

IN THE SUPREME COURT OF THE STATE OF NEVADA

* * * *

ASSOCIATED RISK MANAGEMENT, INC.,)

Appellant,

vs.

MANUEL IBANEZ,

Respondent.

Electronically Filed
Mar 27 2020 12:50 p.m.
Elizabeth A. Brown
Clerk of Supreme Court

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) Supreme Court No. 80480

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)
) District Court No.
) A-19-792902-J

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JOINT APPENDIX
Volume 2(b)

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(702)565-9730
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Associated Risk Management, Inc.

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Manuel Ibanez

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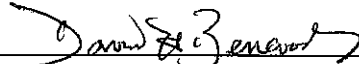
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¹The Appendix contains the Record on Appeal as it was filed in the District Court

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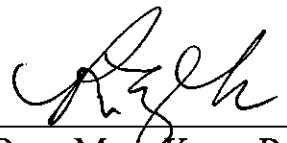
DATED this day of , 2020.

By: 
David H. Benavidez, Esq.
Nevada Bar No. 004919
850 S Boulder Hwy #375
Henderson, NV 89015

CERTIFICATE OF MAILING

I, the undersigned, declare under penalty of perjury, that
I am an employee of the Law Office of David H. Benavidez, and on
the 27th day of March, 2020, I deposited the foregoing JOINT APPENDIX in the
United States Mail, with first class postage fully prepaid thereon, sent by
electronic delivery, or had hand-delivered, copies of the attached document
addressed as follows:

Javier A Arguello, Esq.
Benson Bertoldo Baker Carter
7408 W Sahara Ave
Las Vegas, NV 89122



Rose Mary Keys, Paralegal

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Office Visit

Manuel Ibanez
Male DOB: 02/02/1970

Home: (702)504-9837
Patient ID: 219984-2854001

8/10 currently. Pain radiates to the right arm and right scapula. Symptoms are unchanged. Associated symptoms include decreased range of motion and numbness in arm. Ibuprofen is not helping. His rx for Skelaxin and Norco was not filled from last visit. PT is pending as well.

He complains of low back pain bilaterally and in the sacroiliac regions. Pain is intermittent. It is moderate in severity and improving. Associated symptoms include back stiffness, decreased lateral bending, decreased extension and flexion, and insomnia. Physical examination was performed. Assessment: (1) Lumbar contusion. (2) Contusion of right shoulder. Plan: Start hydrocodone-acetaminophen 10-325 mg #15. Physical therapy referral. Start metaxalone 800 mg #30.

11/04/14

Concentra Medical Centers/Mitulkumar Patel, MD. The patient presents today with lower back pain. The patient does not feel better. He complains of neck pain in the right posterior neck, right lateral neck, right trapezius, and right shoulder. Symptoms occur constantly. Associated symptoms include neck muscle spasm and shoulder pain.

He complains of shoulder pain. Pain is described as severe at 8/10. Pain radiates to the right arm and right scapula. Symptoms are unchanged. Associated symptoms include decreased range of motion and numbness in arm. Ibuprofen is not helping. His rx for Skelaxin and Norco was not filled from last visit. PT is pending as well.

He complains of low back pain bilaterally and in the sacroiliac regions. Pain is intermittent. It is dull and aching in nature and moderate in severity. Symptoms are improving. Associated symptoms include back stiffness, decreased lateral bending, decreased extension and flexion, and insomnia.

Physical examination was performed. Patient is not taking the medication as prescribed as the authorization was pending. He has been referred to physical therapy as the authorization was pending. Patient using brace/splint/assistive device as prescribed and tolerating well and has relief of pain. He has been working transitional duty. Physical examination was performed. Assessment: (1) Lumbar contusion. (2) Contusion of right shoulder. (3) Injury of cervical spine. (4) Contusion of neck. Plan: Physical therapy 3 times a week x 2 weeks. Start cyclobenzaprine HCl 10 mg #15. Start naproxen 500 mg #30.

11/18/14

Concentra Medical Centers/Mitulkumar Patel, MD. The patient

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Home: (702)504-9637
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presents today with 7/10 lumbar pain. Pain in the lumbar spine is constant. Pain on R shoulder comes and goes. Overall feels the same from when he first started PT. Last night felt worse than other days. Physical examination was performed.

Assessment: (1) Contusion of neck. (2) Contusion of right shoulder. (3) Lumbar contusion. (4) Encounter for preventative health examination. Plan: Physical medicine and rehab referral transfer of care. Persistent lower back, right shoulder, neck after contusion injury, worsening and needing pain medications ongoing. Will start hydrocodone-acetaminophen 5-325 #30. MRI spinal canal and contents, lumbar, without contrast.

11/20/14 Nevada Imaging Centers/William Orrison, Jr. MD. MRI report of the lumbar spine w/o contrast. Conclusion: Mild levoscoliosis of the lumbosacral spine with degenerative changes. T11-12 intervertebral disk bulge. L5-S1 intervertebral disk bulge with moderate bilateral neural foramina narrowing. Multi-level facet arthropathy.

12/02/14 Concentra Medical Centers/Mitulkumar Patel, MD. The patient presents today with 7/10 lumbar and R shoulder pain. The patient states he is not getting any better, feels the same as when he started PT. Physical examination was performed. Assessment: (1) Contusion of neck. (2) Contusion of right shoulder. (3) Lumbar contusion. (4) Injury of cervical spine. Plan: Activity restrictions.

12/10/14 Desert Radiologists/Jimmy Wang, MD. MR report of the right shoulder without contrast. Impression: Moderate infraspinatus tendinosis with a low-grade intrasubstance partial-thickness tear extending from the junction of the supraspinatus/infraspinatus tendons into the anterior fibers of the infraspinatus tendon, overall measuring 9 mm in width. Mild subscapular tendinosis with a low-grade intrasubstance partial-thickness tear measuring 3 mm in width. Type II SLAP tear involving the superior and posterosuperior labrum. Moderate to severe acromioclavicular joint osteoarthritis.

01/06/15 Bone & Joint Specialists/G. Michael Elkanich, MD. Patient Visit Note. Reason for visit: Low back and right leg pain, neck and right arm pain as well as right shoulder pain. On 10/16/14, he was standing on the first floor when a 2x4 wooden plank fell onto his right shoulder. It did not cause him to fall or lose consciousness. However, he immediately reported pain into his right shoulder and low back with shooting pain down his right arm up to his elbow. He reports right leg pain with numbness. He noted a

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laceration and swelling into his right shoulder region.

He sought medical attention at Concentra and was released home with light-duty work restrictions. He currently is not employed as he was apparently laid off from his job. He has completed physical therapy without relief. No recent injections.

He reports a history of an industrial injury back pain in 2006 and had undergone lumbar injections. His claim was closed after about 5 months of this. Physical examination was performed. Physical examination was performed. Assessment: (1) Low back pain, right lower extremity, L4-5/L5-S1 disk degeneration, protrusion, endplate Modic changes, stenosis. History of a prior work-related injection 8 years ago treated with injections, had some continued pain, living with it now with worsening/aggravation of condition. (2) Right shoulder pain/SLAP tear, possible tendinitis/partial-thickness tear.

Plan: Recommend he see a shoulder specialist. In reference to his low back, Dr. Elkanich would like to obtain his old records as well. He feels the patient is indicated for pain management injections to the lumbar spine. He is to hold off on Naprosyn while on Medroxy and LidoPro. Return in 4 weeks or after his injection. Light-duty work restrictions.

01/27/15

Nevada Spine Clinic/Christopher Fisher, MD. Chief complaint: Low back pain. The patient was injured on 10/16/14 when a wooden beam dropped from the 2nd floor onto his right shoulder. He has had treatment but reports minimal improvement so far. In reference to his shoulder, he will be seeing ortho for further evaluation.

He reports a previous lumbar injury in 2006 for which he had injections with some improvement which was temporary. He reports his current lumbar pain symptoms are different than his previous lumbar pain in that he now has right lower extremity numbness with walking, as well as the increased severity of the pain currently. He is currently working light-duty status but not working due to being terminated due to his work permit being expired. Physical examination was performed.

Impression: Ongoing lumbar pain with right lower extremity paresthesias and disk protrusion L4-5 and L5-S1; lumbar sprain/strain with myofascial pain; right shoulder contusion with SLAP tear and partial-thickness tear of the supraspinatus. Plan: Dr. Fisher offers a right L4-5 and L5-S1 FFSI, as well as NSAIDS. Recommends ice/heat therapy, stress/weight reduction.

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and light stretching. Recommends home exercise regimen. The patient is given light-duty status. He will follow up in 1 month.

02/02/15

Bone & Joint Specialists/Steven Sanders, MD. Patient Visit Note. The patient is under care for his back with Dr. Elkanich. He describes his injury working as a carpenter. States while working, a truss or a 2 x 6 fell down hitting him on the top and posterior aspect of his right shoulder. States this fell from a height of about ten feet. States this cut his skin but did not require any sutures.

He describes it on the top of the shoulder and to the superior posterior aspect of the scapula. He states at times at rest there is tingling in the area. It can wake him at night from sleep. He has had prior physical therapy (12 sessions). The patient states Norco and Naprosyn do not help him, but he finds he has to take them for relief. The patient states after being injured, he was fired. Physical examination was performed. X-rays and MRI of the right shoulder were reviewed.

Diagnosis: Contusion right shoulder girdle. Rule out internal derangement. The MRI scan discusses multiple changes within the shoulder that could be found in found in a carpenter without necessarily having clinical correlation. The signal change in the superior labrum, on a noncontrast MRI scan, is of limited value. The signal change with within the rotator cuff could be on an acute or a chronic basis. There is no evidence of any bone marrow edema in the humeral head which one might think would [attend] a direct blow to the humeral head, causing a tear of the rotator cuff. Clinically the number one areas of pain are actually the trapezius muscle which would have nothing to do with a labral tear as well as his AC joint which has little to do with a rotator cuff tear or a labral tear. It might be interesting to have this gentleman undergo an MRI scan of the opposite shoulder to see whether or not there are some diffuse changes as can be expected in a carpenter, though the left side is asymptomatic.

I discussed with him that contusion to the trapezius muscle might take some time to resolve. The patient mentioned having had neck films done. I discussed that that would be under the guidance of Dr. Elkanich. On examination today, in terms of bony or joint symptoms, the number one areas seemed to be the AC joint. I discussed with him that a logical approach at this point might be to try to rule in or rule out particular areas as pain generators. He stated that he agreed. I recommended a cortisone injection to the AC joint which was done today.

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Plan: Follow up in approximately 2 weeks. The patient requested a prescription for Norco. He has received Norco from Dr. Elkanich. We will leave it as only one doctor writing those prescriptions. Restrictions given from a shoulder perspective.

02/03/15 Bone & Joint Specialists/G. Michael Elkanich, MD. Patient Visit Note. No new motor/sensory deficits. Norco was helping with the pain. Physical examination was performed. Assessment: (1) Low back pain, right lower extremity radiculopathy, L4-5/L5-S1 disk degeneration, protrusion, endplate Modic changes, stenosis. History of prior work-related injury 8 years ago treated with injections, had some continued pain, living with it now with worsening/aggravation of his condition. (2) Right shoulder pain/SLAP tear possible tendinitis/partial-thickness tear. Plan: Norco 130-325 mg #30, naproxen 500 mg #30.

02/23/15 Smoke Ranch Surgery Center/Christopher Fisher, MD. Operative Report for right L4-5 and L5-S1 transforaminal epidural steroid injection. Preoperative and postoperative diagnosis: Lumbar radiculitis.

02/27/15 Bone & Joint Specialists/Steven Sanders, MD. Patient Visit Note. Interval history: The patient follows up on work-related injury right shoulder. The patient's cortisone injection to the AC joint might have been trace minimal help temporarily but has worn off. Regarding where his pain is, he initially points more to the front and back of his shoulder and on top. Physical examination was performed. Plan: MRI scan arthrogram of the right shoulder for further evaluation of potential that would correlate with pain to the right shoulder. Regarding the right shoulder, he is on limited duty.

03/03/15 Bone & Joint Specialists/G. Michael Elkanich, MD. Patient Visit Note. He had injections to the lumbar spine by Dr. Fisher 8 days ago. He states he had a horrible pain when the injection occurred and had no short or long-term improvement. Physical examination was performed.

Assessment: (1) Low back pain, right lower extremity radiculopathy, L4-5/L5-S1 disk degeneration, protrusion, endplate Modic changes, stenosis. History of prior work-related injury 8 years ago treated with injections, had some continued pain, living with it now with worsening/aggravation of his condition. (2) Right shoulder pain/SLAP tear possible tendinitis/partial-thickness tear.

Plan is for naproxen 500 mg x 30 days, Norco 10-325 mg x 30 days. Dr.

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Elkanich discussed all treatment options with Mr. Ibanez-Ramirez through a Spanish interpreter the entire visit. He did have an injection with really no short or long-term improvement. He states he is at wits' end. He is unable to live with his pain and he would like to consider other treatment options. He has severe debilitating low back and lower extremity radiculopathy. His choices are one, living with his pain via nonoperative measures and consider repeat injection and other modalities, and two, would be to consider surgery. At this point in time, he is unable to live with his pain and would like to consider surgery. Dr. Elkanich believes he is a candidate for a lumbar diskography from L3 to S1. We will refer him and set this up.

He is seeing Dr. Sanders for his shoulder. He had an injection apparently and he had ordered an MRI of his shoulder and cervical. I will see him back in 1 month or after the diskography is completed.

03/04/15

Brian Schulz. Report of MRI arthrogram, right shoulder. Impression: 1. SLAP tear. 2. Low-grade intrasubstance tear of the supraspinatus and infraspinatus tendons that is confluent, involving the anterior superior most fibers of supraspinatus tendon and the posterior fibers of the supraspinatus tendon. This is 10-15% of the thickness of the tendons and is approximately 12 mm in AP diameter. 3. There is a tiny 1 mm thick intrasubstance tear of supraspinatus tendon that is only about 5-10% of the thickness of the tendon.

4. Diffuse mild infraspinatus and supraspinatus tendinopathy. 5. Moderate acromioclavicular joint arthrosis and hypertrophy spurring off the undersurface of the joint causing effacement of the bursal surface of the supraspinatus tendon. There is also moderate lateral downsloping of the acromion narrowing the acromiohumeral space. These findings, in the setting of rotator cuff disease, raise the question of subacromial impingement syndrome in the appropriate clinical setting. 6. Otherwise normal.

03/10/15

Nevada Spine Clinic/Christopher Fisher, MD. He returns after his epidural steroid injection at L4-5 and L5-S1. He reports not having any improvement and he continues to have low back pain symptoms as well as right lower extremity radiating pain intermittently. He is currently working light-duty status but not working due to being terminated due to his work permit being expired. Physical examination was performed.

Impression: Ongoing lumbar pain with right lower extremity paresthesias

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and disk protrusion, L4-5 and L5-S1; lumbar sprain/strain with myofascial pain; right shoulder contusion with SLAP tear and partial-thickness tear of the supraspinatus. Plan: He has moderate to severe lumbar pain. He has not had any improvement with conservative management. Dr. Fisher would like to perform diskography at L3-4, L4-5, and L5-S1 and also would like to refer him back to Dr. Elkanich for surgical evaluation. Continue work restrictions. Follow up in one month.

03/13/15 Bone & Joint Specialists/G. Michael Elkanich, MD. Patient Visit Note. He had his shoulder MRI and cervical MRI. He does have cervical pain, he reported from the accident with right shoulder issues that are being worked up by Dr. Sanders. We have obtained authorization for lumbar diskography. He will contact Dr. Fisher's office for scheduling. Will see him back after diskography is completed. We will focus on the lumbar spine and let Dr. Sanders focus on the shoulder.

03/16/15 Bone & Joint Specialists/Steven Sanders, MD. Patient Visit Note. He has continued complaints of shoulder pain. States his shoulder is worse than his neck. Still complains of pain in various areas, front and back, which can vary in intensity. States his neck sometimes is stiff when he wakes up and has difficulty moving, but then it improves. Physical examination was performed.

Reviewed the above in detail with the patient. At this particular time, he demonstrates some degenerative changes in the cervical spine at three levels. There is some corresponding eccentricity to the disc osteophyte complex on the C5-6 level that of course could have an outside chance of some right-sided symptoms being related. He persists in that the number one problem is the shoulder, and he is tender in the glenohumeral region.

It is disturbing that he has tenderness in lots of other spots one would not expect such as the clavicle shaft itself. Always gives one concern regarding potential outcomes of any surgical intervention. The patient is, is, however, five months down the road and has not progressed. My thoughts at this time are that he does warrant an arthroscopy of his shoulder. This would involve evaluation of the labrum to see whether or not there is in fact a true tear or detachment. If it is just a simple deep recess, then no surgery on the labrum should be done.

He would also have, at that time, a decompression and an evaluation of the distal clavicle for resection given that he does have some measure of symptoms from that part of the shoulder. AC joint pathology and pain can

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cause localized discomfort but also pain radiating out into the trapezius muscle. The patient states understands risks and wishes to proceed.

Plan: Right shoulder arthroscopy. Evaluation of labrum for repair. Possible distal clavicle resection. The patient is at modified duty.

03/23/15

Smoke Ranch Surgery Center/Christopher Fisher, MD. Diskography Procedure Note. Pre procedure diagnoses: L4-5 disc protrusion, L5-S1 disc protrusion, right lower extremity radiculopathy, intractable low back pain; rule out internal disc disruption or other disc abnormalities as a cause of the patient's low back and leg pain; failed conservative therapy; history of work related injury on 10/16/14.

Post procedure diagnoses: L3-4 normal architecture and asymptomatic disk. L4-5 severe architectural abnormalities, anterior extravasation of dye, and a concordant pain pattern. L5-S1 severe architectural abnormalities, extravasation of dye, and concordant pain pattern. Procedure performed: L3-4 diskogram using fluoroscopic guidance and manometric pressure measurement. L4-5 diskogram using fluoroscopic guidance and manometric pressure measurement. L5-S1 diskogram using fluoroscopic guidance and manometric pressure measurement.

03/23/15

Las Vegas Radiology. Incomplete report of CT lumbar diskogram. Diskogram performed at L3-L4, L4-L5, and L5-S1. Findings (incomplete): At L3-L4, contrast appears to be confined to the nucleus pulposus and there is no evidence of any tear. At L4-5, there is grade 5 annular fissure at the 7:00 o'clock position. Contrast is noted in the right subarticular and foraminal aspects. There is a grade 4 annular fissure at the 5:00 o'clock position. Also noted is grade 5 annular fissure at the 11:00 o'clock position and contrast is noted in the anterior paraspinal soft tissues. At L5-S1, there is grade 5 annular fissure at the 6:00 o'clock position. Contrast and air are noted in the posterior central aspect ventral to the thecal sac. There is grade 5 annular fissure at the 5:00 o'clock position.

04/07/15

Bone & Joint Specialists/G. Michael Elkanich, MD. Patient Visit Note. He is s/p L3-S1 diskogram which was positive at L4-S1 with negative control at L3-4. He is at wits' end and unable to live with symptoms. He would like to proceed with surgery. Physical examination was performed. Assessment remains the same. Plan is for medical clearance for APL4-S1 reconstruction.

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05/05/15 Bone & Joint Specialists/G. Michael Elkanich, MD. Patient Visit Note. He states he has not heard anything about his AP lumbar reconstruction. He is still having severe debilitating pain and unable to live with pain. He is at wits' end. Physical examination was performed. Dr. Sanders recommended arthroscopy of the shoulder. We will coordinate with Dr. Sanders and his team as well. Assessment remains the same. Plan: Medication managed. Continue current work status. Referred to primary care physician for medical clearance for APL4-S1 reconstruction.

06/02/15 Bone & Joint Specialists/G. Michael Elkanich, MD. Patient Visit Note. He received a denial letter for his lumbar reconstruction. He is still having severe debilitating pain and is unable to live with pain. He wishes to proceed ahead with surgery. He is at wits' end. Physical examination was performed.

Addendum noting his surgery is an absolute medical necessity for surgical reconstruction and decompression of the lumbar spine. Will request authorization for this.

This ended the review of medical records provided.

Sincerely,

Archie C. Perry, MD
Board Certified Orthopaedic Spinal Surgeon
Desert Orthopaedic Center
Las Vegas, Nevada

Clinical Instructor of Surgery
University of Nevada School of Medicine

Adjunct Clinical Professor
Touro University School of Medicine

Electronically Signed by Archie C Perry MD on 08/11/2015 at 9:42 AM

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1(800) 621-5006

PHYSICIAN'S AND CHIROPRACTOR'S
PROGRESS REPORT
CERTIFICATION OF DISABILITY

Patient's Name: Manuel Ibanez-Ramirez		Claim Number: 5012127120150195
Employer: Rafael Framers		Social Security Number: [REDACTED]
Name of MCO (if applicable): Associated Risk Management		Date of Injury: 10/16/14
Patient's Job Description/Occupation:		
Previous Injuries/Diseases/Surgeries Contributing to the Condition:		
Diagnosis: Unhappy, Reducible, Lumbar disk protrusion		
Related to the Industrial Injury? Explain:		
Objective Medical Findings: see report		
<input type="checkbox"/> None - Discharged Stable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Retable <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Generally Improved <input type="checkbox"/> Condition Worsened <input type="checkbox"/> Condition Same May Have Suffered a Permanent Disability <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treatment Plan: Request to Maximize for L4-S1 AP Lumbar reconstructive decompression		
2nd opinion agreed to 5x + to		
<input type="checkbox"/> No Change in Therapy <input type="checkbox"/> PT/OT Prescribed <input type="checkbox"/> Medication May be Used While Working <input type="checkbox"/> Case Management <input type="checkbox"/> PT/OT Discontinued		
<input type="checkbox"/> Consultation <input type="checkbox"/> Further Diagnostic Studies: <input type="checkbox"/> Prescription(s): Norco 10/25 & Naproxen 375		
<input type="checkbox"/> Released to FULL DUTY/No Restrictions on (Date): <input type="checkbox"/> Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: 8-28-15 To: 9-28-15 <input checked="" type="checkbox"/> Released to RESTRICTED/Modified Duty on (Date): From: 8-28-15 To: 9-28-15 Restrictions Are: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
<input type="checkbox"/> No Sitting <input type="checkbox"/> No Standing <input type="checkbox"/> No Pulling <input type="checkbox"/> Other: <input checked="" type="checkbox"/> No Bending at Waist <input type="checkbox"/> No Stooling <input type="checkbox"/> No Lifting <input type="checkbox"/> No Carrying <input type="checkbox"/> No Walking <input checked="" type="checkbox"/> Lifting Restricted to (lbs.): 10 lbs <input type="checkbox"/> No Pushing <input type="checkbox"/> No Climbing <input type="checkbox"/> No Reaching Above Shoulders		
Date of Next Visit: 9/25/15	Date of this Exam: AUG 28 2015	Physician/Chiropractor Name: Michael Ekanich, MD.
		Physician/Chiropractor Signature:

D-39 (Rev. 7/00)

ARMI 200

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BONE & JOINT SPECIALISTS

Board Certified Orthopaedic Surgeons
2020 Palomino Lane, Suite 200, Las Vegas, NV 89106 (702) 474-7200 office
2680 Crimson Canyon Drive, Las Vegas, NV 89128 (702) 474-0009 fax

Steven Sanders, M.D.
Mark Rosen, M.D.
O. Michael Elkanich, M.D.
James B. Manning, M.D.
Kirk T. Mendez, M.D.
Jocelyn Segovia, P.A.C.

Patient: Manuel Ibanez-Ramirez
Date of Birth: 02/02/1970
SSN (last 4 #): [REDACTED]

Visit Date: 08/28/2015
Attending Provider: G. M. ELKANICH MD
Referring Provider: Management Associated Risk

Patient Visit Note

Reason For Visit

Visit for: Low Back and Right Leg Pain, visit for: Neck pain and right arm pain, and visit for: Right Shoulder Pain.

History of Present Illness

Manuel Ibanez-Ramirez is a 45 year old male.
• Medication list reviewed.

Worker's Comp Claim Number
5012127120150195

Employer
RAFAEL FRAMERS

Occupation
CARPENTER

Date of Injury
10-16-14

Body Part
LUMBAR

Chief Complaint

Mr. Ibanez-Ramirez returns today following an IME performed by Dr. Archie Perry. We have the report. He is at wits' end, unable to live with his pain. He is asking for a refill of his medication. He wishes to proceed with surgery.

Past Medical/Surgical History - NONE

Current Medication

- Naprosyn 375 MG TABS, twice a day 30 days, 0 refills
- Norco 10-325 MG TABS, 1 every 4 - 6 hours as needed 30 days, 0 refills

Allergies

- No Known Allergies

Social History

Behavioral: Current smoker and smoking status: Current everyday smoker.
Alcohol: A social drinker.

ARMI 201

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Patient Name: Manuel Xbarax-Ram
 Drug Use: Not using drugs.

D. 08/28/2015

Family History - Non-Contributory

Physical Findings • Vitals taken 08/28/2015 08:37 am

BP-Sitting L	155/100 mmHg
BP Cuff Size	Regular
Pulse Rate-Sitting	83 bpm
Height	68 in
Weight	165 lbs
Body Mass Index	23.1 kg/m ²
Body Surface Area	1.88 m ²

General Appearance: • Well developed, • In no acute distress.

Cardiovascular: Arterial Pulses: • Posterior tibialis pulses were normal. • Dorsalis pedis pulses were normal.

Musculoskeletal System:

Hands: Right Hand: • No weakness. Left Hand: • No weakness.

Shoulder: Right Shoulder: • Motion was abnormal. Left Shoulder: • Motion was normal.

Cervical Spine: General/bilateral: • Right trapezius muscle was tender on palpation. • Cervical spine motion was abnormal. • Cervical spine pain was elicited by right-sided motion.

Lumbar / Lumbosacral Spine: General/bilateral: • Lumbosacral spine exhibited tenderness on palpation.

• Lumbosacral spine motion was abnormal. • Lumbosacral spine pain was elicited by motion. • A straight-leg raising test of the right leg was positive. • A straight-leg raising test of the left leg was negative.

Neurological: • Oriented to time, place, and person.

Sensation: • No decreased response to tactile stimulation of the entire leg.

Motor (Strength): • Elbow weakness was observed. • Muscle bulk was normal. • Intrinsic muscles of the neck showed no weakness. • No weakness of the right wrist was observed. • No weakness of the left wrist was observed. • No finger weakness was observed. • No ankle weakness was observed.

Gait And Stance: • No antalgic gait was observed.

Reflexes: • Knee jerk was normal. • Ankle jerk reflex was normal. • No clonus of the ankle/knee.

• Hoffman's sign was not demonstrated. • Flexor response.

Active Problems

- Cervicalgia
- Lumbago
- Rps Shoulder Pain---right - Injury to right shoulder at work.

Assessment

1) Low back pain, right lower extremity radiculopathy, L4-5/L5-S1 disc degeneration protrusion endplate modic changes stenosis. History of a prior work-related injection 8 years ago treated with injections, had some continued pain, living with it now with worsening/aggravation of his condition. 2) Right shoulder pain/SLAP tear, possible tendinitis/partial thickness tear.

Therapy • Education and Instructions. • Intervention and counseling on cessation of tobacco use. • Clinical summary provided to patient. Discussed benefits, risks and alternatives to treatment.

Counseling/Education • Instructions for patient. • Education and counseling. • Patient education about orthopedic activities. • Discussed concerns about tobacco use. • Self-help group - smoking cessation

Discussed • Discussion of orthopedic goals; • Discussion of orthopedic options:

Plan

• THORACIC OR LUMBAOSACRAL NEURITIS OR RADICULI

Norco 10-325 MG TABS, 1 every 4 - 6 hours as needed 30 days, 0 refills

Naprosyn 375 MG TABS, twice a day 30 days, 0 refills

- Intervention and counseling on cessation of tobacco use, 3-10 minutes
- Referred to primary care physician medical clearance for APL4-S1 reconstruction
- Follow-up for re-examination one months
- Transition in care, clinical summary provided

Non-operative management failed-needs scheduled for surgery.

Patient Name: Manuel Ibanez-Ram

D: 08/28/2015

I have reviewed the IMR report of Mr. Ibanez-Ramirez by Dr. Archie Perry who did feel the treatment that he received was reasonable and appropriate and he was indicated for an L4-5/L5-S1 anterior posterior reconstruction decompression based off his symptoms, his radiographic and diagnostic studies. He also felt that the industrial injury was most likely the event that caused the need for surgery and apportioned 70% to his current industrial event and 30% to preexisting symptomatology.

I do feel Mr. Ibanez-Ramirez's current symptomatology as described is currently related to his industrial injury and I do feel he is a candidate for an anterior posterior lumbar reconstruction decompression at L4-5/L5-S1 if he is unable to live with his pain. He does understand that his other treatment option would be to live with his pain and move towards claim closure. At this point in time, he does not wish to do that. He wishes to proceed with surgery. He understands that surgery is not curative and may not render him pain free. He may continue to have some chronic pain and may require future surgery. I do believe there will be some apportionment issues after surgery due to his PPD rating. He wishes to proceed ahead. I do feel he is indicated for an anterior and posterior lumbar reconstruction and decompression. We will request authorization. He will require medical clearance and approval. I will see him back after his injection is completed.

Notes - Majority of visit was spent in counseling regarding diagnosis & treatment options.
Practice Management - No pharmacologic therapy for cessation of tobacco use.

ADDENDUM

Mr. Ibanez-Ramirez is in the process of obtaining authorization for an anterior posterior lumbar reconstruction. While performing this procedure, it is medically necessary for the patient to have intraoperative neurological monitoring. It is an absolute medical necessity during this very complex surgical reconstruction and decompression of the lumbar spine. It is an absolutely medical necessity for the patient's safety. We will request authorization for this.

G. MICHAEL ELKANICH MD

Electronically signed by: G. MICHAEL ELKANICH MD Date: 08/31/2015 12:50



Central Office

2800 E. Desert Inn Rd., Suite 100
Las Vegas, Nevada 89121
(702) 731-1616 (Fax) 731-0741

Northwest Office

8402 W. Centennial Parkway
Las Vegas, NV 89149
(702) 869-3486 (Fax) 869-3542

Green Valley Office

2930 W. Horizon Ridge Pkwy, Suite 100
Henderson, Nevada 89052
(702) 263-9082 (Fax) 263-9088

Southwest

5546 S. Fox Apache Road, Suite 100
Las Vegas, Nevada 89148
(702) 898-2663 (Fax) 702-2663

John M. Baldani, M.D.

Reconstructive Surgery and Sports Medicine

Hugh L. Bassewitz, M.D.

Adult Spinal Surgery

Patrick J. Brandner, M.D., F.A.C.S.

General Orthopaedics

Thomas Dunn, M.D.

Adult Spinal Surgery

Matthew N. Fouse, M.D.

Arthroscopy and Sports Medicine

Mervyn B. Fouse, M.D.

Arthroscopy and Sports Medicine

Chad M. Hanson, M.D.

Orthopaedic Surgery and Sports Medicine

Parinder S. Kang, M.D.

Hip Preservation and Joint Replacement

Michael L. Lee, M.D.

Hand, Wrist and Upper Extremity Surgery

Andrew Scott Martin, M.D.

Reconstructive Surgery and Sports Medicine

Michael Mino, M.D.

Arthroscopy and Sports Medicine

Archie C. Perry, Jr., M.D.

Adult and Pediatric Spinal Surgery

Abdi Rajabi, M.D.

Foot and Ankle Surgery

Monthakan Ratnarathorn, M.D.

Pediatric Orthopaedic Surgery

William T. Stewart, M.D.

Orthopaedic Surgery and Hand Surgery

Timothy D. Sutherland, M.D.

Arthroscopy of Knee and Shoulder

Todd V. Swanson, M.D.

Total Joint Replacement

Craig T. Tingey, M.D.

Arthroscopy and Sports Medicine

Troy S. Watson, M.D.

Foot and Ankle Surgery, Arthroscopy

Michael F. Pendleton, J.D., CMPE

CEO/General Counsel

James P. Washer II, CMA, CFM

Director of Finance

Sharon K. Marchetti

Director of Operations

All Appointments (702) 731-4088

www.docdc.com

Date: August 28, 2015

Attention: Jennifer Kruger
jenniferkruger@nvarmi.com

Re: **MANUEL IBANEZ**
Our Acct #: 2942613

Due to the volume of records related to this claim, we agree to pay Dr. Archie Perry with Desert Orthopaedic Center a rate of \$550.00 per hour in order to review the medical records on the above mentioned patient, billed as CPT code 99080.

Signature of Claim

Representative: _____

Print Name: Jennifer Kruger 8/28/15

Please sign and fax back to (702) 734-4902. If you have any questions, then please contact me at the number listed below.

Thank you,

Sonya Dupree

Medial Legal Coordinator/Workers' Compensation Liaison

Desert Orthopaedic Center

2800 E. Desert Inn Rd. #100

Las Vegas, NV 89121

T: 702.697-7297

F: 702.732.1695 / 702.734.4902

ARMI 204

1(800) 621-5006

**PHYSICIAN'S AND CHIROPRACTOR'S
PROGRESS REPORT
CERTIFICATION OF DISABILITY**

Patient's Name: Manuel Ibanez-Ramirez		Claim Number: 6012127120160188
Employer: Rafael Framers		Social Security Number: [REDACTED]
Principal's Job Description/Occupation: [REDACTED]		Date of Injury: 10/18/14
Previous Injuries/Diseases/Surgeries Contributing to the Condition: [REDACTED]		Name of MCO (if applicable): Associated Risk Management
Diagnosis: Lumbago, radiculopathy, disc protrusion		
Related to the Industrial Injury/Exposure: [REDACTED]		
Objective Medical Findings: no m/s deficits		
<input type="checkbox"/> None - Discharged Stable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Generally Improved <input type="checkbox"/> Condition Worsened <input checked="" type="checkbox"/> Condition Same May Have Suffered a Permanent Disability <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treatment Plan: Anesth. for AP L4-S1 Reconstruction & decompression RTT 4 weeks		
<input type="checkbox"/> No Change in Therapy <input type="checkbox"/> PT/OT Prescribed <input type="checkbox"/> Medication May be Used While Working <input type="checkbox"/> Case Management <input type="checkbox"/> PT/OT Discontinued		
<input type="checkbox"/> Consultation <input type="checkbox"/> Further Diagnostic Studies: <input type="checkbox"/> Prescription(s)		
<input type="checkbox"/> Released to FULL DUTY/No Restrictions on (Date): _____ <input type="checkbox"/> Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) from: _____ To: _____ <input checked="" type="checkbox"/> Released to RESTRICTED/Modified Duty on (Date): From: 9/29/15 To: 10/29/15 Restrictions Are: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
<input type="checkbox"/> No Sitting <input checked="" type="checkbox"/> No Bending at Waist <input type="checkbox"/> No Carrying <input type="checkbox"/> No Pushing <input type="checkbox"/> No Standing <input type="checkbox"/> No Stopping <input type="checkbox"/> No Walking <input type="checkbox"/> No Climbing <input type="checkbox"/> No Pulling <input type="checkbox"/> No Lifting <input checked="" type="checkbox"/> Lifting Restricted to (lbs.): 10 lbs. <input type="checkbox"/> No Reaching Above Shoulders		
Date of Next Visit: 10/27/15	Date of this Report: SEP 29 2015	Physician/Chiropractor Name: G. Michael Elkanich, MD.
		Physician/Chiropractor Signature: [Signature]

0-30 (Rev. 7/99)

ARMI 205

320



BONE & JOINT SPECIALISTS

Board Certified Orthopaedic Surgeons
2020 Palomino Lane, Suite 200, Las Vegas NV 89106 (702) 474-7200 office
2680 Crimson Canyon Drive, Las Vegas NV 89128 (702) 474-0009 fax

Steven Sanders M.D.
Mark Rosen, M.D.
G. Michael Elkanich, M.D.
James B. Manning M.D.
Kirk T. Menden, M.D.
Jacelyn Segovia, P.A.C.

Patient: Manuel Ibanez-Ramirez

Date of Birth: 02/02/1970

SSN (last 4 #): [REDACTED]

Visit Date: 09/29/2015

Attending Provider: G. M. ELKANICH MD

Referring Provider: Management Associated Risk

Patient Visit Note

Reason For Visit

Visit for: Low Back and Right Leg Pain, visit for: Neck pain and right arm pain, and visit for: Right Shoulder Pain.

History of Present Illness

Manuel Ibanez-Ramirez is a 45 year old male.

- Medication list reviewed.

Worker's Comp Claim Number

5012127120150195

Employer

RAFAEL FRAMERS

Occupation

CARPENTER

Date of Injury

10-16-14

Body Part

LUMBAR

Chief Complaint

Mr. Ibanez-Ramirez returns today following an IME performed by Dr. Archie Perry. We have the report. He is at wits' end, unable to live with his pain. He is asking for a refill of his medication. He wishes to proceed with surgery.

Past Medical/Surgical History - NONE

Current Medication

- Naprosyn 375 MG TABS, twice a day 30 days, 0 refills
- Norco 10-325 MG TABS, 1 every 4 - 6 hours as needed 30 days, 0 refills

Allergies

- No Known Allergies

Social History

Behavioral: Current smoker and smoking status: Current everyday smoker.

Alcohol: A social drinker.

ARMI 206

Patient Name: Manuel Ibanez-Ramirez
Drug Use: Not using drugs.

Date: 09/29/2015

Family History - Non-Contributory

Physical Findings • Vitals taken 09/29/2015 09:51 am

BP-Sitting L	145/82 mmHg
BP Cuff Size	Regular
Pulse Rate-Sitting	78 bpm
Height	68 in
Weight	165 lbs
Body Mass Index	25.1 kg/m2
Body Surface Area	1.88 m2

General Appearance: • Well developed. • In no acute distress.

Cardiovascular: Arterial Pulses: • Posterior tibialis pulses were normal. • Dorsalis pedis pulses were normal.

Musculoskeletal System:

Hands: Right Hand: • No weakness. Left Hand: • No weakness.

Shoulder: Right Shoulder: • Motion was abnormal. Left Shoulder: • Motion was normal.

Cervical Spine: General/bilateral: • Right trapezius muscle was tender on palpation. • Cervical spine motion was abnormal. • Cervical spine pain was elicited by right-sided motion.

Lumbar / Lumbosacral Spine: General/bilateral: • Lumbosacral spine exhibited tenderness on palpation.

• Lumbosacral spine motion was abnormal. • Lumbosacral spine pain was elicited by motion. • A straight-leg raising test of the right leg was positive. • A straight-leg raising test of the left leg was negative.

Neurological: • Oriented to time, place, and person.

Sensation: • No decreased response to tactile stimulation of the entire leg.

Motor (Strength): • Elbow weakness was observed. • Muscle bulk was normal. • Intrinsic muscles of the neck showed no weakness. • No weakness of the right wrist was observed. • No weakness of the left wrist was observed. • No finger weakness was observed. • No ankle weakness was observed.

Gait And Stance: • No antalgic gait was observed.

Reflexes: • Knee jerk was normal. • Ankle jerk reflex was normal. • No clonus of the ankle/knee. • Hoffman's sign was not demonstrated. • Flexor response.

Active Problems

- Cervicalgia
- Lumbago
- Rpas Shoulder Pain--right - Injury to right shoulder at work.

Assessment

1) Low back pain, right lower extremity radiculopathy, L4-5/L5-S1 disc degeneration protrusion endplate modic changes stenosis. History of a prior work-related infection 8 years ago treated with injections, had some continued pain, living with it now with worsening/aggravation of his condition. 2) Right shoulder pain/SLAP tear, possible tendinitis/partial thickness tear.

Therapy • Education and Instructions. • Intervention and counseling on cessation of tobacco use. • Clinical summary provided to patient. Discussed benefits, risks and alternatives to treatment.

Counseling/Education • Instructions for patient. • Education and counseling. • Patient education about orthopedic activities. • Discussed concerns about tobacco use. • Self-help group - smoking cessation

Discussed • Discussion of orthopedic goals; • Discussion of orthopedic options:

Plan

- Intervention and counseling on cessation of tobacco use, 3-10 minutes
- Referred to primary care physician medical clearance for APL4-S1 reconstruction
- Follow-up for re-examination one month
- Transition in care, clinical summary provided

Non-operative management failed-needs scheduled for surgery.

I have reviewed the IMR report of Mr. Ibanez-Ramirez by Dr. Archie Perry who did feel the treatment that he received was reasonable and appropriate and he was indicated for an L4-5/L5-S1 anterior posterior reconstruction decompression based off his symptoms, his radiographic and diagnostic studies. He also felt that

ARMI 207

Patient Name: Manuel Ibanez-Ramirez**Date:** 09/29/2015

the Industrial Injury was most likely the event that caused the need for surgery and apportioned 70% to his current Industrial event and 30% to preexisting symptomatology.

I do feel Mr. Ibanez-Ramirez's current symptomatology as described is currently related to his Industrial Injury and I do feel he is a candidate for an anterior posterior lumbar reconstruction decompression at L4-5/L5-S1 if he is unable to live with his pain. He does understand that his other treatment option would be to live with his pain and move towards claim closure. At this point in time, he does not wish to do that. He wishes to proceed with surgery. He understands that surgery is not curative and may not render him pain free. He may continue to have some chronic pain and may require future surgery. I do believe there will be some apportionment issues after surgery due to his PPD rating. He wishes to proceed ahead. I do feel he is indicated for an anterior and posterior lumbar reconstruction and decompression. We will request authorization. He will require medical clearance and approval. I will see him back after his injection is completed.

ADDENDUM

Mr. Ibanez-Ramirez is in the process of obtaining authorization for an anterior posterior lumbar reconstruction. While performing this procedure, it is medically necessary for the patient to have intraoperative neurological monitoring. It is an absolute medical necessity during this very complex surgical reconstruction and decompression of the lumbar spine. It is an absolutely medical necessity for the patient's safety. We will request authorization for this.

Notes - Majority of visit was spent in counseling regarding diagnosis & treatment options.
Practice Management - No pharmacologic therapy for cessation of tobacco use.

G. MICHAEL ELKANICH MD

Electronically signed by: G. MICHAEL ELKANICH MD Date: 09/30/2015 11:02

ASSOCIATED RISK MANAGEMENT, INC.

SURGICAL AUTHORIZATION

Date of Request: 10/12/15

Injured Worker: MANUEL IBANEZ

Claim Number: 5012-1271-2015-0195

Employer: RAFAEL FRAMERS/RAFAEL CONCRETE

Date of Injury: October 16, 2014

Surgeon: Dr. Elkanich

Assist MD/CORT According to CCI Edits per Nevada Fee Schedule

CPT Code(s) Requested: 22558, 22585, 63090, 63091, 22845, 22851x2, 22612, 63047, 63048x2, 22842, 20930, 20936, 38220, 76001, 69990, 95941 - L4-S1 anterior posterior decompression fusion with instrumentation w/intraoperative monitoring - medical clearance by Dr. Iglowski

CPT Codes APPROVED: 22558, 22585, 63090, 63091, 22845, 22851x2, 22612, 63047, 63048x2, 22842, 20930, 20936, 38220, 76001, 69990, 95941

CPT Codes DENIED: ***Any anticipated post-operative pain management codes must be pre-authorized****

Body Part: L4-S1

Location/Facility: Mountain View Hospital

Requesting Physician: Dr. Elkanich

Phone Number: 702-474-7200

Fax Number: 702-474-0009

*Approved: xxx Denied: _____

Signature: Jenny Kruger

Date: October 13, 2015 End Date: 60 days

Comments: _____

* Payments will be made according to the Nevada Fee Schedule plus any applicable discounts

Associated Risk Management, Inc.

PO Box 4930, Carson City, NV 89702-4930

Phone (775) 883-4440 or (800) 935-0640

Fax (775) 883-3360 or (800) 621-5006

****PLEASE ATTACH AUTHORIZATION WITH ANY BILLING SUBMITTED****

ARM-209

324

CMF SPINALOGIC

BONE GROWTH STIMULATOR Rx

Patient Name: Manuel Ibanez-Ramirez
Address: 5820 Eugene Ave
Las Vegas, NV 89108

Phone: (702) 504-9637

Physician Name: G. Michael Elkanich
Practice Name: Bone & Joint Specialists

Office Contact: Chris Federer
NPI: 1437148442

Phone: 702-474-7200
Fax: 702-474-0008

PLEASE READ AND SIGN BELOW: I understand the Food and Drug Administration has approved the Spinalogic Bone Growth Stimulator (Spinalogic) to use as an adjunct treatment to primary lumbar fusion surgery for one or two levels. I acknowledge that DJO, LLC has not promoted Spinalogic to me for any other use or otherwise encouraged me to order it for any other use. I specifically desire to order Spinalogic, which is only available from DJO, LLC, so that I may treat the patient in question according to my informed medical judgment.

X Physician's Signature

Date: 10-28-2015

DISPENSE AS WRITTEN (no substitutions without authorization from prescribing physician) Please retain a copy for your records.

Insurance information

Primary Insurance ASSOCIATED RISK MANAGEMEN

☐ HMO ☐ PPO ☐ IND ☐ POS ☐ W/C
☐ Auto Liability ☐ Medicaid ☐ Medicare
☐ Other:

Name of Insured: Manuel Ibanez-Ramirez
SSN:

Insurance Carrier: ASSOCIATED RISK MANAGEMEN

Address: P.O. BOX 4930

City, State, Zip: CARSON CITY, NV 89702

Policy/Claim #: 5012127120150195

Insurance Co. Phone #: Contact:

Employer of Insured: Rafael Framing

Secondary Insurance:

☐ HMO ☐ PPO ☐ IND ☐ POS ☐ W/C
☐ Auto Liability ☐ Medicaid ☐ Medicare
☐ Other:

Name of Insured:

SSN:

Insurance Carrier:

Address:

City, State, Zip:

Policy/Claim #:

Insurance Co. Phone #: Contact:

Phone #:

Contact:

MEDICAL SUMMARY

ICD10 Code(s): M51.26, M99.53, M51.2, M54.16, M51.38, M47.816 Prior Procedure(s) Date Levels

Primary Diagnosis:

☒ Degenerative Disc Disease ☐ Scoliosis
☐ Internal Disk Disruption ☐ Spondylolisthesis/Grade:
☒ Herniated Nucleus Pulposus ☒ Spinal Stenosis
☐ Lumbar Instability ☒ Radiculopathy
☒ Low Back Pain
☐ Other:

☐ Fusion Surgery
☐ Discectomy
☐ Laminectomy
☐ Other

Check All That Apply:

☒ Multi-Level Fusion ☐ Obesity ☐ Diabetes
☒ Mixed Graft ☒ Tobacco Use (1 PPD) ☐ Antrills
☒ Allograft ☐ Failed Fusion ☐ Alcohol Use
☒ Autograft ☐ Osteoporosis ☐ Spondylolisthesis
☐ Previous Back Surgery ☒ Stenosis
☐ Other

Planned Procedure: 11/11/15

Date: 11/11/15

Fusion Surgery Levels: L4-S1

Other:

Representative/Distributor Name/Title (Print)
Paperwork Specialist Name (Print)

Signature

Territory#

Date

DJO, LLC, 1430 Decision, Vista, CA 92081-8553 Phone 7-888-624-5450 Fax 1-800-442-6025

ARMI 210

325

Prescription Order Form

Date: 10-26-2015

Patient Name: Manuel Ibanez-Ramirez

Date of Birth: 02/02/1970

Phone #: (702) 504-9637

Address: 5620 Eugene Ave
Las Vegas, NV 89108

Height: 68 Weight: 165

Item Ordered: ☒ Brace LSO (Lumbar)
☐ Brace LO180 (Cervical)
☐ DDS 500 (Compression Brace)
☐ EMS (Muscle Stimulator)

Length of Need: or ☒ Lifetime (99 yrs)

ICD-10 Codes: M51.26, M99.53, M51.2, M54.16, M51.36, M47.816

Diagnosis: Herniated Disc, Spinal Stenosis, Radiculopathy, Lumbago, Degeneration, Spondylosis

Physician Name: G. Michael Elkanich
Address: 2020 Palomino Lane Suite 220
Las Vegas, NV 89106

NPI#: 1437148442
Phone: 702-474-7200
Fax: 702-474-0009

Physician Signature: 

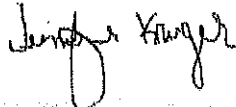
Date: 10-26-2015

Contact Name: Saira McKinley

Phone: 702-327-6964

***APPROVED FOR LSO BRACE AS ORDERED AT CONTRACTED RATE.

11/5/2015



ARMI 211

320



BONE & JOINT SPECIALISTS

Board Certified Orthopaedic Surgeons

2020 Palomino Lane, Suite 200, Las Vegas, NV 89106 (702) 474-7200 office
2680 Crimson Canyon Drive, Las Vegas, NV 89128 (702) 474-0009 fax

Steven Sanders, M.D.
Mark Rosen, M.D.
G. Michael Elkanich, M.D.
James B. Manning, M.D.
Kirk T. Mendez, M.D.
Joselyn Segovia, F.A.C.

Patient: Manuel Ibanez-Ramirez
Date of Birth: 02/02/1970
SSN (last 4 #): [REDACTED]
Visit Date: 10/27/2015
Attending Provider: G. M. ELKANICH MD
Referring Provider: Management Associated Risk

Patient Visit Note

Reason For Visit

Visit for: Low Back and Right Leg Pain, visit for: Neck pain and right arm pain, and visit for: Right Shoulder Pain.

History of Present Illness

Manuel Ibanez-Ramirez is a 45 year old male.
• Medication list reviewed.

Worker's Comp Claim Number
5012127120150195

Employer
RAFAEL FRAMERS

Occupation
CARPENTER

Date of Injury
10-16-14

Body Part
LUMBAR

Past Medical/Surgical History
- NONE

Current Medication
• Naprosyn 375 MG TABS, twice a day 30 days, 0 refills
• Norco 10-325 MG TABS, 1 every 4 - 6 hours as needed 30 days, 0 refills

Allergies
• No Known Allergies

Social History
Behavioral: Current smoker and smoking status: Current everyday smoker.
Alcohol: A social drinker.
Drug Use: Not using drugs.

Family History - Non-Contributory

ARMI 212

327

Patient Name: Manuel Ibanez-Ramirez

Date: 10/27/2015

Physical Findings**General Appearance:** • Well developed. • In no acute distress.**Cardiovascular:** Arterial Pulses: • Posterior tibialis pulses were normal. • Dorsalis pedis pulses were normal.**Musculoskeletal System:****Hands:** Right Hand: • No weakness. Left Hand: • No weakness.**Shoulder:** Right Shoulder: • Motion was abnormal. Left Shoulder: • Motion was normal.**Cervical Spine:** General/bilateral: • Right trapezius muscle was tender on palpation. • Cervical spine motion was abnormal. • Cervical spine pain was elicited by right-sided motion.**Lumbar / Lumbosacral Spine:** General/bilateral: • Lumbosacral spine exhibited tenderness on palpation. • Lumbosacral spine motion was abnormal. • Lumbosacral spine pain was elicited by motion. • A straight-leg raising test of the right leg was positive. • A straight-leg raising test of the left leg was negative.**Neurological:** • Oriented to time, place, and person.**Sensation:** • No decreased response to tactile stimulation of the entire leg.**Motor (Strength):** • Elbow weakness was observed. • Muscle bulk was normal. • Intrinsic muscles of the neck showed no weakness. • No weakness of the right wrist was observed. • No weakness of the left wrist was observed. • No finger weakness was observed. • No ankle weakness was observed.**Gait And Stance:** • No antalgic gait was observed.**Reflexes:** • Knee jerk was normal. • Ankle jerk reflex was normal. • No clonus of the ankle/knee.

• Hoffman's sign was not demonstrated. • Flexor response.

Pt returns today to discuss surgery. He continues to have significant LBP and LE radiculopathy. He is at wits end and unable to live with his pain and wishes to discuss surgery and consider treatment options. Spanish interpreter was present the entire office visit. No new neurological deficits bilateral LE.

Active Problems

- Cervicalgia
- Lumbago
- Right Shoulder Pain--right - Injury to right shoulder at work.

Assessment

1) Low back pain, right lower extremity radiculopathy, L4-5/L5-S1 disc degeneration protrusion endplate modic changes stenosis. History of a prior work-related injection 8 years ago treated with injections, had some continued pain, living with it now with worsening/aggravation of his condition. 2) Right shoulder pain/SLAP tear, possible tendinitis/partial thickness tear.

Therapy • Education and Instructions. • Intervention and counseling on cessation of tobacco use. • Clinical summary provided to patient. Discussed benefits, risks and alternatives to treatment.

Counseling/Education • Instructions for patient. • Education and counseling. • Patient education about orthopedic activities. • Discussed concerns about tobacco use. • Self-help group - smoking cessation

Discussed • Discussion of orthopedic goals; • Discussion of orthopedic options:

Plan

- Intervention and counseling on cessation of tobacco use, 3-10 minutes
- Follow-up for re-examination one month
- Transition in care, clinical summary provided

Non-operative management failed-needs scheduled for surgery => APL4-S1 Reconstruction.

I have reviewed the IMR report of Mr. Ibanez-Ramirez by Dr. Archie Perry who did feel the treatment that he received was reasonable and appropriate and he was indicated for an L4-5/L5-S1 anterior posterior reconstruction decompression based off his symptoms, his radiographic and diagnostic studies. He also felt that the Industrial Injury was most likely the event that caused the need for surgery and apportioned 70% to his current Industrial event and 30% to preexisting symptomatology.

I do feel Mr. Ibanez-Ramirez's current symptomatology as described is currently related to his industrial injury and I do feel he is a candidate for an anterior posterior lumbar reconstruction decompression at L4-5/L5-S1 if he is unable to live with his pain. He does understand that his other treatment option would be to live with his pain and move towards claim closure. At this point in time, he does not wish to do that. He wishes to proceed with surgery. He understands that surgery is not curative and may not render him pain free. He may continue to have some chronic pain and may require future surgery. I do believe there will be some apportionment issues

Patient Name: Manuel Ibanez-Ramirez Date: 10/27/2015
after surgery due to his PPD rating. He wishes to proceed ahead. I do feel he is indicated for an anterior and posterior lumbar reconstruction and decompression. He is scheduled for medical clearance.

No NSAIDS, ASA, Fish oil, or blood thinners 10 days before surgery and no NSAIDS and ASA for 3 months post op.

Pt has 2 choices 1) to live with her pain via all non-operative measures and 2) to consider surgery. All risks and benefits discussed with the patient and his family. At no time were any guarantees given or implied. In fact, I stated he maybe worse following, may continue to have chronic pain, and may require further surgery. All surgical and non-surgical treatment options and he wishes to proceed ahead. Informed consent signed. All questions were answered and patient appeared to understand.

ADDENDUM

Mr. Ibanez-Ramirez is in the process of obtaining authorization for an anterior posterior lumbar reconstruction. While performing this procedure, it is medically necessary for the patient to have intraoperative neurological monitoring. It is an absolute medical necessity during this very complex surgical reconstruction and decompression of the lumbar spine. It is an absolutely medical necessity for the patient's safety. We will request authorization for this.

Notes - Majority of visit was spent in counseling regarding diagnosis & treatment options.
Practice Management - No pharmacologic therapy for cessation of tobacco use.

G. MICHAEL ELKANICH MD

Electronically signed by: G. MICHAEL ELKANICH MD Date: 10/28/2015 11:32

**PHYSICIAN'S AND CHIROPRACTOR'S
PROGRESS REPORT
CERTIFICATION OF DISABILITY**

1(800) 821-6006

Patient's Name: Manuel Ibanez-Ramirez		Claim Number: 5012127120160195
Employer: Rafael Framers		Social Security Number: [REDACTED]
Patient's Job Description/Occupation: Associated Risk Management		Date of Injury: 10/10/14
Name of MCO (if applicable): Associated Risk Management		
Previous Injuries/Diseases/Surgeries Contributing to the Condition:		
Diagnosis: L4-5, Disk pathia, stenosis, bulging, Radiculopathy		
Related to the Industrial Injury? Explain:		
Objective Medical Findings: all normal		
<input type="checkbox"/> None - Discharged Stable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Ratable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Generally Improved <input type="checkbox"/> Condition Worsened <input type="checkbox"/> Condition Same May Have Suffered a Permanent Disability <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treatment Plan: L4-5, AP-Extension, hamstring / Resection 11/11/15		
medical clearance		
<input type="checkbox"/> No Change in Therapy <input type="checkbox"/> PT/OT Prescribed <input type="checkbox"/> Medication May be Used While Working <input type="checkbox"/> Case Management <input type="checkbox"/> PT/OT Discontinued		
<input type="checkbox"/> Consultation <input type="checkbox"/> Further Diagnostic Studies: <input type="checkbox"/> Prescription(s)		
<input type="checkbox"/> Released to FULL DUTY/No Restrictions on (Date): <input checked="" type="checkbox"/> Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: 11/11/15 To: 12/11/15 <input checked="" type="checkbox"/> Released to RESTRICTED/Modified Duty on (Date): From: 10/29/15 To: 11/10/15 Restrictions Are: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
<input type="checkbox"/> No Sitting <input type="checkbox"/> No Standing <input type="checkbox"/> No Pulling <input type="checkbox"/> Other: 12/11/15 <input checked="" type="checkbox"/> No Bending at Waist <input type="checkbox"/> No Stopping <input type="checkbox"/> No Lifting <input type="checkbox"/> No Carrying <input type="checkbox"/> No Walking <input checked="" type="checkbox"/> Lifting Restricted to (lbs.): 10 lbs <input type="checkbox"/> No Pushing <input type="checkbox"/> No Climbing <input type="checkbox"/> No Reaching Above Shoulders		
Date of Next Visit: 11-24-15	Review This Exam: NOV 27 2015	Physician/Chiropractor Name: G. Michael Elkenich, MD.
		Physician/Chiropractor Signature: [Signature]

4-38 (Rev. 7/99)

1:30pm

ARMI 215

330

11/12/2015
05:27 PM

HCA Corporate
Insurance worksheet-no InterQual attached
CONFIDENTIAL PATIENT INFORMATION

PAGE 1

For Facility: Mountainview Hospital

===== ENCOUNTER / HCM DATA =====

Acct No.: G00014447940 Patient Name: IBANEZ-RAMIREZ, MANUEL Age: 45Y DOB: 2/2/1970

Start Date: 11/11/2015 2:04AM

Adm Phys: Iglikowski, Witold J MD MD

MRN: G000313425

Location: MO-[421] 4N POD

Att Phys: Iglikowski, Witold J MD MD

Fac: Mountainview

Room: G.436N-A

Disch Date:

Accommodation:

Enc Type: INPATIENT(Inpatient)

Home Addr: 5620 EUGENE AVE

Sex: M

Marital Stat: Married

LAS VEGAS, NV

County:

Country: United States

Zip Code: 89108

Home Phone:

Work Phone: 702-999-9999

SSN: <Blocked>

Emer Contacts:

Name: REFUSES, PT

Home Tel: 999-999-9999

Work Tel:

Relationship: Other Relati

Admit Complaint: APL4-S1 FUSION

HCM Diagnosis:

HCM Procedure:

Dx Category:

Admit Review:

===== PAYER(S) =====

WORK COMP MISC

Status: P Cert?

Auth No: 5012127120150195/I

Insur No: 5012127120150195

From Thru #Days Type

Status

Auth No

Ref No

Service

11/11/2015 11/12/20151

Cert -

50121271201

Company:

Submit by: Marcelak, Mar

Date: 11/11/2015

Time: 1:46P

Submit to:

Phone:

Fax:

===== LAST COMPLETED REVIEW ONLY =====

Review Date	Care Date	Review Category	Reviewer ID
11/12/2015	11/11/2015		Conner, Merna

Severity	Intensity
----------	-----------

Reviewer Comments:

---11/12/2015 1526 by Merna Conner---

11 OP DAY

1. L4-5, L5-S1 lumbar herniated nucleus pulposus, M51.26 and M51.27.

2. L4-5, L5-S1 lumbar stenosis, M48.06 and M48.07.

3. Chronic intractable low back pain, M54.5.

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NOV 12 2015

ASSOCIATED RISK
MANAGEMENT, INC

ARM1 216

331

11/12/2015
05:27 PM

HCA Corporate
Insurance worksheet-no InterQual attached
CONFIDENTIAL PATIENT INFORMATION

PAGE 2

For Facility: Mountainview Hospital

Acct No.: G00014447940
Facility: Mountainview Hospital

Patient Name: IBANEZ-RAMIREZ, MANUEL

Age: 45Y DOB: 2/2/1970

===== LAST COMPLETED REVIEW ONLY (continued) =====

4. Lower extremity radiculopathy, M54.16 lumbar and M54.17 lumbosacral.

PROCEDURES PERFORMED:

1. L4-5 bilateral posterolateral lumbar arthrodesis, CPT 22612.
2. L5-S1 bilateral posterolateral lumbar arthrodesis, CPT 22614 x1.
3. Wide decompressive laminectomy with decompression of spinal canal, neural foramen and nerve roots, L4, CPT 63047.
4. Wide decompressive laminectomy with decompression of spinal canal, neural foramen and nerve roots, L5 and S1, CPT 63048 x2.
5. Bilateral transpedicular complex segmental instrumentation from L4 to S1, CPT 22842.
6. Aspiration of bone marrow, right posterior ilium, used for transplantation in posterior lumbar spine through a separate fascial incision, CPT 38220.
7. Use of morselized allograft cultured with stem cells from NuCel, CPT 20930.
8. Use of local autograft from same incision, CPT 20936.
9. Use of intraoperative fluoroscopy greater than 1 hour operative time, CPT 76001-26.
10. Use of intraoperative neurological monitoring.

12 M/S/T POD #1
H/H DROP, PAIN
HGB HCT
11.9 D L 34.6 L
15.1 44.2

TX: FOLEY DC'D THIS AM 12 / INITIAL P.T. EVAL 12 > 1-2XDLY / IVF+K 125CCHR /
DECADRON Q8X3 / DILAUDID 11X5 / MS PCA DC'D 12 > PRN IVP X1 / PEPCID Q12 / +PO
PERCOCET INITIATED

DCP: HOME WHEN MED CLEARED

===== CONFIDENTIALITY STATEMENT =====
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NOV 12 2015

ASSOCIATED RISK
MANAGEMENT, INC

ARMI 217

332



BONE & JOINT SPECIALISTS

Board Certified Orthopaedic Surgeons

2020 Palomino Lane, Suite 200, Las Vegas NV 89106 (702) 474-7200 office
2680 Crimson Canyon Drive, Las Vegas NV 89128 (702) 474-0009 fax

Steven Sanders, M.D.
Mark Rosen, M.D.
G. Michael Elkanich, M.D.
James B. Manning, M.D.
Kirk T. Mendez, M.D.
Jocelyn Segovia, P.A.C.

Patient: Manuel Ibanez-Ramirez
Date of Birth: 02/02/1970
SSN (last 4 #): [REDACTED]
Visit Date: 11/24/2015
Attending Provider: G. M. ELKANICH MD
Referring Provider: Management Associated Risk

Patient Visit Note

Reason For Visit

Visit for: postsurgical exam s/p AP L4-S1 Reconstruction. Date of surgery: 11/11/2015.

History of Present Illness

Manuel Ibanez-Ramirez is a 45 year old male.

- Patient reports feeling better • No fever • No chills
- No radicular pain down the lower extremities
- Sensory disturbances right lateral thigh • Numbness

Mr. Ibanez returns 2 weeks from his lumbar reconstruction. He really has no complaints of low back pain. His right leg prior to surgery has resolved. He is only reporting residual numbness to the outside of his right leg and some pain behind his right knee. He states he had the same complaints of numbness before the surgery and that it was gone the first couple of days but it has returned the last 4 days. He is only taking his pain pills bid. He denies new neurologic deficits

Current Medication

- Naprosyn 375 MG TABS, twice a day 30 days, 0 refills
- Norco 10-325 MG Tablet 1 every 4 - 6 hours as needed, 30 days, 0 refills

Allergies

- No Known Allergies

Social History

Behavioral: Current smoker and smoking status: Current everyday smoker.

Alcohol: A social drinker.

Drug Use: Not using drugs.

Physical Findings

- Vitals taken 11/24/2015 09:24 pm

Height	68 in
Weight	165 lbs
Body Mass Index	25.1 kg/m ²
Body Surface Area	1.88 m ²

Back:

- No swelling. • No induration. • No erythema. • No warmth. • No tenderness on palpation.

Musculoskeletal System:

Lumbar / Lumbosacral Spine:

General/bilateral: • A straight-leg raising test was negative.

Neurological:

Sensation: • No sensory exam abnormalities were noted.

ARMI 218

333

Patient Name: Manuel Ibanez-Ramirez

Date: 11/24/2015

Motor: ° Strength was normal.

Balance: ° Normal.

Gait And Stance: ° Normal.

Reflexes: ° Deep tendon reflexes were normal.

Wound healing normal.

Radiology

X-RAYS: X-rays of the lumbar spine performed today in clinic show hardware in appropriate alignment with no obvious changes in position, loosening, migration, or hardware failure.

Active Problems

- Cervicalgia
- Lumbago
- Rps Shoulder Pain--Right - Injury to right shoulder at work.

Assessment

Status post L4 to S1 AP lumbar reconstruction decompression 2 weeks but doing extremely well.

Therapy

- Wound/Incision care.
- Watch for signs/symptoms of infection.

Counseling/Education

- Reduced physical activity
- Post-op teaching

Plan

- Follow-up for re-examination four weeks

Pt was fitted for lumbar bone growth stimulator in clinic (cpt 20974). All risks/benefits and directions on use were explained to the patient with the manufacturers representative present. Pt appeared to understand and will use daily as directed.

Mr. Ibanez-Ramirez is doing extremely well. He has had almost resolution of his symptoms. He has a little soreness behind his knee, but otherwise he is extremely happy. No fevers, chills, or drainage. At this point in time, I discussed his wife who is his Spanish interpreter all of the options and treatment as well as postoperative protocols. I will see him back in 4 weeks with new x-rays AP and lateral of the lumbar spine.

G. MICHAEL ELKANICH MD

Electronically signed by: G. MICHAEL ELKANICH MD Date: 11/25/2015 13:24

**PHYSICIAN'S AND CHIROPRACTOR'S
PROGRESS REPORT
CERTIFICATION OF DISABILITY**

1(800) 821-6006

PHYSICIAN'S AND CHIROPRACTOR'S PROGRESS REPORT CERTIFICATION OF DISABILITY		Claim Number: 5012127120150195
Patient's Name: Manuel Ibanez-Ramirez		Social Security Number: [REDACTED]
Employer: Rafael Framere		Date of Injury: 10/18/14
Patient's Job Description/Occupation: Associated Risk Management		Name of MCO (if applicable): Associated Risk Management
Previous Injuries/Diseases/Surgeries Contributing to the Condition:		
Diagnosis: S.I.P.M. 2015/16		
Related to the Industrial Injury? Explain:		
Objective Medical Findings: See report		
<input type="checkbox"/> None - Discharged Stable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Ratable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Generally Improved <input type="checkbox"/> Condition Worsened <input type="checkbox"/> Condition Same May Have Suffered a Permanent Disability <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treatment Plan: T.T.O. 9 in PT post op protocols PT 4 weeks possible PT restriction 51		
<input type="checkbox"/> No Change in Therapy <input type="checkbox"/> PT/OT Prescribed <input type="checkbox"/> Medication May be Used While Working <input type="checkbox"/> Case Management <input type="checkbox"/> PT/OT Discontinued		
<input type="checkbox"/> Consultation <input type="checkbox"/> Further Diagnostic Studies: <input type="checkbox"/> Prescription(s)		
<input type="checkbox"/> Released to FULL DUTY/No Restrictions on (Date): <input checked="" type="checkbox"/> Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: 11/24/15 To: 12/24/15 <input type="checkbox"/> Released to RESTRICTED/Modified Duty on (Date): From: To: Restrictions Are: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> No Sitting <input type="checkbox"/> No Standing <input type="checkbox"/> No Pulling <input type="checkbox"/> Other: <input type="checkbox"/> No Bending at Waist <input type="checkbox"/> No Stoopng <input type="checkbox"/> No Lifting <input type="checkbox"/> No Carrying <input type="checkbox"/> No Walking <input type="checkbox"/> Lifting Restricted to (lbs.): <input type="checkbox"/> No Pushing <input type="checkbox"/> No Climbing <input type="checkbox"/> No Reaching Above Shoulders		
Date of Next Visit: 12/22/15	Date of this Exam: 11-24-15	Physician/Chiropractor Name: G. Michael Ekanich, MD.
Physician/Chiropractor Signature: [Signature]		

D-39 (Rev 7/90)

11:00am

SCANNED

ARMI 220

335

PHYSICIAN'S AND CHIROPRACTOR'S PROGRESS REPORT CERTIFICATION OF DISABILITY		1(800) 621-5006
Patient's Name: Manuel Ibanez-Ramirez		Claim Number: 5012127120150196
Employer: Rafael Framers		Social Security Number: [REDACTED]
Patient's Job Description/Occupation:		Date of Injury: 10/18/14
Previous Injuries/Diseases/Surgeries Contributing to the Condition:		Name of MCO (if applicable): Associated Risk Management
Diagnosis: L4-L5, AP Rupture		
Related to the Industrial Injury? Explain:		
Objective Medical Findings: Aggravated, see Report		
<input type="checkbox"/> None - Discharged Stable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Ratable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Generally Improved <input type="checkbox"/> Condition Worsened <input type="checkbox"/> Condition Same May Have Suffered a Permanent Disability <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treatment Plan: Cast one arm & shoulder		
PT study in January 30 weeks & 4 weeks		
<input type="checkbox"/> No Change in Therapy <input type="checkbox"/> PT/OT Prescribed <input type="checkbox"/> Medication May be Used While Working <input type="checkbox"/> Case Management <input type="checkbox"/> PT/OT Discontinued		
<input type="checkbox"/> Consultation <input type="checkbox"/> Further Diagnostic Studies: <input type="checkbox"/> Prescription(s): Morco 10/325		
<input type="checkbox"/> Released to FULL DUTY/No Restrictions on (Date): <input type="checkbox"/> Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: _____ To: _____ <input checked="" type="checkbox"/> Released to RESTRICTED/Modified Duty on (Date): From: 12/21/15 To: 1/21/16 Restrictions Are: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
<input type="checkbox"/> No Sitting <input type="checkbox"/> No Standing <input type="checkbox"/> No Pulling <input type="checkbox"/> Other: Sitting / Self <input checked="" type="checkbox"/> No Bending at Waist <input checked="" type="checkbox"/> No Stoopng <input type="checkbox"/> No Lifting 70 <input type="checkbox"/> No Carrying <input type="checkbox"/> No Walking <input type="checkbox"/> Lifting Restricted to (lbs.): 10 lbs <input type="checkbox"/> No Pushing <input checked="" type="checkbox"/> No Climbing <input type="checkbox"/> No Reaching Above Shoulders		
Date of Next Visit: 1/19/16	Date of this Exam: DEC 22 2015	Physician/Chiropractor Name: G. Michael Elkanich, MD.
		Physician/Chiropractor Signature: [Signature]

2-D 38 (Rev. 7/90)

ARMI 221

1330



*ASSOCIATED RISK
MANAGEMENT, INC.*

P.O. Box 4930 - Carson City, NV 89702-4930

Phone (800) 935-0640 or (775) 883-4440 - Fax (800) 621-5006 or (775) 883-3360

December 22, 2015

MANUEL IBANEZ
5620 EUGENE AVE
LAS VEGAS, NV 89108

Re: Claim No: 5012-1271-2015-0195
Date of Injury: October 16, 2014
Employer: RAFAEL FRAMERS/RAFAEL CONCRETE

Dear MANUEL IBANEZ:

As you were previously advised in April 2015, you are not eligible for compensation when released to light duty since you are undocumented and not eligible to work in the United States. Your physician released you to light duty work effective December 21, 2015, therefore, you are no longer eligible for compensation benefits.

If you disagree with the decision and you choose to appeal please complete the Request for Hearing Form and send it to the Department of Administration at the address indicated on the form within seventy (70) days from the date of this letter.

If you have any questions, please feel free to contact our office at (775) 883-4440 or toll free at (800) 935-0640.

Sincerely,


Candy Kruger
Claims Examiner

Enclosures: Request for Hearing Form

cc: Builders Association of Western Nevada
RAFAEL FRAMERS/RAFAEL CONCRETE
File

ARMI 222

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**PHYSICIAN'S AND CHIROPRACTOR'S
PROGRESS REPORT
CERTIFICATION OF DISABILITY**

1(800) 621-5006

Patient's Name: Manuel Ibanez-Ramirez		Claim Number: 501212712050195
Employer: Rafael Framers		Social Security Number: [REDACTED]
Patient's Job Description/Occupation:		Date of Injury: 10/16/14
Name of MCO (if applicable): Associated Risk Management		
Previous Injuries/Diseases/Surgeries Contributing to the Condition:		
Diagnosis: S/P AP L4-S1 Reconstruction on 11/11/15		
Related to the Industrial Injury? Explain:		
Objective Medical Findings: see report		
<input type="checkbox"/> None - Discharged Stable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Ratable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Generally Improved <input type="checkbox"/> Condition Worsened <input type="checkbox"/> Condition Same May Have Suffered a Permanent Disability <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treatment Plan: Start physical therapy to L-spine 3x/week x 4 weeks see 4 weeks; eval for Ocase Plw on Sedation for surgery		
<input type="checkbox"/> No Change in Therapy <input type="checkbox"/> PT/OT Prescribed <input type="checkbox"/> Medication May be Used While Working <input type="checkbox"/> Case Management <input type="checkbox"/> PT/OT Discontinued		
<input type="checkbox"/> Consultation <input type="checkbox"/> Further Diagnostic Studies: <input type="checkbox"/> Prescription(s)		
<input type="checkbox"/> Released to FULL DUTY/No Restrictions on (Date): <input type="checkbox"/> Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: To: <input checked="" type="checkbox"/> Released to RESTRICTED/Modified Duty on (Date): From: 1/19/16 To: 2/19/16 Restrictions Are: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
<input type="checkbox"/> No Sitting <input type="checkbox"/> No Standing <input type="checkbox"/> No Pulling <input checked="" type="checkbox"/> Other: Sitting / Lifting <input checked="" type="checkbox"/> No Bending at Waist <input checked="" type="checkbox"/> No Stoopng <input type="checkbox"/> No Lifting JAN 19 2016 <input type="checkbox"/> No Carrying <input type="checkbox"/> No Walking <input checked="" type="checkbox"/> Lifting Restricted to (lbs.): 105 <input type="checkbox"/> No Pushing <input type="checkbox"/> No Climbing <input type="checkbox"/> No Reaching Above Shoulders ASSOCIATED RISK		
Date of Next Visit: 2/16/16	Date of this Exam: JAN 19 2016	Physician/Chiropractor Name: G. Michael Elkanich, MD.
		Physician/Chiropractor Signature: [Signature]

D-39 (Rev. 7/89)

9:30am

SCANNED

ARMI 223

338



**Dr. Michael Elkanich
Bone & Joint Specialists**

2680 Crimson Canyon Drive
Las Vegas, NV 89128
Phone: (702) 228-7355
Fax: (702) 228-4499

2020 Palomino Lane, Suite 220
Las Vegas, NV 89106
Phone: (702) 474-7200
Fax: (702) 474-0009

REQUEST

1-20-2016

From: Kimberly (702) 228-7355

Pages _____

Dear ARMI/ ADJUSTER

Fax#: 800-621-5006 Phone#:

Patient: Manuel Ibanez-Ramirez DOB: 02/02/1970

Patient Phone #: Patient Cell #: (702) 504-9637

Primary Insurance: ASSOCIATED RISK MANAGEMEN Primary ID#: 5012127120150195

Diagnosis: S/P LUMBAR RECONSTRUCTION 11-11-15

ORDERS/COMMENTS:***PLEASE AUTH PT 3X4 FOR LUMBAR AND ADVISE WHERE TO GO. THANK YOU *******

Please call patient to schedule above procedure.

Email or Fax results to the Attention of Kimberly to the following Office:

☒ Patient Files: (702) 228-4499 or kimberly@lvboneandjoint.com

☐ Patient Files: (702) 474-0009 or kimberly@lvboneandjoint.com

Thank You,
G. Michael Elkanich M.D.

****APPROVED FOR PT X 12 AS PRESCRIBED. JKRUGER, 1/22/16***

ARM 224

339

02/02/2016 11:12 Bone & Joint Specialists

(FAX) 702 474 0009

P.002/003



BONE & JOINT SPECIALISTS

Steven Sanders M.D.
Mark Rosen M.D.
G. Michael Elkanich, M.D.
James B. Manning M.D.
Kirk T. Mendez, M.D.
Jocelyn Sagovia, P.A.C.

Board Certified Orthopaedic Surgeons
3020 Palomino Lane, Suite 200, Las Vegas NV 89106 (702) 474-7200 office
2680 Crimson Canyon Drive, Las Vegas NV 89128 (702) 474-0009 fax

Patient: Manuel Ibanez-Ramirez
Date of Birth: 02/02/1970
SSN (last 4 #):

Visit Date: 02/01/2016
Attending Provider: STEVEN M. SANDERS MD
Referring Provider: Management Associated Risk

Patient Visit Note

W/C CLAIM #: 50121271120150195

EMPLOYER: Rafael Framers

OCCUPATION: Carpenter

Length of employment 3 YRS

DATE OF INJURY: 10/16/14

BODY PART: Right shoulder. Low back.

TPA/ADJUSTER: Associated Risk Management/Sandy Belcher

Date of Injury 10/16/14

Body Part RIGHT SHOULDER

Adjuster JENNY KRUGER

Active Problems

- Cervicalgia

- Lumbago

- Rpas Shoulder Pain--right - Injury to right shoulder at work.

History of Present Illness Manuel Ibanez-Ramirez is a 45 year old male. • Medication list reviewed.

Past Medical/Surgical History

Reported: Surgical / Procedural: Surgical / procedural history.

Current Medication

- Norco 10-325 MG Tablet three times a day, 30 days, 0 refills

Allergies • No Known Allergies

Social History Behavioral: Current smoker and smoking status: Current everyday smoker. Alcohol: A social drinker.

Physical Findings

- Vitals taken 02/01/2016 08:48 am

Height

68 in

Weight

164 lbs

Body Mass Index

24.9 kg/m2

Body Surface Area

1.88 m2

Health Reminders • Assess BMI satisfied 02/01/2016. • Assess Tobacco Use satisfied 02/01/2016.

225
340

INTERVAL HISTORY: Patient seen with Spanish translator. Last visit March 2015. Prolonged visit reviewing his past history and treatment as well as bringing him up to date.

Had lumbar surgery by Dr. Elkanich in November 2015. The message is he is now cleared for shoulder surgery. Originally we had talked about surgery back in March of 2015.

Reviewing his symptoms, he has different areas of symptoms. One area he first points to is the shoulder blade and that goes toward the base of the neck. With range of motion of the shoulder and repetitive use, he has pain that then goes down the side of his arm. He can have pain going toward his shoulder blade with certain motions of his head and neck. If he rotates his head to the right, he will feel some pain at the base of the neck as well as a little bit on his scapula. He can also feel the same symptoms with extending his head backwards.

His active range of motion to the right shoulder is limited due to complaints of pain. He forward flexes 90 degrees. Abduction 110 degrees. Passively, I can take him fully over his head, but it causes him discomfort inside the shoulder and posteriorly.

EXAMINATION: His right forearm circumference measures 10-1/2" and the left measures 10-1/2". The right biceps measures 11-1/4" and the left 11-1/2". He has good muscle definition and tone. Sensation testing in the upper extremities revealed slight decrease on the front of the arm compared to the left. Also may be slight decreased lateral aspect of the deltoid on the right compared to the left. Reflexes may be slightly decreased brachioradialis on the right compared to the left.

Active range of motion right shoulder 90 degrees, abduction 110 degrees. Passively, I can bring him overhead. He has tenderness to palpation at the AC joint as well as in the lateral subacromial space. Pain with resisted forward flexion and abduction.

MRI ARTHROGRAM: Right shoulder, 03/04/2015. Suggests labral tear but no labral cyst. Partial tearing rotator cuff. Osteophytes acromion and the AC joint with hypertrophy and spurs.

MRI SCAN: Cervical spine, 03/04/2015. At C5-C6 osteophyte disc complex eccentric to the right causing mild to moderate right neuroforaminal stenosis.

DISCUSSION: Reviewed all the above in detail with the patient. A complex conversation was had and enough time was taken. He does have symptoms relative to the glenohumeral joint, but also some issues relating to the neck. There can be overlap. I tried to make sure he understood the potential for overlap and continued symptoms even with a perfect successful shoulder surgery.

The next issue was discussing risks and complications intrinsic to shoulder surgery. Discussed the low risk but presence of risk of infection. Discussed decreased range of motion and arthrofibrosis. Discussed failure of any repairs to heal.

Questions were answered. He states he understands the above and wishes to proceed.

PLAN: Right shoulder arthroscopy. Labral repair as needed. Subacromial decompression. Distal clavicle resection. Rotator cuff evaluation.

DISABILITY STATUS: Regarding right shoulder, he is at modified duty. Lifting restriction 10 pounds. No repetitive reaching overhead right arm.

STEVEN M. SANDERS MD

Electronically signed by: STEVEN M SANDERS MD Date: 02/02/2016 10:33

cc: Associated Risk Management
Attn: Sandy Belcher



**Physician's & Chiropractors
Progress Report
Certification of Disability**

Patient's Name: Manuel Ibanez-Hamiroz		Clinic Number: 6012127120160195
Employer: Rafael Framing		Social Security Number:
Name of MCC (if applicable) ASSOCIATED RISK MANAGEMEN		Date of Injury: 10/16/2014
Patient's Job Description/Occupation:		
Previous Injuries/Diseases/Surgeries Contributing to the Condition:		
Diagnosis: RIGHT SHOULDER LABRAL TEAR, A-C JOINT ARTHROPATHY		
Related to the Industrial Injury? Explain:		
Objective Medical Findings: DECREASED AROM		
TTP		
<input type="checkbox"/> None - Discharged Stable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Condition Worsened <input type="checkbox"/> Generally Improved Retable <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Condition Same May Have Suffered a Permanent Disability <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treatment Plan: SURGERY RIGHT SHOULDER SCOPE: LABRAL REPAIR DECOMPRESSION, DISTAL CLAVICLE RESECTION DECOMPRESSION		

☐ No Change in Therapy ☐ PT/OT Prescribed ☐ Medication May be Used While Working
☐ Case Management ☐ PT/OT Discontinued

☐ Consultation: _____

☐ Further Diagnostic Studies: _____

☐ Prescription(s): _____

<input type="checkbox"/> Released to FULL DUTY/No Restrictions on (Date): _____	
<input type="checkbox"/> Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: _____ To: _____	
<input checked="" type="checkbox"/> Released to RESTRICTED/Modified Duty on (Date): 2/11/16 TO NEXT VISIT	
ARE: <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Temporary	
<input type="checkbox"/> No Sling <input type="checkbox"/> No Standing <input type="checkbox"/> No Pulling <input checked="" type="checkbox"/> Other: RUE NO LIFTING OVER 10 LBS	
<input type="checkbox"/> No Bending at Waist <input type="checkbox"/> No Stoopng <input type="checkbox"/> No Lifting <input type="checkbox"/> No Carrying <input type="checkbox"/> No Walking <input type="checkbox"/> Lifting Restricted to (lbs.): _____ <input type="checkbox"/> No Pushing <input type="checkbox"/> No Climbing <input checked="" type="checkbox"/> No Reaching Above Shoulders RIGHT ARM	
Date of Next Visit: SURGERY	Date of this Exam: 02/01/2016 Physician/Chiropractor Name: STEVEN M. SANDERS MD
Physician/Chiropractor Signature: 	

**SPECIALTY
SURGERY CENTER**
7250 CATHEDRAL ROCK DRIVE
LAS VEGAS, NV 89128

OPERATIVE REPORT

PATIENT NAME: IBANEZ RAMIREZ, MANUEL
DATE OF SURGERY: 02/04/16
PATIENT MRN#: 98309
PHYSICIAN: Steven M. Sanders, M.D.

PREOPERATIVE DIAGNOSES:

1. Right shoulder acromioclavicular joint posttraumatic arthropathy.
2. Possible labral tear.

POSTOPERATIVE DIAGNOSES:

1. Right shoulder acromioclavicular joint posttraumatic arthropathy: industrial.
2. Right shoulder biceps tendinopathy: industrial.
3. Right shoulder posttraumatic impingement syndrome: industrial.

PROCEDURES PERFORMED:

1. Right shoulder arthroscopic distal clavicle resection.
2. Right shoulder arthroscopic subacromial decompression.
3. Right shoulder open biceps transposition.

DESCRIPTION OF PROCEDURE: The patient was taken to the operating room, where general anesthesia was induced orally intubated. This was done after an interscalene block was placed. He was then placed carefully in a beachchair position with all bony prominences well padded. This gave access to his shoulder from front and back. The right shoulder girdle and the upper extremity were then prepped and draped in the usual sterile fashion.

Antibiotics administered and time-out performed.

A small incision was made and camera was introduced into the glenohumeral joint.

Glenohumeral joint demonstrated normal articular cartilage on the glenoid and the humeral head.

SS/SU/andovmt123/FST-18739195
D: 02/04/16 09:10 P CST
T: 02/05/16 04:11 A CST

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**ASSOCIATED RISK
MANAGEMENT, INC.**

228
343

RE: IBANEZ RAMIREZ, MANUEL
OPERATIVE REPORT
PAGE 2

Subscapularis intact.

Rotator cuff minor fraying just posterior to the biceps tendon.
Rest of the rotator cuff was normal.

The anterior labrum was intact.

The superior labrum demonstrated fraying extending into the biceps tendon. There was a deep superior recess, but no detachment. The repetitive probing of the superior labrum demonstrated no instability. I was unable to pull it down into the glenohumeral joint for any impingement.

Posterior labrum intact.

Inferior labrum intact.

Inferior recess no loose bodies.

At this time, decision was made that the superior labrum did not require any specific separate treatment with regards to anchors and sutures. Because it was fraying at the labrum extending up into the biceps tendon, I felt a biceps transposition would be appropriate. This would eliminate any potential sources of biceps pain in the joint but also if in fact the biceps was pulling on the labrum this would be eliminated.

From the anterior portal the tissue ablator was introduced and the biceps tenotomy was performed.

At this time, the camera was withdrawn from the glenohumeral joint and placed up to the subacromial space. A third portal was established laterally and a tissue ablator was introduced and bursectomy performed exposing the acromion, distal clavicle, and the rotator cuff.

No evidence of tears of the rotator cuff on the bursal side.

A burr was introduced and a subacromial decompression was performed.

Distal clavicle was then assessed demonstrating inferior impingement but clinically had pain from the joint

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ASSOCIATED RISK
MANAGEMENT, INC.

SS/SM/andovmc123/EST-18739795

D: 02/04/16 00:10 P CST

T: 02/05/16 04:11 A CST

229
1344

RE: IBANEZ RAMIREZ, MANUEL
OPERATIVE REPORT
PAGE 3

posttraumatic. At this time, the distal clavicle resection was performed. The undersurface of the clavicle was resected from the lateral portal. The more superior aspect was then resected from an anterior portal.

The subacromial space was then cleared of any bone debris by repetitively passing a shaver as well as a probe to mobilize any loose spicules.

At this time, the subacromial space was irrigated, suctioned dry, and all arthroscopic equipment was removed intact. The portals were closed with interrupted 5-0 nylon.

An incision was then made on the proximal aspect of the humerus slightly medial. Skin and subcutaneous tissue was divided. I was pretty much right over the vein, which was retracted laterally with the deltoid with finger dissection down to the bone. Two Hohmanns were placed but kept vertical allowing access to the anterior humerus. This put me right down onto the biceps tendon and its sheath. I opened the sheath and freed up tendon. Then retracting the tendon retrograde up, I then selected my site to put in sutures. Utilizing a #2 FiberWire, I weaved a Krackow interlocking suture into the tendon and then cut off the more redundant proximal aspect. With the end of the tendon nicely controlled, I then used a guidepin into the humerus through both cortices and then over the guidepin had a 7-mm reamer for the neocortex. I then copiously irrigated with antibiotic irrigation.

Two arms of suture were then passed in opposite directions through the Arthrex Tightrope button, which was then passed into the humerus and out the back cortex. Tugging on the sutures allowed the Tightrope to engage against the far cortex and pulling on the sutures allowed me to get the biceps tendon to go nicely and completely up into the reamed hole. Once that was accomplished, I then placed one arm of that suture through a 7-mm Arthrex tenodesis screw, which was then applied to the screwdriver and this was then advanced alongside the tendon into the reamed hole on the neocortex. The one arm of suture being through the screw and the other arm not, these were then tied over the screws in additional fixation point.

At this time, range of motion demonstrated no instability.

SS/SN/andover123/FST-10739795
D: 02/04/16 08:10 P CST
T: 02/05/16 04:11 A CST

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ASSOCIATED RISK
MANAGEMENT, INC.

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RE: IBANEZ RAMIREZ, MANUEL
OPERATIVE REPORT
PAGE 4

I irrigated with antibiotic irrigation and suctioned dry. Deltoid and pectoralis major were allowed to fall in natural positions. Superficial fascia was then closed with a running 3-0 Vicryl and subcutaneous tissue closed with 3-0 Vicryl running. Skin closed with 5-0 Monocryl subcutaneous followed by Dermabond.

Subacromial space was then injected with Marcaine for postoperative analgesia.

Xeroform gauze applied followed by 4x4's, ABD, Cover-Roll tape, and a sling. The patient was then awakened, extubated, and taken to the recovery room in stable condition. There were no obvious intraoperative complications. The patient appeared to tolerate the procedure well. Sponge and needle counts were correct.

Steven M. Sanders, M.D.

SS/SH/andowm123/FST-18739795
D: 02/04/16 08:10 P CST
T: 02/05/16 14:11 A CST

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FEB 11 2016

ASSOCIATED RISK
MANAGEMENT, INC.



BONE JOINT SPECIALISTS

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Mark Rosen M.D.
J. Michael Etkenich, M.D.
James B. Manning M.D.
Kirk T. Mander, M.D.
Jocelyn Segovia, P.A.C.

Patient: Manuel Ibanez Ramirez
Date of Birth: 02/02/1970
SSN (last 4 #):

Visit Date: 02/08/2016
Attending Provider: STEVEN M. SANDERS MD
Referring Provider: Management Associated Risk

Patient Visit Note

RECEIVED

FEB 22 2016

ASSOCIATED RISK
MANAGEMENT, INC

W/C CLAIM #: 50121271120150195

EMPLOYER: Rafael Framers

OCCUPATION: Carpenter

LENGTH OF EMPLOYMENT: 3 YRS

DATE OF INJURY: 10/16/14

BODY PART: Right shoulder. Low back.

DATE OF SURGERY: 02/04/2016.V Right shoulder distal clavicle resection, decompression, biceps tendo transposition.

TPA/ADJUSTER: Associated Risk Management/Sandy Belcher, Adj. Jenny Kruger

Active Problems • Rps Shoulder Pain--right - Injury to right shoulder at work • Cervicalgia

• Lumbago

INTERVAL HISTORY: Manuel Ibanez Ramirez is a 46 year old male. Patient seen with Spanish translator. He is 4 days postop. At surgery, he was found to have some partial tearing of the biceps tendon near its labral origin. The partial tear was completed and a transposition was performed. He was also noted to have AC joint arthropathy as was noted coming into the operation, and a distal clavicle resection was performed along with the subacromial decompression. The amount of distal clavicle resection was approximately a centimeter. Patient through translator, has multiple symptoms. Describes the right hand being intermittently cold. He describes some pain going up to the neck. He describes throbbing pain at the clavicle.

Current Medication

• Norco 10-325 MG Tablet three times a day, 30 days, 0 refills

• Medication list reviewed.

Allergies • No Known Allergies

Social History: Behavioral: Current smoker and smoking status: Current everyday smoker, Alcohol: A social drinker.

Health Reminders • Assess Tobacco Use satisfied 02/08/2016.

EXAMINATION: Wounds are benign. No abnormal swelling. Gross intact neurovascular status.

OFFICE FILMS: Right shoulder 1 view demonstrates adequate distal clavicle resection. Drill hole in humerus with anchor for biceps transposition.

DISCUSSION: Reviewed all the above in detail with the patient. Reviewed the procedures performed. Patient was given a copy and explanation of his intraoperative photographs. Discussed activity modification. Discussed wound care.

PLAN: Wound to be kept clean and dry. Follow in 4 days for wound check. Will start physical therapy with range of motion glenohumeral joint.

DISABILITY STATUS: Patient will be released to work modified duty 02/09/2016 with no use of the right upper extremity.

STEVEN M. SANDERS MD

Electronically signed by: STEVEN M SANDERS MD Date: 02/08/2016 10:11

cc: Associated Risk Management Workers' Comp

232

347

**PHYSICIAN'S AND CHIROPRACTOR'S
PROGRESS REPORT
CERTIFICATION OF DISABILITY**

1(800) 621-5008

Patient's Name: Manuel Ibanez-Ramirez		Claim Number: 5012127120150195
Employer: Rafael Framing		Social Security Number: XXX-XX-
Patient's Job Description/Occupation:		Date of Injury: 10/18/14
Name of MCO (if applicable): Associated Risk Management		
Previous Injuries/Diseases/Surgeries Contributing to the Condition:		
Diagnosis: S+M6		
Related to the Industrial Injury? Explain:		
Objective Medical Findings: wound healing		
<input type="checkbox"/> None - Discharged Stable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Ratable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Generally Improved <input type="checkbox"/> Condition Worsened <input checked="" type="checkbox"/> Condition Same May Have Suffered a Permanent Disability <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treatment Plan: Sutures out waiting stand P. Iban		

- ☐ No Change In Therapy ☐ PT/OT Prescribed ☐ Medication May be Used While Working
☐ Case Management ☐ PT/OT Discontinued

☐ Consultation☐ Further Diagnostic Studies:☐ Prescription(s)

- ☐ Released to FULL DUTY/No Restrictions on (Date): _____
☐ Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: _____ To: _____
☒ Released to RESTRICTED/Modified Duty on (Date): From: **2/12/16** To: **N.V.**
 Restrictions Are: ☐ Permanent ☐ Temporary

- | | | | |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> No Sitting | <input type="checkbox"/> No Standing | <input type="checkbox"/> No Pulling | <input type="checkbox"/> Other: No use of
VE |
| <input type="checkbox"/> No Bending at Waist | <input type="checkbox"/> No Stopping | <input type="checkbox"/> No Lifting | |
| <input type="checkbox"/> No Carrying | <input type="checkbox"/> No Walking | <input type="checkbox"/> Lifting Restricted to (lbs.): _____ | |
| <input type="checkbox"/> No Pushing | <input type="checkbox"/> No Climbing | <input type="checkbox"/> No Reaching Above Shoulders | |

Date of Next Visit: 2/17	Date of this Exam: FEB 12 2016	Physician/Chiropractor Name: Steven M. Sanders, MD.	Physician/Chiropractor Signature: [Signature]
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FAXED FEB 12 BY: _____ </div>			D-39 (Rev. 7/99)



BONE & JOINT SPECIALISTS

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James B. Manning, M.D.
Kirk T. Mendez, M.D.
Jocelyn Segovia, P.A.C.

Patient: Manuel Ibanez Ramirez
Date of Birth: 02/02/1970
SSN (last 4 #):

Visit Date: 02/12/2016
Attending Provider: STEVEN M. SANDERS MD
Referring Provider: Management Associated Risk

Patient Visit Note

W/C CLAIM #: 50121271120150195

EMPLOYER: Rafael Framers

OCCUPATION: Carpenter

LENGTH OF EMPLOYMENT: 3 YRS

DATE OF INJURY: 10/16/14

BODY PART: Right shoulder, Low back.

DATE OF SURGERY: 02/04/2016. Right shoulder distal clavicle resection, decompression, biceps tendon transposition.

TPA/ADJUSTER: Associated Risk Management/Sandy Belcher/JENNY KRUGER

Active Problems • Rpas Shoulder Pain--right - Injury to right shoulder at work. • Cervicalgia • Lumbago

INTERVAL HISTORY: Manuel Ibanez Ramirez is a 46 year old male. Following up on right shoulder. He is postop day 8. Patient seen with Spanish translator. States his physical therapy has not yet been approved. He has not been working on motion.

Past Medical/Surgical History Reported:

Surgical:

Current Medication

- Cyclobenzaprine HCl 10 MG Tablet 0 days, 0 refills
- Norco 10-325 MG Tablet three times a day, 30 days, 0 refills
- Tramadol HCl 50 MG Tablet 0 days, 0 refills
- Medication list reviewed.

Allergies • No Known Allergies

Social History Behavioral: Current smoker and smoking status: Current everyday smoker.

Alcohol: A social drinker.

Health Reminders • Assess Tobacco Use satisfied 02/12/2016.

EXAMINATION: Wounds are benign. Range of motion is limited. Some ecchymosis on the shoulder.

PROCEDURE: Sutures removed, Steri-Strips applied.

PLAN: I instructed him to start range of motion 90 degrees of abduction and 90 degrees forward flexion. We would like physical therapy to start. He will follow in 2 weeks for repeat clinical assessment.

DISABILITY STATUS: Released modified duty. No use right upper extremity.

STEVEN M. SANDERS MD

Electronically signed by: STEVEN M SANDERS MD Date: 02/17/2016 11:10

cc: Associated Risk Management Workers' Comp



**Physician's & Chiropractors
Progress Report
Certification of Disability**

Claim Number: 5012127120150195	
Social Security Number:	
Date of Injury: 10/18/2014	
Patient's Name: Manuel Ibanez Ramirez	
Employer: Rafael Framing	Name of MCO (if applicable): ASSOCIATED RISK MANAGEMEN
Patient's Job Description/Occupation:	
Previous Injuries/Diseases/Surgeries Contributing to the Condition:	
Diagnosis: Biceps tendons impingement M75.21	
Related to the Industrial Injury? Explain:	
Objective Medical Findings: wounds ok	
biceps ok	
<input type="checkbox"/> None - Discharged <input type="checkbox"/> Generally Improved <input type="checkbox"/> May Have Suffered a Permanent Disability	Stable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Retable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Condition Worsened <input checked="" type="checkbox"/> Condition Same	
Treatment Plan: doing physical therapy , d/c sling	
patient to advance to full rom	
<input type="checkbox"/> No Change in Therapy <input type="checkbox"/> Case Management <input checked="" type="checkbox"/> PT/OT Prescribed <input type="checkbox"/> PT/OT Discontinued <input type="checkbox"/> Medication May be Used While Working	
<input type="checkbox"/> Consultation: _____ <input type="checkbox"/> Further Diagnostic Studies: _____ <input type="checkbox"/> Prescription(s): _____	

<input type="checkbox"/> Released to FULL DUTY/No Restrictions on (Date): _____	
<input type="checkbox"/> Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: _____ To: _____	
<input checked="" type="checkbox"/> Released to RESTRICTED/Modified Duty on (Date): 2/26/16 to ny	
RESTRICTIONS ARE: <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Temporary	
<input type="checkbox"/> No Sitting <input type="checkbox"/> No Bending at Waist <input type="checkbox"/> No Carrying <input type="checkbox"/> No Pushing	<input type="checkbox"/> No Standing <input type="checkbox"/> No Stooping <input type="checkbox"/> No Walking <input checked="" type="checkbox"/> No Climbing
<input type="checkbox"/> No Pulling <input type="checkbox"/> No Lifting <input checked="" type="checkbox"/> Lifting Restricted to (lbs.): 5-10lbs <input checked="" type="checkbox"/> No Reaching Above Shoulders	<input type="checkbox"/> Other: _____
Date of Next Visit: 2 wks	Date of this Exam: 02/26/2016
Physician/Chiropractor Name: STEVEN M. SANDERS MD	
Physician/Chiropractor Signature: <i>S. Sanders MD</i>	



BONE & JOINT SPECIALISTS

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Kirk T. Mendez, M.D.
Jacelyn Segovia, P.A.C.

Patient: Manuel Ibanez Ramirez
Date of Birth: 02/02/1970
SSN (last 4 #):

Visit Date: 03/11/2016
Attending Provider: STEVEN M. SANDERS MD
Referring Provider: Management Associated Risk

Patient Visit Note

W/C CLAIM #: 50121271120150195

EMPLOYER: Rafael Framers

OCCUPATION: Carpenter

DATE OF INJURY: 10/16/14

BODY PART: Right shoulder. Low back.

DATE OF SURGERY: 02/04/2016. Right shoulder distal clavicle resection, decompression, biceps tendon transposition.

TPA/ADJUSTER: Associated Risk Management/Sandy Belcher

Active Problems • Cervicalgia • Lumbago • Rps Shoulder Pain--right - Injury to right shoulder at work.

INTERVAL HISTORY: Patient seen in followup for his right shoulder surgery of 02/04/2016. He is 36 days postop. He is seen with a translator. When asked how he is doing, he states that the number one problem is that it hurts at night. He describes pain top of the shoulder and then to the lateral aspect. He has been to physical therapy on 7 occasions. He states that when he went to physical therapy and they measured his range of motion, they definitely "hurt" him. Physical therapy notes are indicating good passive range of motion with forward flexion 150 and abduction 165, but poor active motion with forward flexion 80 degrees and abduction 100 degrees.

Past Medical/Surgical History Reported:

Surgical / Procedural: None

Current Medication

• Norco 10-325 MG Tablet three times a day, 30 days, 0 refills

Allergies • No Known Allergies

Social History: Behavioral: Current smoker and smoking status: Current everyday smoker.

Alcohol: A social drinker.

Physical Findings

• Vitals taken 03/11/2016 02:36 pm

Height	68 in
Weight	165 lbs
Body Mass Index	25.1 kg/m2
Body Surface Area	1.88 m2

Health Reminders • Assess BMI satisfied 03/11/2016. • Assess Tobacco Use satisfied 03/14/2016.

EXAMINATION: His wounds are benign. There is no swelling to the shoulder. His active range of motion he is abducting about 90 degrees. As I go to passively abduct him overhead, there is a lot of body language and grimacing relating to pain; however, the motion is quite smooth and there is no tissue resistance or tightness.

DISCUSSION: Reviewed all the above in detail with the patient. At this point, some surprises in terms of the limited motion that he has demonstrated on an active basis. Some concern of a possible red flag is the statement that when his range of motion was being tested, that caused him injury. He did request renewal of pain medications. Conversation with him regarding analgesics is that he has been prescribed Norco 10 mg by Dr. Elkanich who is treating him for his back. I explained that there will be no overlapping of multiple doctors

03/14/2016 08:12 Bone & Joint Specialist

(FAX) 702 228 4499

P.003/003

Patient Name: Manuel Ibanez Ramirez

Date: 03/11/2016

prescribing pain medications. He has an appointment with Dr. Elkanich possibly later this month.

PLAN: His physical therapy continues with active and passive range of motion and no restrictions. Increasing strength. Prescription given for Voltaren 75 mg b.i.d. with food. The expectation is that he will hopefully be reaching a point of maximal medical improvement sometime within the next 6 weeks. **OTHER:** Diclofenac Sodium 75 MG TBEC, twice a day, 30 days, 0 refills

DISABILITY STATUS: At this point, lifting restriction 10 pounds. No reaching overhead with the right upper extremity.

STEVEN M. SANDERS MD

Electronically signed by: STEVEN M SANDERS MD Date: 03/14/2016 08:55

cc: Associated Risk Management Workers' Comp

352 237

800-621-5006

PHYSICIAN'S AND CHIROPRACTOR'S PROGRESS REPORT CERTIFICATION OF DISABILITY		Claim Number: 60121271120150195 Social Security Number: _____ Date of Injury: 10/16/2014
Patient's Name: MANUEL, IBANE - RAMIREZ		ASSOCIATED RISK MANAGMENT
Employer: RAFAEL FRAMERS	Name of MCO (if applicable):	
Patient's Job Description/Occupation: _____		
Previous Injuries/Diseases/Surgeries Contributing to the Condition: _____		
Diagnosis: SAME		
Related to the Industrial Injury? Explain: _____		
Objective Medical Findings: : No swelling. SIG 90 pain & dom. W active ROM.		
<input type="checkbox"/> None - Discharged Stable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Ratable <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Generally Improved <input type="checkbox"/> Condition Worsened <input type="checkbox"/> Condition Same May Have Suffered a Permanent Disability <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treatment Plan: NORCO FROM SPINAL CARE		
<input type="checkbox"/> No Change in Therapy <input type="checkbox"/> PT/OT Prescribed <input type="checkbox"/> Medication May be Used While Working <input type="checkbox"/> Case Management <input type="checkbox"/> PT/OT Discontinued		
<input type="checkbox"/> Consultation <input type="checkbox"/> Further Diagnostic Studies: <input type="checkbox"/> Prescription(s)		
<input type="checkbox"/> Released to FULL DUTY/No Restrictions on (Date): _____ <input type="checkbox"/> Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: _____ To: _____ <input checked="" type="checkbox"/> Released to RESTRICTED/Modified Duty on (Date): From: 3/11/16 To: 11/16 Restrictions Are: <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Temporary		
<input type="checkbox"/> No Sitting <input type="checkbox"/> No Standing <input type="checkbox"/> No Pulling <input type="checkbox"/> Other: RD VE <input type="checkbox"/> No Bending at Waist <input type="checkbox"/> No Stoopng <input type="checkbox"/> No Lifting <input type="checkbox"/> No Carrying <input type="checkbox"/> No Walking <input checked="" type="checkbox"/> Lifting Restricted to (lbs): 10/65 <input type="checkbox"/> No Pushing <input type="checkbox"/> No Climbing <input checked="" type="checkbox"/> No Reaching Above Shoulders		
Date of Next Visit: _____	Date of this Exam: MAR 11 2016	Physician/Chiropractor Name: Steven M. Sanders, MD Physician/Chiropractor Signature: _____

D-38 (Rev. 7/99)

FAXED

1353
238



BONE & JOINT SPECIALISTS

Board Certified Orthopaedic Surgeons

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James B. Manning, M.D.
Kirk T. Mender, M.D.
Jocelya Segovia, P.A.C.

Patient: Manuel Ibanez Ramirez
Date of Birth: 02/02/1970
SSN (last 4 #):

Visit Date: 04/01/2016
Attending Provider: STEVEN M. SANDERS MD
Referring Provider: Management Associated Risk

Patient Visit Note

W/C CLAIM #: 50121271120150195

EMPLOYER: Rafael Framers

OCCUPATION: Carpenter

DATE OF INJURY: 10/16/14

BODY PART: Right shoulder. Low back.

DATE OF SURGERY: 02/04/2016. Right shoulder distal clavicle resection, decompression, biceps tendon transposition.

TPA/ADJUSTER: Associated Risk Management/Sandy Belcher

Active Problems • Rpas Shoulder Pain--right-Injury to right shoulder at work. • Cervicalgia
• Lumbago

INTERVAL HISTORY: Patient seen with Spanish translator. He is following up on his right shoulder distal clavicle resection and decompression with biceps transposition from 02/04/2016. Patient at 57 days. He continues to complain of pains. When asked to point out his pains, he never really points directly at the shoulder initially. Points to his trapezius medially going up the neck. Later on after the entire visit is over, he wants to remind me that he feels pain between his shoulder blades going to his neck and that he was told by someone that that was probably due to the sling he had to wear postoperatively. He states that when physical therapy massages him, he gets a significant lateral pain. He points to where one of the lateral portals is.

Past Medical/Surgical History Reported:

Surgical/Procedural:

Current Medication

• Norco 10-325 MG Tablet three times a day, 30 days, 0 refills

Allergies • No Known Allergies

Social History: Behavioral: Current smoker and smoking status: Current everyday smoker. Alcohol: A social drinker.

Physical Findings • Vitals taken 04/01/2016 02:47 pm

Height	68 in
Weight	165 lbs
Body Mass Index	25.1 kg/m2
Body Surface Area	1.88 m2

Health Reminders • Assess BMI satisfied 04/01/2016. • Assess Tobacco Use satisfied 04/04/2016.

EXAMINATION: All portals are benign. Wounds are benign. His active range of motion forward flexion and abduction are 165 degrees with some complaints of pain. Lumbar spine L5 combined external rotation is C5. He has some tenderness about the shoulder but more so at the trapezius. Patient also mentions stopped diclofenac due to high blood pressure.

DISCUSSION: Reviewed all the above in detail with the patient. I explained the typical outcome for clavicle resection, decompression and biceps transposition would be back to work usually no later than 3 months. At this point, he has some other confounding issues in terms of his low back and his complaints in the neck. I explained that I am isolating out the shoulder as that is what we have treated and that all my notes are pertinent to the shoulder itself.

354

239

04/05/2016 14:38 Bone & Joint Specialist

(FAX)702 228 4499

P.003/003

Patient Name: Manuel Ibanez Ramirez

Date: 04/01/2016

PLAN: He will follow in 3-4 weeks for repeat clinical exam. Lifting restriction is now elevated to 30 pounds.
DISABILITY STATUS: He is at modified duty as discussed above. I explained to him that when I see him back in 3 weeks, after more therapy regarding the shoulder, we are going to release him back to work full duty.

STEVEN M. SANDERS MD

Electronically signed by: **STEVEN M SANDERS MD** Date: 04/05/2016 14:08

cc: Associated Risk Management Workers' Comp

800-621-5006

PHYSICIAN'S AND CHIROPRACTOR'S
PROGRESS REPORT
CERTIFICATION OF DISABILITY

Patient's Name: MANUEL, IBANE - RAMIREZ		Claim Number: 50121271120150195
Employer: RAFAEL FRAMERS		Social Security Number: XXX-XX-
Patient's Job Description/Occupation: COPYWRITER		Date of Injury: 10/16/2014
Name of MCO (if applicable): ASSOCIATED RISK MANAGMENT		
Previous Injuries/Diseases/Surgeries Contributing to the Condition:		
Diagnosis: Impingement / AC joint (R)		
Related to the Industrial Injury? Explain:		
Objective Medical Findings: TTP. Pain & ROM		
<input type="checkbox"/> None - Discharged Stable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Ratable <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Generally Improved <input type="checkbox"/> Condition Worsened <input type="checkbox"/> Condition Same May Have Suffered a Permanent Disability <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treatment Plan: Advance patient re: shoulder and P. Flex		

- ☐ No Change in Therapy ☒ PT/OT Prescribed ☐ Medication May be Used While Working
☐ Case Management ☐ PT/OT Discontinued

☐ Consultation☐ Further Diagnostic Studies:☐ Prescription(s)

- ☐ Released to FULL DUTY/No Restrictions on (Date): _____
☐ Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: _____ To: _____
☒ Released to RESTRICTED/Modified Duty on (Date): From: **4/1/16** To: **11/1/16**
 Restrictions Are: ☐ Permanent ☐ Temporary

- ☐ No Sitting ☐ No Standing ☐ No Pulling ☐ Other: _____
☐ No Bending at Waist ☐ No Stopping ☐ No Lifting
☐ No Carrying ☐ No Walking ☒ Lifting Restricted to (lbs.): **30 lbs.**
☐ No Pushing ☐ No Climbing ☐ No Reaching Above Shoulders

Date of Next Visit: 3-4 wks	Date of this Exam: APR 01 2016	Physician/Chiropractor Name: STEVEN SANDERS, M.D.	Physician/Chiropractor Signature: S. Sanders
------------------------------------	---------------------------------------	--	---

FAXED



BONE & JOINT SPECIALISTS

Board Certified Orthopaedic Surgeons

7020 Palomino Lane, Suite 200, Las Vegas NV 89106 (702) 474-7200 office
2680 Crimson Canyon Drive, Las Vegas NV 89128 (702) 474-0009 Fax

Steven Sanders M.D.
Mark Rosen, M.D.
G. Michael Elkanich, M.D.
James B. Manning M.D.
Kirk T. Mendez, M.D.
Jocelyn Segovia, P.A.C.

Patient: Manuel Ibanez Ramirez
Date of Birth: 02/02/1970
SSN (last 4 #):

Visit Date: 05/20/2016
Attending Provider: STEVEN M. SANDERS MD
Referring Provider: Management Associated Risk

Patient Visit Note

W/C CLAIM #: 50121271120150195

EMPLOYER: Rafael Framers

OCCUPATION: Carpenter

DATE OF INJURY: 10/16/14

BODY PART: Right shoulder. Low back.

DATE OF SURGERY: 02/04/2016. Right shoulder distal clavicle resection, decompression, biceps tendon transposition.

TPA/ADJUSTER: Associated Risk Management/Sandy Belcher

INTERVAL HISTORY: Patient seen with Spanish translator. Previously we have talked about cortisone injections to the subacromial space and he has always refused, but now he states he is willing to do so. Since I saw him just 2 weeks ago, he states his shoulder is actually much, much worse.

Current Medication

• Norco 10-325 MG Tablet 1 pill po three times a day prn pain, 30 days, 0 refills

Allergies • No Known Allergies

Social History: Behavioral: Current smoker. Alcohol: A social drinker. Drug Use: Not using drugs.

Physical Findings

• Vitals taken 05/20/2016 02:41 pm

Height	68 in
Weight	165 lbs
Body Mass Index	25.1 kg/m2
Body Surface Area	1.88 m2

Health Reminders • Assess BMI satisfied 05/20/2016. • Assess Tobacco Use satisfied 05/20/2016.

• Smoking & Tobacco Cessation Intervention and Counseling satisfied 05/20/2016.

EXAMINATION: As I ask him to go over and sit on the exam table, he moves slowly and puts his left hand rubbing his lumbar spine. To palpation of the subacromial space, he has some minor sensitivity. He always has pain with resisted abduction and impingement maneuvers.

PROCEDURE: Under sterile technique, right subacromial space injected with Depo-Medrol and Marcaine. During the course of doing that, he was extremely expressive with grimacing, body language and using his left hand gripping at his chest over his heart.

FURTHER DISCUSSION: The patient at this point wanted to know if I would see him for his low back. I have seen this gentleman on multiple, multiple occasions. Each and every time he knows my role is seeing him for his shoulder and that there is another doctor taking care of his back. That does not really seem to matter at this moment as he is making a request that would supersede all of our protocols. I explained this to the patient again, as we have in the past. He will be contacting the spine doctor regarding his low back complaints.

PLAN: He will see me in 2-3 weeks for repeat clinical exam.

DISABILITY STATUS: He remains released to work full duty regarding his right shoulder.

STEVEN M. SANDERS MD

Electronically signed by: STEVEN M SANDERS MD Date: 05/23/2016 10:05

cc: Associated Risk Management

357

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**Physician's & Chiropractors
Progress Report
Certification of Disability**

Patient's Name: Manuel Ibanez Ramirez		Claim Number: 6012127120150195
Employer: Rafael Framing		Social Security Number:
Patient's Job Description/Occupation: Carpenter		Date of Injury: 10/16/2014
Previous Injuries/Diseases/Surgeries Contributing to the Condition:		Name of MCO (if applicable): ASSOCIATED RISK MANAGEMEN
Diagnosis: M51.26 Other intervertebral disc displacement, lumbar region; M51.27 Other intervertebral disc displacement, lumbosacral region		
Related to the Industrial Injury? Explain:		
Objective Medical Findings: Pain with range of motion		
TTP Lateral Subacromial		
<input type="checkbox"/> None - Discharged Stable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Condition Worsened <input type="checkbox"/> Generally Improved Ratable <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Condition Same May Have Suffered a Permanent Disability <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treatment Plan: Recommend cortisone right subacromium; thinking it over		
<input type="checkbox"/> No Change in Therapy <input type="checkbox"/> PT/OT Prescribed <input type="checkbox"/> Medication May be Used While Working <input type="checkbox"/> Case Management <input type="checkbox"/> PT/OT Discontinued		
<input type="checkbox"/> Consultation: _____		
<input type="checkbox"/> Further Diagnostic Studies: _____		
<input type="checkbox"/> Prescription(s): _____		

<input checked="" type="checkbox"/> Released to FULL DUTY/No Restrictions on (Date): 05/07/2016			
<input type="checkbox"/> Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: _____ To: _____			
<input type="checkbox"/> Released to RESTRICTED/Modified Duty on (Date): _____ RESTRICTIONS ARE: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary			
<input type="checkbox"/> No Sitting	<input type="checkbox"/> No Standing	<input type="checkbox"/> No Pulling	<input type="checkbox"/> Other: _____
<input type="checkbox"/> No Bending at Waist	<input type="checkbox"/> No Stooping	<input type="checkbox"/> No Lifting	
<input type="checkbox"/> No Carrying	<input type="checkbox"/> No Walking	<input type="checkbox"/> Lifting Restricted to (lbs.): _____	
<input type="checkbox"/> No Pushing	<input type="checkbox"/> No Climbing	<input type="checkbox"/> No Reaching Above Shoulders	
Date of Next Visit: 05/20/2016 2:30p.m.	Date of this Exam: 05/06/2016	Physician/Chiropractor Name: STEVEN M. SANDERS MD	Physician/Chiropractor Signature: <i>S. Sanders MD</i>

800-621-5006

PHYSICIAN'S AND CHIROPRACTOR'S PROGRESS REPORT CERTIFICATION OF DISABILITY		Claim Number: 50121271120150195
Patient's Name: MANUEL IBANEZ RAMIREZ		Social Security Number: XXX-XX-
Employer: RAFAEL FRAMERS		Date of Injury: 10/16/2014
Patient's Job Description/Occupation: ASSOCIATED RISK MANAGEMENT		Name of MCO (if applicable)
Previous Injuries/Diseases/Surgeries Contributing to the Condition:		
Diagnosis: SAME		
Related to the Industrial Injury? Explain:		
Objective Medical Findings: TTP		
<input type="checkbox"/> None - Discharged Stable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Rotable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Generally Improved <input checked="" type="checkbox"/> Condition Worsened Per patient <input type="checkbox"/> Condition Same May Have Suffered a Permanent Disability <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treatment Plan: Inject (R) subacromial space: Patient agreed.		
<input type="checkbox"/> No Change in Therapy <input type="checkbox"/> PT/OT Prescribed <input type="checkbox"/> Medication May be Used While Working <input type="checkbox"/> Case Management <input type="checkbox"/> PT/OT Discontinued		
<input type="checkbox"/> Consultation <input type="checkbox"/> Further Diagnostic Studies: <input type="checkbox"/> Prescription(s)		
<input checked="" type="checkbox"/> Released to FULL DUTY/No Restrictions on (Date): 5/20/16 <input type="checkbox"/> Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: _____ To: _____ <input type="checkbox"/> Released to RESTRICTED/Modified Duty on (Date): From: _____ To: _____ Restrictions Are: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
<input type="checkbox"/> No Sitting <input type="checkbox"/> No Standing <input type="checkbox"/> No Pulling <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Bending at Waist <input type="checkbox"/> No Stooping <input type="checkbox"/> No Lifting <input type="checkbox"/> No Carrying <input type="checkbox"/> No Walking <input type="checkbox"/> Lifting Restricted to (lbs.): _____ <input type="checkbox"/> No Pushing <input type="checkbox"/> No Climbing <input type="checkbox"/> No Reaching Above Shoulders		
Date of Next Visit:	Date of this Exam: MAY 20 2016	Physician/Chiropractor Name: STEVEN SANDERS, M.D. Physician/Chiropractor Signature: [Signature]

0-38 (Rev. 7/98)

359

244



**Physician's & Chiropractors
Progress Report
Certification of Disability**

Claim Number: 5012127120150195													
Social Security Number: _____													
Date of Injury: 10/16/2014													
Patient's Name: Manuel Ibanez Ramirez	Name of MCO (if applicable): ASSOCIATED RISK MANAGEMENT												
Employer: Rafael Framing													
Patient's Job Description/Occupation: _____													
Previous Injuries/Diseases/Surgeries Contributing to the Condition: _____													
Diagnosis: M49.06 Spinal stenosis, lumbar region; SAME													
Related to the Industrial Injury? Explain: _____													
Objective Medical Findings: PAINFUL ROM AFF145 DEGREES A ABD 150 DEGREES													
<table style="width:100%; border: none;"> <tr> <td style="width:33%;"><input type="checkbox"/> None - Discharged</td> <td style="width:33%;"><input type="checkbox"/> Stable</td> <td style="width:33%;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Generally Improved</td> <td><input type="checkbox"/> Rateable</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> May Have Suffered a Permanent Disability</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Condition Worsened</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/> Condition Same</td> </tr> </table>		<input type="checkbox"/> None - Discharged	<input type="checkbox"/> Stable	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Generally Improved	<input type="checkbox"/> Rateable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> May Have Suffered a Permanent Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Condition Worsened			<input checked="" type="checkbox"/> Condition Same
<input type="checkbox"/> None - Discharged	<input type="checkbox"/> Stable	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
<input type="checkbox"/> Generally Improved	<input type="checkbox"/> Rateable	<input type="checkbox"/> Yes <input type="checkbox"/> No											
<input type="checkbox"/> May Have Suffered a Permanent Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Condition Worsened											
		<input checked="" type="checkbox"/> Condition Same											
Treatment Plan: RECOMMEND FCE AT KELLY HAWKINS PHYSICAL THERAPY													
<table style="width:100%; border: none;"> <tr> <td style="width:33%;"><input type="checkbox"/> No Change in Therapy</td> <td style="width:33%;"><input type="checkbox"/> PT/OT Prescribed</td> <td style="width:33%;"><input type="checkbox"/> Medication May be Used While Working</td> </tr> <tr> <td><input type="checkbox"/> Case Management</td> <td><input type="checkbox"/> PT/OT Discontinued</td> <td></td> </tr> </table>		<input type="checkbox"/> No Change in Therapy	<input type="checkbox"/> PT/OT Prescribed	<input type="checkbox"/> Medication May be Used While Working	<input type="checkbox"/> Case Management	<input type="checkbox"/> PT/OT Discontinued							
<input type="checkbox"/> No Change in Therapy	<input type="checkbox"/> PT/OT Prescribed	<input type="checkbox"/> Medication May be Used While Working											
<input type="checkbox"/> Case Management	<input type="checkbox"/> PT/OT Discontinued												
<input type="checkbox"/> Consultation: _____													
<input type="checkbox"/> Further Diagnostic Studies: _____													
<input type="checkbox"/> Prescription(s): _____													
<input checked="" type="checkbox"/> Released to FULL DUTY/No Restrictions on (Date): 6/8/16													
<input type="checkbox"/> Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: _____ To: _____													
<input type="checkbox"/> Released to RESTRICTED/Modified Duty on (Date): _____ RESTRICTIONS ARE: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary													
<table style="width:100%; border: none;"> <tr> <td style="width:33%;"><input type="checkbox"/> No Sitting</td> <td style="width:33%;"><input type="checkbox"/> No Standing</td> <td style="width:33%;"><input type="checkbox"/> No Pulling</td> </tr> <tr> <td><input type="checkbox"/> No Bending at Waist</td> <td><input type="checkbox"/> No Stooping</td> <td><input type="checkbox"/> No Lifting</td> </tr> <tr> <td><input type="checkbox"/> No Carrying</td> <td><input type="checkbox"/> No Walking</td> <td><input type="checkbox"/> Lifting Restricted to (lbs.): _____</td> </tr> <tr> <td><input type="checkbox"/> No Pushing</td> <td><input type="checkbox"/> No Climbing</td> <td><input type="checkbox"/> No Reaching Above Shoulders</td> </tr> </table>		<input type="checkbox"/> No Sitting	<input type="checkbox"/> No Standing	<input type="checkbox"/> No Pulling	<input type="checkbox"/> No Bending at Waist	<input type="checkbox"/> No Stooping	<input type="checkbox"/> No Lifting	<input type="checkbox"/> No Carrying	<input type="checkbox"/> No Walking	<input type="checkbox"/> Lifting Restricted to (lbs.): _____	<input type="checkbox"/> No Pushing	<input type="checkbox"/> No Climbing	<input type="checkbox"/> No Reaching Above Shoulders
<input type="checkbox"/> No Sitting	<input type="checkbox"/> No Standing	<input type="checkbox"/> No Pulling											
<input type="checkbox"/> No Bending at Waist	<input type="checkbox"/> No Stooping	<input type="checkbox"/> No Lifting											
<input type="checkbox"/> No Carrying	<input type="checkbox"/> No Walking	<input type="checkbox"/> Lifting Restricted to (lbs.): _____											
<input type="checkbox"/> No Pushing	<input type="checkbox"/> No Climbing	<input type="checkbox"/> No Reaching Above Shoulders											
Date of Next Visit: POST FCE	Date of this Exam: 06/06/2016	Physician/Chiropractor Name: STEVEN M. SANDERS MD											
Physician/Chiropractor Signature: 													



BONE & JOINT SPECIALISTS

Board Certified Orthopaedic Surgeons

2020 Flamingo Lane, Suite 200, Las Vegas NV 89106 (702) 474-7200 office
2680 Cimarron Canyon Drive, Las Vegas NV 89128 (702) 474-0009 fax

Steven Sanders, M.D.
Mark Rosen, M.D.
O. Michael Elkanich, M.D.
James B. Manning, M.D.
Kirk T. Mendez, M.D.
Jocelyn Segovia, P.A.C.

Patient: Manuel Ibanez Ramirez
Date of Birth: 02/02/1970
SSN (last 4 #):

Visit Date: 08/08/2016
Attending Provider: STEVEN M. SANDERS MD
Referring Provider: Management Associated Risk

Patient Visit Note

W/C CLAIM #: 50121271120150195

EMPLOYER: Rafael Framers

OCCUPATION: Carpenter

DATE OF INJURY: 10/16/14

BODY PART: Right shoulder. Low back.

DATE OF SURGERY: 02/04/2016. Right shoulder distal clavicle resection, decompression, biceps tendon transposition.

TPA/ADJUSTER: Associated Risk Management/Sandy Belcher

INTERVAL HISTORY: Patient seen with Spanish translator. Following up on his right shoulder. He states he has not been working. States he has been released from spine care. States he has an attorney. When initially asked how he is doing, wanted to know if I wanted to see a recent MRI of his lumbar spine. I explained that today, as I have in the past, my role is with regard to treating the shoulder and not the lumbar spine. When asked about his symptoms again, he mentions that the itching is gone. States he still has right shoulder pain with movement, especially lifting the arm. He points to the top and anterior aspect of the shoulder. When further refining that, it appears to be in the anterior subacromial space just distal to that. Patient states he has good strength, just pain.

Current Medication

• Norco 10-325 MG Tablet 1 pill po three times a day prn pain, 30 days, 0 refills

Allergies • No Known Allergies

Social History Behavioral: Current smoker and smoking status: Current everyday smoker. Alcohol: social drinker

Physical Findings

• Vitals taken 08/08/2016 10:08 am

Height	68 in
Weight	165 lbs
Body Mass Index	25.1 kg/m ²
Body Surface Area	1.88 m ²

Health Reminders • Assess BMI satisfied 08/08/2016. • Assess Tobacco Use satisfied 08/08/2016.

EXAMINATION: Forearm circumference on the right is 11-1/4" and the left is 11". Biceps circumference is 11-1/2" on the right and 11-1/2" on the left. To palpation, he has tenderness in the lower part of the subacromial space anteriorly and over the humeral head anteriorly.

FCE: Functional capacity evaluation performed by ATI Physical Therapy 07/19/2016. The results indicate that the patient was inconsistent in his performance and therefore the results are unreliable or invalid. Their note indicates evidence of symptom magnification and self-limiting pain behavior.

DISCUSSION: Reviewed all the above in detail with the patient. Explained at this point his findings on the functional capacity evaluation. I explained that at this point from my perspective given the whole treatment process, I would state that he remains released to work full duty and that he has now reached a point of maximum medical improvement. He is stable and ratable. The patient does have an attorney through which to decide if those decisions are acceptable or to be contested.

PLAN: Care is completed at this time.

DISABILITY STATUS: Patient is MMI. He is now stable and ratable.

301

246

09/09/2016 10:43 Bone & Joint Specialist

(FAX)702 326 4499

P.003/003

Patient Name: Manuel Ibarsz Ramirez

Date: 09/09/2016

STEVEN M. SANDERS MD

Electronically signed by: STEVEN M SANDERS MD Date: 09/09/2016 09:37

cc: Associated Risk Management Workers' Comp

302

247

800-621-5006

PHYSICIAN'S AND CHIROPRACTOR'S PROGRESS REPORT CERTIFICATION OF DISABILITY		Claim Number: 50121271120150195
Patient's Name: MANUEL, IBANEZ RAMIREZ		Social Security Number: XXX-XX-XX
Employer: RAFAEL FRAMERS		Date of Injury: 10/16/2014
Patient's Job Description/Occupation:		Name of MCO (if applicable): ASSOCIATED RISK MANAGEMENT
Previous Injuries/Diseases/Surgeries Contributing to the Condition:		
Diagnosis: SAME		
Related to the Industrial Injury? Explain:		
Objective Medical Findings: TTP and @ shlder no atrophy		
<input type="checkbox"/> None - Discharged Stable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Ratable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Generally Improved <input type="checkbox"/> Condition Worsened <input type="checkbox"/> Condition Same May Have Suffered a Permanent Disability <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Treatment Plan: MMT		
<input type="checkbox"/> No Change in Therapy <input type="checkbox"/> PT/OT Prescribed <input type="checkbox"/> Medication May be Used While Working <input type="checkbox"/> Case Management <input type="checkbox"/> PT/OT Discontinued		
<input type="checkbox"/> Consultation <input type="checkbox"/> Further Diagnostic Studies: <input type="checkbox"/> Prescription(s)		
<input checked="" type="checkbox"/> Released to FULL DUTY/No Restrictions on (Date): 8/18/16 <input type="checkbox"/> Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: _____ To: _____ <input type="checkbox"/> Released to RESTRICTED/Modified Duty on (Date): From: _____ To: _____ Restrictions Are: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
<input type="checkbox"/> No Sitting <input type="checkbox"/> No Standing <input type="checkbox"/> No Pulling <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Bending at Waist <input type="checkbox"/> No Stopping <input type="checkbox"/> No Lifting _____ <input type="checkbox"/> No Carrying <input type="checkbox"/> No Walking <input type="checkbox"/> Lifting Restricted to (lbs.): _____ <input type="checkbox"/> No Pushing <input type="checkbox"/> No Climbing <input type="checkbox"/> No Reaching Above Shoulders		
Date of Next Visit:	Date of this Exam:	Physician/Chiropractor Name: STEVEN SANDERS, M.D.
		Physician/Chiropractor Signature: <i>[Signature]</i>

none

FILED

303

248

THE LAW OFFICE OF
DAVID H. BENAVIDEZ
850 S. BOULDER HIGHWAY, #375
HENDERSON, NEVADA 89015
(702) 565-9730
FAX (702) 568-1301

FILED

JAN 10 2017

APPEALS OFFICE

BEFORE THE APPEALS OFFICER

In the Matter of the Contested)
Industrial Insurance Claim) Claim No: 5012-1271-2015-0195 ✓
)
 of)
) Appeal No: 1522493-GP
MANUEL IBANEZ,) 1522661-GP
) 1702370-GP
 Claimant.)

DECISION AND ORDER

On November 17, 2016, the appeal was considered by Appeals Officer Gary Pulliam. Rafael Construction (Employer) was present by and through David H. Benavidez, Esquire. Manuel Ibanez (claimant) was present and represented by Jacob Leavitt, Esquire.

Appeal Number 1522493-GP is Employer's appeal of a February 3, 2016 Hearing Officer Decision and Order reversing denial of TTD benefits and remanding to the Employer to pay TTD for the applicable period of time.

Appeal Number 1522661-GP is Employer's appeal of a February 11, 2016 Amended Hearing Officer Decision and Order reversing denial of TTD benefits and remanding to the Employer to pay TTD for the applicable period of time.

Appeal Number 1702370-GP is Claimant's appeal of a June 14, 2016 Determination Letter denying Claimant's request for a consultation with Dr. Flangas.

RECEIVED

JAN 13 2017

ASSOCIATED RISK
MANAGEMENT, INC.

304

249

THE LAW OFFICE OF
DAVID H. BENAVIDEZ
850 S. BOULDER HIGHWAY, #375
HENDERSON, NEVADA 89015
(702) 565-9730
FAX (702) 568-1301

1 At the hearing it was determined that Appeal Number 1702370-
2 GP was resolved and therefore moot.

3 In addition, the February 3, 2016 Hearing Officer Decision
4 and Order (Appeal Number 1522493-GP) and the February 11, 2016
5 Amended Hearing Officer Decision and Order (Appeal Number 1522661-
6 GP) were identical except the February 11, 2016 Amended Decision
7 and Order amended the February 3, 2016 Hearing Officer Decision by
8 changing the date of injury from October 2015, to October 2014.
9

10 As a result, the February 11, 2016 Amended Hearing Officer
11 Decision and Order superseded the February 3, 2016 Hearing Officer
12 Decision and Order, rendering Appeal Number 1522493-GP moot.

13 It was agreed amongst the Parties that Appeal Number 1522493-
14 GP was the only ripe appeal for the Court's consideration.

15 Based upon a review of the documentary evidence and the
16 arguments of counsel, the Appeals Officer hereby finds and
17 concludes as follows:
18
19
20

21 FINDINGS OF FACT

22 1. On October 16, 2014, the Claimant injured his right
23 shoulder when a piece of 2x4 lumbar fell and hit the Claimant. The
24 Claimant treated and was diagnosed with a shoulder contusion,
25 cervical strain, and lumbar strain. He was released to modified
26 duty.
27
28

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JAN 13 2017

ASSOCIATED RISK
MANAGEMENT, INC.

365

250

THE LAW OFFICE OF
DAVID H. BENAVIDEZ
850 S. BOULDER HIGHWAY, #375
HENDERSON, NEVADA 89015
(702) 565-9730
FAX (702) 568-1301

1 2. On October 28, 2014, the Claimant was examined by Dr.
2 Patel who diagnosed the Claimant with a lumbar contusion and
3 contusion of the right shoulder. The Claimant was again released
4 to modified duty.
5

6 3. On October 30, 2014, the Administrator issued a claim
7 acceptance letter for cervical and lumbar spine strain and right
8 shoulder contusion.
9

10 4. On November 4, 2014, Dr. Patel diagnosed the Claimant with
11 contusion of the right shoulder, injury of the cervical spine and
12 contusion of the neck.
13

14 5. On November 9, 2014, the Claimant noted a prior low back
15 injury.
16

17 6. On November 26, 2014, the Administrator transferred the
18 Claimant's care to Dr. Rimoldi.
19

20 7. On December 1, 2014, the Claimant presented to Dr. Rimoldi
21 and was diagnosed with cervical strain, lumbar strain, and
22 shoulder sprain/strain. Dr. Rimoldi released the Claimant to
23 modified duty.
24

25 8. On January 6, 2015, Dr. Elkanich released the Claimant to
26 light duty.
27

28 9. On January 27, 2015, the Claimant presented to Dr. Fisher
who noted the Claimant was not working as the Claimant's work.

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JAN 13 2017

ASSOCIATED RISK

3066

251

THE LAW OFFICE OF
DAVID H. BENAVIDEZ
850 S. BOULDER HIGHWAY, #375
HENDERSON, NEVADA 89015
(702) 565-9730
FAX (702) 568-1301

1 permit had expired. Dr. Fisher diagnosed the claimant with ongoing
2 lumbar pain, lumbar sprain/strain and a right shoulder contusion
3 with SLAP tear and released the Claimant to light duty.
4

5 10. On February 3, 2015, Dr. Elkanich noted the Claimant was
6 laid off.

7 11. On March 10, 2015, Dr. Fisher noted the Claimant was
8 released to light duty, but the Claimant was not working because
9 of the work permit expiring. Dr. Fisher diagnosed ongoing lumbar
10 pain, lumbar sprain/strain and a right shoulder contusion with
11 SLAP tear.
12

13 12. On March 23, 2015, Dr. Fisher performed and L3-4, L4-5
14 and L5-S1 discogram.
15

16 13. On April 14, 2015, the Administrator sent the Claimant
17 notice denying any further benefits other than medical care due to
18 the Claimant's illegal status in the United States.
19

20 14. On June 23, 2015, the Administrator scheduled the
21 Claimant for an IME.

22 15. On October 27, 2015, Dr. Elkanich recommended L4-5/L5-S1
23 anterior posterior reconstruction decompression.
24

25 16. On November 12, 2015, Dr. Iglikowski performed the L4-5
26 and L5-S1 bilateral posterolateral lumbar arthrodesis.
27

28 17. On November 24, 2015, Dr. Elkanich noted the Claimant was

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1 totally temporarily disabled.

2 18. On December 22, 2015, Dr. Elkanich released the Claimant
3 to modified duty.

4 19. On December 22, 2015, the Insurer denied further benefits
5 noting the Claimant was undocumented and not eligible to work even
6 a light duty position with the Employer.

7 20. The Claimant was provided TTD benefits when he was
8 completely off work.

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11 CONCLUSIONS OF LAW

JAN 13 2017

12 1. APPLICABLE LAW

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13 The primary areas of law applicable to this matter deal
14 with the eligible benefits to injured workers and the
15 immigration status of the Claimant.

16 First, one must consider NRS 616C.475 which states as
17 follows:
18

19 1. Except as otherwise provided in this section, NRS
20 616C.175 and 616C.390, every employee in the employ of
21 an employer, within the provisions of chapters 616A to
22 616D, inclusive, of NRS, who is injured by accident
23 arising out of and in the course of employment, or his
24 or her dependents, is entitled to receive for the
25 period of temporary total disability, 66 2/3 percent
26 of the average monthly wage.

27 2. Except as otherwise provided in NRS 616B.028 and
28 616B.029, an injured employee or his or her dependents
are not entitled to accrue or be paid any benefits for
a temporary total disability during the time the
injured employee is incarcerated. The injured employee

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1 of his or her dependents are entitled to receive such
2 benefits when the injured employee is released from
3 incarceration if the injured employee is certified as
4 temporarily totally disabled by a physician of
5 chiropractor.

6 3. If a claim for a period of temporary total
7 disability is allowed, the first payment pursuant to
8 this section must be issued by the insurer within 14
9 working days after receipt of the initial
10 certification of disability and regularly thereafter.

11 4. Any increase in compensation and benefits effected
12 by the amendment of subsection 1 is not retroactive.

13 5. Payments for a temporary total disability must
14 cease when:

15 (a) A physician or chiropractor determines that
16 the employee is physically capable of any gainful
17 employment for which the employee is suited,
18 after giving consideration to the employee's
19 education, training and experience;

20 (b) The employer offers the employee light-duty
21 employment or employment that is modified
22 according to the limitations or restrictions
23 imposed by a physician or chiropractor pursuant
24 to subsection 7; or

25 (c) Except as otherwise provided in NRS 616B.028
26 and 616B.029, the employee is incarcerated.

27 6. Each insurer may, with each check that it issues
28 to an injured employee for a temporary total
disability, include a form approved by the Division
for the injured employee to request continued
compensation for the temporary total disability.

7. A certification of disability issued by a
physician or chiropractor must:

(a) Include the period of disability and a
description of any physical limitations or
restrictions imposed upon the work of the
employee;

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1 (b) Specify whether the limitations or
2 restrictions are permanent or temporary; and
3 (c) Be signed by the treating physician or
4 chiropractor authorized pursuant to NRS 616B.527
or appropriately chosen pursuant to subsection 3
or 4 of NRS 616C.090.

5 8. If the certification of disability specifies that
6 the physical limitations or restrictions are
7 temporary, the employer of the employee at the time of
8 the employee's accident may offer temporary,
9 light-duty employment to the employee. If the employer
10 makes such an offer, the employer shall confirm the
11 offer in writing within 10 days after making the
12 offer. The making, acceptance or rejection of an offer
13 of temporary, light-duty employment pursuant to this
14 subsection does not affect the eligibility of the
15 employee to receive vocational rehabilitation
16 services, including compensation, and does not exempt
the employer from complying with NRS 616C.545 to
616C.575, inclusive, and 616C.590 or the regulations
adopted by the Division governing vocational
rehabilitation services. Any offer of temporary,
light-duty employment made by the employer must
specify a position that:

17 (a) Is substantially similar to the employee's
18 position at the time of his or her injury in
19 relation to the location of the employment and
the hours the employee is required to work;

20 (b) Provides a gross wage that is:

21 (1) If the position is in the same
22 classification of employment, equal to the
gross wage the employee was earning at the
time of his or her injury; or

23 (2) If the position is not in the same
24 classification of employment, substantially
25 similar to the gross wage the employee was
26 earning at the time of his or her injury;
and

27 (c) Has the same employment benefits as the
28 position of the employee at the time of his or
her injury.

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1 Second, one must consider the Immigration Reform and
2 Control Act of 1986 (IRCA).

3 Generally IRCA is a federal law which is designed to
4 provide Congress the ability to establish procedures to make it
5 more arduous to employ unauthorized aliens, and to punish those
6 employers who knowingly offer jobs to unauthorized aliens. (See
7 8 U.S.C. sec. 1324a(h)(3))
8

9 Additionally, IRCA precludes employers not only from hiring
10 unauthorized aliens, but also from continuing to employ those
11 workers once the employer becomes aware of the employee's
12 illegal status. (See 8 U.S.C. sec. 1324a(a)(2))
13

14 In this context an unauthorized alien is an individual who
15 is not lawfully admitted for permanent residence of authorized
16 to be employed in the United States.
17

18 Third, one must consider the Nevada Supreme Court case of
19 *Tarango v. SIIS*, 117 Nev. 444(2001).
20

21 In *Tarango* the Court was addressing a similar situation but
22 was primarily focused on whether the Claimant should receive
23 vocational rehabilitation benefits as a result of his illegal
24 status. However, the Court also addressed the employability of
25 an illegal alien.
26

27 The Court held as follows:
28

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1 We conclude that because Tarango could not
2 substantiate his legal right to work with an
3 Immigration and Naturalization Form I-9, he squarely
4 fell into Congress' definition of an "unauthorized
5 alien." As a result, Champion Drywall could no longer
6 continue to employ Tarango-once Tarango's undocumented
7 status was determined-without violating the IRCA and
8 incurring federal penalties.

9 In addition, there was an issue of whether the IRCA could
10 preempt the state workers compensation statutes. In that regard
11 the Tarango Court held as follows:

12 We conclude that the IRCA preempts Nevada's
13 compensation scheme insofar as it provides
14 undocumented aliens with employment within the
15 boundaries of the United States. Further, the
16 legislature's priority scheme under NRS 616C.530, and
17 the Equal Protection Clause, preclude SIIS from
18 awarding formal vocational training to undocumented
19 workers. As a result of these conclusions, we affirm
20 the order of the district court awarding appellant
21 permanent partial disability, but denying appellant
22 vocational rehabilitation benefits.

23 Fourth, the Claimant argued that the legislative history of
24 IRCA shows the intent of the IRCA is to punish the employer and
25 not the employee. The Claimant also argued that the IRCA should
26 not preempt the Nevada workers compensation statutes. The
27 Claimant cited the Iowa Supreme Court case of *Staff Management*
28 *v. Jimenez*, 839 N.W.2d.640(Iowa 2013).

The Iowa Court basically held that the IRCA does not
preempt the payment of healing period payments to undocumented
workers.

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1 2. DISCUSSION

2 Here the issue is straightforward. The evidence is clear
3 that the Claimant is an illegal alien and ineligible to work in
4 the United States. Further, the Tarango case is clear that the
5 IRCA does preempt the Nevada workers compensation statutes when
6 an illegal alien is involved. Additionally, the Claimant here
7 was medically eligible for light duty as is set forth in his
8 treatment records.
9

10 Tarango is on point with the instant case because the
11 Tarango Court determined the Claimant in that case was
12 unemployable based on his illegal status. The same situation is
13 in place in the instant case because here the Claimant has been
14 determined to have illegal status in the United States and
15 therefor unemployable in any fashion; light duty, modified duty
16 of full duty.
17

18 Consequently, Once the Employer determined that the
19 Claimant could not work legally in the United States based on
20 his illegal status; the Employer could not offer the light duty
21 without violating the IRCA; the Claimant's benefits in that area
22 must cease.
23

24 Since the Claimant was eligible for light duty, in JAN 13 2017
25 accordance with NRS 616C.475, the Claimant is no longer
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1 for TTD benefits. Since the Claimant cannot be offered light
2 duty by the Employer without violating the IRCA; the Claimant's
3 benefits in that area must cease.

4
5 There is no contrary medical evidence to demonstrate that
6 the Claimant was not cleared for light duty he was rightfully
7 entitled to and received TTD benefits.

8
9 As to the Iowa Supreme Court case cited by the Claimant;
10 that case does not trump *Tarango* in this situation.

11 The Claimant argued that the Employer received constructive
12 notice of the Claimant's illegal status over the course of this
13 employment and they took no action based on the notice. However,
14 the evidence does not establish such clear constructive notice.
15 Rather, once the Employer realized the claimant was illegally in
16 the United States, the Employer refused to allow the Claimant to
17 work.
18

19
20 In closing, while I philosophically agree with the
21 Claimant's position; the law in Nevada is clear as it pertains
22 to this type of situation. This Court does not have the
23 authority to modify or reverse *Tarango*. So until such time as
24 *Tarango* is modified or reversed; this Court's hands are tied on
25 this issue.
26
27 / / /
28

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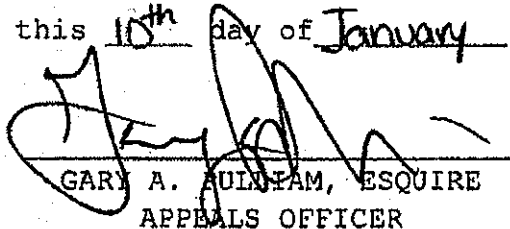
BEFORE THE APPEALS OFFICER

In the Matter of the Contested)
Industrial Insurance Claim) Claim No: 5012-1271-2015-0195
)
 of)
) Appeal No: 1522493-GP
MANUEL IBANEZ,) 1522661-GP
) 1702370-GP
 Claimant.)

ORDER

The Amended Hearing Officer decision dated February 11,
2016 is REVERSED.

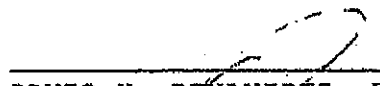
Dated this 10th day of January, 2017.


GARY A. QUINNAM, ESQUIRE
APPEALS OFFICER

NOTICE OF APPEAL RIGHTS

Pursuant to NRS 616C.370 and NRS 233B.130, should any party
desire to appeal this final determination of the Appeals
Officer, a Petition for Judicial Review must be filed with the
District Court within thirty (30) days after service by mail of
this decision.

Respectfully submitted,


DAVID H. BENAVIDEZ, ESQUIRE

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CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada,
Department of Administration, Hearings Division, does hereby
certify that on January 10, 2017, a true and correct copy of
the foregoing was placed in the United States Mail, postage
prepaid OR placed in the appropriate addressee file maintained
by the Division, 2200 S. Rancho Drive #220, Las Vegas, Nevada
89102, to the following:

David H. Benavidez, Esq.
850 S. Boulder Highway, #375
Henderson, NV 89015

Manuel Ibanez
5620 Eugene Avenue
Las Vegas, NV 89108

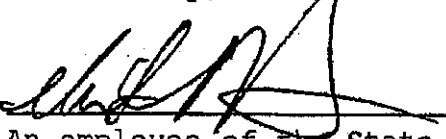
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An employee of the State of Nevada
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**BERTOLDO BAKER
CARTER & SMITH**
ATTORNEYS AT LAW

JOHN L. BERTOLDO • STEVEN M. BAKER • BRETT A. CARTER • LAWRENCE J. SMITH
JAVIER A. ARGUELLO • LINDSAY K. CULLEN • C. JARED CLARK • KEVIN P. KING • ALSO LICENSED IN CALIFORNIA

March 24, 2017

ARMI
PO Box 4930
Carson City, NV 89702

Attention: Jenny Kruger, Claims Adjuster

RE: Claimant	Manuel Ibanez
D. O. I.	10/16/14
D.O.B.	2/2/70
Claim No.	5012-1271-2015-0195 ✓
Employer	Rafael Framers
Our file No.	20104-17

Dear Ms. Kruger:

As you are aware this firm represents Mr. Ibanez in the above entitled matter.

As you know, the Claimant's treating is Dr. Workman. Dr. Workman requested referral to orthopedic. Therefore, we hereby request referral to Dr. Archie Perry. Please advise this office of this appointment.

If we have not heard from you within ten (10) days from the date of this letter pursuant to NRS 616C.090(2), we will assume that the request herein has been granted.

Very truly yours,

BERTOLDO, BAKER, CARTER & SMITH

JAVIER ARGUELLO, ESQ.

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MANAGEMENT, INC.**

P.O. Box 4930 - Carson City, NV 89702-4930
Phone (800) 935-0640 - (775) 883-4440 - Fax (800) 621-5006 (775) 883-3360

April 4, 2017

MANUEL IBANEZ
5620 EUGENE AVE
LAS VEGAS, NV 89108

RE: Claim Number: 5012-1271-2015-0195
Employer: HIGH POINT CONSTRUCTION INC
Date of Injury: October 16, 2014
Accepted Body Part(s): cervical and lumbar spine strain, right shoulder contusion, right shoulder AC joint post traumatic arthropathy, biceps tendinopathy and post traumatic impingement

Dear MANUEL IBANEZ:

Please be advised we have authorized a transfer of care to Dr. Archie Perry. An appointment has been scheduled for you on Monday, April 24, 2017 at 9:30 AM. Please arrive at 8:45 AM to fill out any necessary paperwork. His office is located at:

2800 E. Desert Inn, Las Vegas, NV 89121

Please contact Dr. Perry's office at (702) 731-1616 to confirm your appointment.

If you have had any X-ray's or MRI's please be sure to bring a copy of the films to this appointment. Also bring a picture ID.

Should you have any questions or need additional information, please contact our office at (775) 883-4440 or (800) 935-0640.

Sincerely,

Janey Kruger
Janey Kruger
Claims Examiner

cc: Builders Association of Western Nevada
HIGH POINT CONSTRUCTION INC
Dr. Archie Perry
JAVIER ARGUELLO, ESQ.
Steven Handelin, Esq.
File