Tri-City Health Group

7951 Valley View St.
La Palma, CA. 90623
Ph: (714) 994-1131 / Fax: (714) 994-4415

Name of Patient:	Martin Lugo
Date of Birth:	7/30/1964
Age:	56
Sex:	Male
Date of Examination:	5/8/2021
Requesting Physician:	Gerald Ferencz, D.C.
Date of Injury:	CT: 1/1/2019-4/5/2020; 3/23/2021 and 6/24/2020

PHYSICAL MEDICINE AND REHABILITATION AND ELECTRODIAGNOSTIC CONSULTATIVE REPORT

Based on the Date of Injury as defined by ACOEM Guidelines (p108) this case is now chronic. Thus, ACOEM Guidelines do not apply. Compensation is requested pursuant to Section 4600 (a), 4603 (b), and 5402 (c) of the Labor Code. If the applicant's condition is in the acute or sub acute stage, pursuant to ACOEM Guidelines (pp 293B, 366B, 330, 334) EMG/NCV of the cervical spine and upper extremities are recommended. Certification is mandatory pursuant to Section 4610 (g) (l) of the Labor Code. If the statutory time (14 days) to approve has expired, your right to delay, deny or modify is deemed waived and payment within (45) days from receipt of the bill and report is required pursuant to Section 4603.2 (b) of the Labor Code.

Reason for Request: The patient is referred for CONSULTATIVE EXAMINATION with Electrodiagnostic testing (EMG/NCV) of the cervical spine and upper extremities to rule out/in the diagnosis below.

The following narrative report contains the patient's history, physical examination, diagnosis, and recommendation. A review of available medical records was performed during this consultation and examination. Should other medical records be obtained, I will be more than willing to review them and correlate them with the clinical findings as you deem medically necessary.

Patient Profile: The patient is a 56 year old male medical clerk and driver. First injury was due to repetitive activities working as a medical clerk, getting in and out of the car, and also there was a motor vehicle accident where he was rear ended and also felt pain on his hip on March 21, 2020 when he was getting out of the car.

Present Complaints: The patient is complaining of constant neck pain radiating to both arms with numbness, tingling, and weakness, bilateral hand pain, bilateral wrist pain. Symptoms are worsened by reaching, grabbing, grasping, gripping, repetitive motion, and turning neck from side to side.

Medications	: Giardia, Metformin, Glipizide, Lisinopril and Atorvastatin.
Allergies	: Food/drug allergies denied.

Past History:

Medical	: History of diabetes and hypertension. The patient had a colon cancer and had chemotherapy.
Surgical	: Gallbladder surgery.
Injuries/accidents	: None (Industrial or non-Industrial).
Hospitalizations	: None reported.

Review of Systems:

Musculoskeletal	: No joint swelling, no cramps, no muscle atrophy.
Neurological	: Numbness, tingling, and weakness.

PERTINENT PHYSICAL AND NEURO-MUSCULOSKELETAL EXAMINATION:

The patient is a well-developed, well-nourished male. He appears to be in his stated chronological age of 56 years. He is in no acute distress. He is alert and cooperative.

MUSCULOSKELETAL EXAMINATION:

Cervical Spine and Upper Extremities:

Inspection:	There is no swelling, deformities or amputations on both upper extremities. There is no atrophy noted in any of the muscle groups tested.
Palpation:	There is no cervical paraspinal muscle tenderness.
Range of motion:	Painful range of motion of the cervical spine and decreased range of motion on left lateral flexion and left lateral rotation.

NEUROLOGICAL EXAMINATION:

Mental Status:	The patient is alert, cooperative and oriented as to time, place and person.
Motor:	The patient has weakness of his extensors and flexors of the elbow.
Sensory:	Sensation is intact.
Reflexes:	Normal.
Tone:	Normal.

DIAGNOSIS/IMPRESSION:

Cervical Radiculopathy and Carpal Tunnel Syndrome.

ADDITIONAL STUDIES PRESCRIBED and PERFORMED by the undersigned:

This patient, subsequent to my consultative examination underwent Electrodiagnostic Studies of the cervical spine and upper extremities. The following reports detail the result of the Studies.

PLAN:

The patient will undergo Electrodiagnostic Studies of the cervical spine and upper extremities, as requested by the Primary Treating Physician (PTP).

NEEDLE ELECTROMYOGRAPHY - Bilateral Upper Extremities

(The test was explained to the patient and verbal agreement was obtained to have the examination performed.)

An EMG study was performed using a Sierra Cadwell EMG machine. A monopolar needle electrode was used as pick up (active electrode). Surface electrode was used as inactive electrode.

Interpretation and Summary of EMG Findings:

Electromyographic examination was performed on upper extremities for muscles innervated via the brachial plexus through nerve roots C5-T1. The triceps was +1 polyphasic motor unit potential with increased duration and also polyphasic motor unit potentials +1 of the right brachioradialis. On the left deltoid, there was polyphasic motor unit action potentials with increased amplitude and polyphasic motor unit potentials on the left brachioradialis. For all other muscles examined: normal insertional activity, electrical silence at rest, normal motor unit action potentials and recruitment pattern.

NERVE CONDUCTION VELOCITY STUDIES - Bilateral Upper Extremities

(The test was explained to the patient and verbal agreement was obtained to have the examination performed.)

Procedure: Nerve conduction velocity studies were performed using the Viking Nicolet or the Sierra Cadwell NCV/EMG machine. Motor and sensory studies were performed using standard electrodes for active and reference electrodes. Standard measurements and techniques were performed. The results of this electro-neurodiagnostic testing are shown below.

Upper Extremities: **_XX_ Right** **_XX_ Left**

Interpretation and Summary of Findings:

Motor nerve conduction studies were performed on the median and ulnar nerves. Sensory nerve conduction studies were performed on the radial, median and ulnar nerves bilaterally. He has increased peak latency of bilateral median sensory nerves, increased onset latency of the bilateral median motor nerves with decreased velocity. There was increased peak latency of the bilateral ulnar sensory nerves and decreased velocity of the bilateral ulnar motor nerves. For all other nerves tested, there were normal nerve conduction velocities, amplitudes and latencies.

ELECTRODIAGNOSTIC MEDICINE IMPRESSION:

1. **C6-7 chronic radiculopathy on the right and C5-6 chronic radiculopathy on the left side.**
2. **Bilateral moderate Carpal Tunnel Syndrome.**
3. **Peripheral neuropathy of the ulnar sensory motor nerves bilaterally.**

Important Note:
The decision to authorize or proceed with surgical intervention should not be based solely on the electrodiagnostic impression for the following reasons:

1. EMG does not detect all forms of radiculopathy. Therefore, Radiculopathy cannot be ruled out entirely on the basis of normal EMG findings. As with other diagnostic test, clinical correlation is advisable for an accurate diagnosis.
2. No correlation has been established between onset of symptoms of entrapment neuropathy and the appearance of electrodiagnostic finding in NCVs. Therefore, normal findings in NCVs do not rule out the existence of early stage entrapment neuropathy.

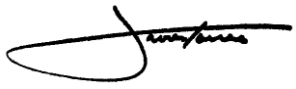
Rationale for Performing Bilateral Upper and/or Lower Extremities testing even if symptoms are unilateral:
Bilateral Upper and/or Lower extremities are required to be tested in order to determine presence of entrapment/peripheral neuropathies/radiculopathies. There is a large range of normal values depending on which EMG/NCV (Neurodiagnostic) laboratory is used (reference based on age, limb temperature, height). In cases of unilateral testing, it is not sufficient to test the symptomatic limb ONLY. A COMPARATIVE (side to side and/or nerve to nerve on same side) difference is necessary to determine the presence of neurodiagnostic-electrical abnormalities. For example, in cases of Median Nerve Entrapment at the wrist, (Carpal Tunnel Syndrome) diagnosis can be made if there is a side to side difference of >0.5 ms, a difference that is significant even if the findings show an absolute latency of less than the upper limit of normal noted on both sides.

NOTICE TO PHYSICIAN EVALUATORS AND DEFENDANTS:
California Code of Regulations 9735 (e) (4) requires the Primary Treating Physician to incorporate or comment upon the findings of other physicians. We respectfully request that all evaluating physicians incorporate the results of diagnostic tests performed by this clinic to ensure proper adjudication of applicant's claims for benefits. If the Applicant's case is denied and diagnostic tests are incidental to a medico-legal report issued by either the Primary Treating Physician, applicant/defense QME, or AME report, payment pursuant to Section 4620 and 4622 of the Labor Code is mandatory within sixty (60) days. Defendant is required to comply with Section 4616, 4616.3 and 4600.3 of the Labor Code. Please provide proof of MPN contract with applicant, failure to comply, forfeits your right to control medical treatment.

DISCLOSURE STATEMENT:
I, Javier Torres, M.D., have personally performed this electrodiagnostic testing consultation and examination of the patient and the interpretation of the testing. A certified electrodiagnostic technician assisted in the performance of the Nerve Conduction Studies.

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 to be true.

The testing was performed at 7951 Valley View St., La Palma, CA on May 8, 2021. The foregoing declaration was signed in the County of Orange on May 8, 2021.



JAVIER TORRES, M.D.
Diplomate, American Board of Physical Medicine and Rehabilitation

JT: sd/vs (DS243682)