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PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am a citizen of the United States. I am over the age of 18 years and not a party of the above-entitled action; my business address is 12626 Riverside Drive, Suite 510 North Hollywood, Ca 91607. I am familiar with a Company's practice where the mail, after being placed in a designated area, is given the appropriate postage, and is deposited in a U. S. mailbox in the City of Los Angeles, after the close of the day's business.

On 8th day of April, 2022, I served the within following letter / forms on all parties in this action by placing a true copy thereof enclosed in a sealed envelope in the designated area for out-going mail addressed as set forth above or electronically on the specified parties with email addresses as identified.

Patient's Name: Castillo, Regelin
Claim Number: 30217364863-0001
WCAB / EAMS Case No: ADJ14349577

- | | |
|---|--|
| <input type="checkbox"/> MPN Notice | <input type="checkbox"/> Initial Consultation Report – _____ |
| <input type="checkbox"/> Designation of Primary Treating Physician & Authorization for Release of Medical Records | <input checked="" type="checkbox"/> Re-Evaluation Report / Progress Report (PR-2) – <u>04/04/2022</u> |
| <input checked="" type="checkbox"/> Request for Authorization – <u>04/04/2022</u> | <input type="checkbox"/> Permanent & Stationary Evaluation Report – _____ |
| <input checked="" type="checkbox"/> Itemized – (Billing) / HFCA – <u>04/04/2022</u> | <input type="checkbox"/> Post P&S Follow Up – _____ |
| <input type="checkbox"/> QME Appointment Notification | <input type="checkbox"/> Review of Records – _____ |
| <input type="checkbox"/> Primary Treating Physician's Referral | <input type="checkbox"/> PQME / Med Legal Report – _____ |
| <input type="checkbox"/> Other: _____ - _____ | <input type="checkbox"/> Computerized Dynamic Range of Motion (ROM) and Functional Evaluation Report – _____ |

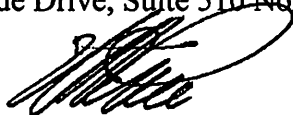
List all parties to whom documents were mailed to:

cc: Mayya Kravchenko, D.C., QME
12626 Riverside Drive, Suite 510
North Hollywood, Ca 91607

cc: Workers Defenders Law Group
751 S. Weir Canyon Road, Suite 157-455
Anaheim, Ca 92808

cc: Sedgwick CMS
P.O. Box 14433
Lexington, Ky 40512

I declare under penalty of perjury that the foregoing is true and correct under the laws of the State of California and that this Declaration was executed at 12626 Riverside Drive, Suite 510 North Hollywood, Ca 91607 on 8th day of April, 2022.



Ilse Ponce

E. DAVID FEDER, L.AC.
SPORTS MEDICINE & ORTHOPEDIC INJURIES
12626 Riverside Drive, Suite 510 | North Hollywood, California 91607
Tel: (818) 623-9631 Fax: (818) 623-9631

APRIL 4, 2022

Maya Kravchenko
12626 Riverside Drive., Ste 510
North Hollywood, CA 91607

RE: PATIENT: CASTILLO, REGELIN P.
SSN.: UNKNOWN
EMP: ADVENTIST HEALTH SYSTEM / WEST
INS: SEDGWICK CMS
CLAIM NO.: 30217364863-0001
WCAB/ADJ.: ADJ14349578; ADJ14349577
D.O.I.: CT: 01/01/2009-02/19/2019
D.O.E./CONSULTATION: APRIL 4, 2022

TREATING PHYSICIAN'S RE-EVALUATION REPORT AND REQUEST FOR AUTHORIZATION

Time spent face to face: 10 minutes.

Time spent non-face includes review of records and preparation of this report: 15 minutes.

INTERIM HISTORY: The above referenced patient has been undergoing acupuncture treatments with the undersigned with treatments including electro-acupuncture and adjunctive physiotherapies in below referenced area since December 20, 2021. The patient reports the acupuncture treatments have been providing the patient with relief of symptoms and the below referenced condition has functionally improved since beginning treatments due to improved range of motion and decreased severity of symptoms. The patient reports a better ability to perform activities of daily living.

CHIEF CURRENT COMPLAINTS:
(as related to acupuncture therapy)

1) Current Body part: see chart LIS

Pain: 0 - 10 4-6 Describe (P) continues less frequent
Stiffness: Min Slight ~~Mod~~ Sev Describe
Paresthesia: Min Slight Mod Sev (Num) Ting Burn Cold Describe less frequent

Pain med usage: Less Y / (N) Describe _____
Sleep Improved: Y (N) Describe _____
Functional Improvement: Patient estimates approximately 20 % improvement since last evaluation. _____

1) Current / New Body part: _____

Pain: 0 - 10 _____ Describe _____

Stiffness: Min _____ Slight _____ Mod _____ Sev _____ Describe _____

Paresthesia: Min _____ Slight _____ Mod _____ Sev _____ Num Ting Burn Cold Describe _____

PATIENT NAME: CASTILLO, REGELIN P.

EXAMINATION:

1) Current Body part: L15
Myofascial Restrictions: Min Slight Mod Sev Describe
Guarding/ Hypertonicity: Min Slight Mod Sev Describe
Myofascial TP's: Min Slight Mod Sev Describe
Tenderness: Min Slight Mod Sev Describe

AROM: Flx 90 Ext 15 Lat Flx R 20 L 20 Rot R 40 L 40 Abd R L Add R L
Ext Rot R L Int Rot R L Pronat R L Sup R L
Rad Dev R L Uln Dev R L
Dorseflex R L Plantarflex R L Inv R L Ev R L

Additional notes:

2) Current / Additional / New / Body part:
Myofascial Restrictions: Min Slight Mod Sev Describe
Guarding/ Hypertonicity: Min Slight Mod Sev Describe
Myofascial TP's: Min Slight Mod Sev Describe
Tenderness: Min Slight Mod Sev Describe

AROM: Flx Ext Lat Flx R L Rot R L Abd R L Add R L
Ext Rot R L Int Rot R L Pronat R L Sup R L
Rad Dev R L Uln Dev R L
Dorseflex R L Plantarflex R L Inv R L Ev R L

Additional Comments:

DIAGNOSIS:

- Cervical Spine - Sprain/Strain (S13.4XX) / Radiculopathy (M54.12)
Thoracic Spine - Sprain/Strain (S23.3XX)
Lumbar Spine - Sprain/Strain (S33.8XX2) / Radiculopathy (M54.16)
Myofascitis / Myalgia (M79.1)
Shoulder / Upper Arm - Sprain/Strain (S43.409)
Elbow - Sprain/Strain(S53.409)
Forearm - Sprain/Strain(S56.919) / Wrist - Sprain/Strain (S63.509)
Hand - Sprain/Strain (S63.90X)
Carpal Tunnel Syndrome (G56.00)
Knee - Sprain/Strain (S83.90X)
Leg - Sprain/Strain (S86.919)
Ankle - Sprain/Strain (S93.409)
Foot - Sprain/Strain (S93.609)
Other

TREATMENT PLAN:

- Continue treatment with current body part times per week for weeks.
Modify treatment plan: Discontinue treatment with current body part as it has reached maximum medical improvement from an acupuncture standpoint. Begin: (new body part) times per week for weeks.
Discontinue treatment. Patient has reached maximum medical improvement. Follow-up in weeks.
Discontinue treatment per pre-authorization through medical provider network. Patient has reached maximum medical improvement / Patient has NOT reached maximum medical improvement from an acupuncture standpoint.

INTERPRETER PRESENT No Yes Name:

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.

David Feder, L.Ac. #AC 7946

4/4/2022
Date of evaluation