- Frequent, severe to moderate pain, soreness and stiffness, 4-5/10 pain level – Decreased pain
- (Lt.) Thigh – Intermittent, moderate pain, 4-5/10 – Improved with Acupuncture Treatments
- Lower Back – Frequent/Intermittent, moderate, radiating pain, 4-5/10 – Decrease in pain
- (Lt.) Knee – 4-5/10 pain level – Slight increase in pain

Objective findings: (Include significant physical examination, laboratory, imaging, or other diagnostic findings.)

(Lt.) Hip- Mild to moderate palpable tenderness, ROM- Flex- 100/120, Ext- 15/30, Int. Rot.- 25/35, Ext. Rot-35/45, Abd.-30/45, Add.- 15/20, +4/+5 Hip Flex, Add., Hip Ext., +Patricks, (Lt.) Thigh- Mild palpable tenderness, (Lt.) Knee- Mild tenderness, ROM- Ext- 180/180, Flex- 130/135, Lumbar Spine- Mild to moderate palpable tenderness, ROM- 40/60, Ext- 15/25, R Lat Flex-10/25, L Lat Flex- 10/25, R Rot- 15/25, L Rot- 15/25, +Kemps, +SLR, +Ely's, +Milgrams, +Valsalva, +4/+5 Heel/Toe Walking, Knee Ext., Hip Flex.,

Diagnoses:

ICD Codes

(Lt.) Hip – Enthesopathy, Contusion	M70.70, S70.00XA
Lumbar Spine – Enthesopathy, with radiculopathy Rule Out Disc Bulges	M46.06, M54.16 Rule Out M51.26
(Lt.) Thigh (Quads) – Strain	S76.112D
(Lt.) Knee - Tendonitis	M76.51
Subluxations of the L/S (Subsequent Encounter)	S33.100D

ACTIVITIES OF DAILY LIVING

After the injuries, she indicated constant, severe pain and impairment of activities involving self-care/personal hygiene, driving, standing, sitting, climbing stairs, bending, stooping, kneeling, squatting, lifting and carrying. After Acupuncture Care, she indicates improvement and frequent, moderate pain and impairment of activities involving self-care/personal hygiene, driving, standing, sitting, climbing stairs. The patient reports mild pain with cleaning, washing clothes.

RE: Marvetta Johnson vs. Los Angeles County Probation Dept.
Claim NO: 1. 419-01553-D 2. 419-02165-D 3. 420-00359-D
4. 20-00878-D

WCAB NO: 1. ADJ12198746 2. ADJ12198788 3. ADJ12430393
4. ADJ12566243

DOI: 1. 01/25/2019 2. 03/14/2019 3. 07/29/2019 4. 08/18/2019

PROOF OF SERVICE BY MAIL/FAX

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am a resident of the county aforesaid, I am over the age of eighteen years, and not a party to the within entitled action; my business address is: 11915 Washington Blvd. Los Angeles, CA. 90066, December 16, 2020, I served the within.

Permanent and Stationery PR2

On the interested parties in said action, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in United States Mail at Los Angeles, California, addressed as follows:

Applicant Attorney:
David H. Black
3201 Pico Blvd
Santa Monica, CA 90405
Fax: 310.315.7353

Sedgwick
P.O. Box 51350
Ontario, CA 90222
Fax: 909-942-8918

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

Executed on December 16, 2020 at Los Angeles, California.


Beatriz Palomino

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Treatment Plan: (Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation, acupuncture). Use of CPT codes is encouraged. Have there been any changes in treatment plan? If so, why?)

Ms. Johnson's response to Acupuncture has been satisfactory. She has shown functional improvement. Her ranges of motion, pain levels and the duration of pain has improved.

She underwent an AME evaluation, on 2/13/20, with Dr. Jeffery Berman, M.D. Due to the Covid-19 Pandemic, the report was not generated until 11/2/2020. Dr. Berman; "Found her injuries to be Industrial in Nature." I read the report and I concur with his findings.

This patient is permanent and stationary per findings of Dr. Jeffery Berman. Therefore, we are discharging this patient immediately.

Work Status: This patient has been instructed to:
Remain off-work until: _____
 Return to *modified* work on: _____ with the following limitations or restrictions
(List all specific restrictions re: standing, sitting, bending, use of hands, etc.).
 Return to full duty on: 12/16/2020 with no limitations or restrictions.

Primary Treating Physician: (original signature, do not stamp)

Date of exam: 12/16/2020

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

Signature: Kenneth A. Webb, D.C.

Cal. Lic. #: DC 26997

Executed at: Los Angeles, California

Date: 12-16-2020

Name (Printed): Kenneth A. Webb, D.C.

Specialty: Chiropractor

Address: 11915 Washington Blvd, Los Angeles, California 90066

Phone: (310) 572 - 1515 Fax (310) 572 - 1522

FAX COVER SHEET

To: 13103157353

From: doctors doctors
<doctors@westsidehealthandchiro.com>

Company:

Date: 01/26/2021 11:10

Fax Number: 13103157353

Pages (including cover): 1

Re: Marvetta Johnson PR2 (P&S) 12/16/2020

Notes:

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Westside Health and Chiro

11915 Washington Blvd

Los Angeles, CA 90066

Tel: 310-572-1515 Fax: 310-572-1522