

IN THE SUPREME COURT OF THE STATE OF NEVADA

* * * *

ASSOCIATED RISK MANAGEMENT, INC.,)

Appellant,)

vs.)

MANUEL IBANEZ,)

Respondent.)

Electronically Filed
Mar 27 2020 01:17 p.m.
Elizabeth A. Brown
Clerk of Supreme Court

) Supreme Court No. 80480

) District Court No.

) A-19-792902-J

JOINT APPENDIX

Volume 2(a)

David H. Benavidez, Esquire
850 S. Boulder Highway, #375
Henderson, Nevada 89015
(702)565-9730
Attorney for Appellant
Associated Risk Management, Inc.

Javier Arguello, Esq.
Benson Bertoldo Baker Carter
7408 W. Sahara Ave.
Las Vegas, NV 89117
(702)932-0355
Attorney for Respondent
Manuel Ibanez

INDEX TO JOINT APPENDIX¹

INDEX TO JOINT APPENDIX PLEADING, MOTION, ORDER TRANSCRIPT, EXHIBIT	PAGE NUMBER
Affidavit and Certification	vol. 3, pg. 735
Appellant Appeal Memorandum filed October 24, 2018	vol. 1, pg. 92-105
Appellant Evidence Packet filed October 24, 2018 ...	vol. 2(pts.a.b.) pg. 106-503
Appellant 1st Supplemental Evidence filed March 14, 2019	vol. 1. pg. 42-89
Appellant's Objection to the Proposed Decision	vol. 1. pg. 38-40
Certification of Transmittal	vol. 3. pg. 736-737
Correspondence from Respondent counsel filed April 5, 2019	vol. 1. pg. 41
Decision and Order filed April 11, 2019 .	vol. 1. pg. 27-37
Notice of Appeal dated September 18, 2018	vol. 3. pg. 730-734
Notice of Appearance filed September 26, 2018	vol. 3. pg. 504-505
Notice of Resetting dated December 3, 2018	vol. 1. pg. 90-91
Record on Appeal	vol. 1. pg. 2
Respondent Exhibits filed September 24, 2018	vol. 3. pg. 506-729
Transcript of Proceedings March 18, 2019	vol. 1. pg. 3-26

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

///

Transmittal of Record on Appeal..... vol. 1. pg. 1

DATED this day of , 2020.

By: David H. Benavidez
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

BEFORE THE APPEALS OFFICER

In the Matter of the Contested)
Industrial Insurance Claim) Claim No: 5012-1271-2015-0195
)
 of)
) Appeal No: 1903730-CJY
MANUEL IBANEZ,)
)
 Claimant.)
_____)

ASSOCIATED RISK MANAGEMENT, INC.'S
EVIDENCE PACKET

Exhibits

1. C-4 form dated 10/16/14 1
2. C-3 form dated 10/24/14 2
3. Report from Dr. Lewis dated 10/16/14 3-9
4. Specimen Result Certificate dated 10/21/14 10-11
5. Report from Dr. Patel dated 10/21/14 12-15
6. Letter from the Administrator dated 10/21/14 16
8. Report from Dr. Patel dated 10/28/14 17-21
9. Letters to the claimant dated 10/30/14 22-24
10. Report from Dr. Patel dated 11/4/14 25-30
11. Additional medical information dated 11/9/14 31-35
12. MRI report 36-37
13. Reports from Concentra dated 11/11-11/18/14 38-51
14. Letter from the Administrator dated 11/18/14 52
15. Report from Dr. Patel dated 11/18/14 53-58
16. Application for reimbursement dated 11/20/14 59

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

100 A

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

1	17. MRI report dated 11/20/14	60-61
2	18. Report from Concentra dated 11/20/14	62-67
3	19. Letter to the claimant dated 11/26/14	68
4	20. Report from Dr. Rimoldi dated 12/1/14	69-72
5	21. Report from Dr. Patel dated 12/2/14	73-77
6	22. MRI approval dated 12/3/14	78
7	23. Therapy appointment details dated 12/4-12/8/14	79-80
8	24. MRI report dated 12/10/14	81-82
9	25. Therapy appointment details dated 12/11-12/18/14	83-85
10	26. Request from claimant dated 12/17/14	86
11	27. Therapy appointment detail dated 12/23/14	87
12	28. Letter from the Administrator dated 12/31/14 .	88-89
13	29. Letter from the Administrator dated 1/5/15	90
14	30. Report from Dr. Elkanich dated 1/6/15	91-94
15	31. Letter to the claimant dated 1/7/15	95-97
16	32. Request from Dr. Elkanich dated 1/11/15	98
17	33. Report from Dr. Fisher dated 1/27/15	99-102
18	34. Report from Dr. Sanders dated 2/2/15	103-105.5
19	35. Report from Dr. Elkanich dated 2/3/15	106-110
20	36. Report from Nevada Spine Clinic dated 2/9/15 . . .	111
21	37. Report from Dr. Sanders dated 2/16/15	112-114
22	38. Operative report dated 2/23/15	115

39.	Letter from claimant dated 2/27/15	116-117
40.	Report from Dr. Elkanich dated 3/3/15	118-122
41.	MRI report dated 3/4/15	123-124
42.	Letter from the Administrator dated 3/9/15	125
43.	Progress report dated 3/10/15	126
44.	Report from Dr. Fisher dated 3/10/15	127-130
45.	Report from Dr. Elkanich dated 3/13/15	131-133
46.	Report from Dr. Sanders dated 3/16/15	134-137
47.	Letter to Dr. Sanders dated 3/18/15	138
48.	CT report dated 3/23/15	139-140
49.	Procedure note dated 3/23/15	141-142
50.	Letter from Dr. Sanders dated 3/30/15	143-145
51.	Surgery Authorization request dated 4/3/15	146-148
52.	Letter to the claimant dated 4/6/15	149
53.	Report from Dr. Elkanich dated 4/7/15	150-153
54.	Letters to the claimant dated 4/10-4/14/15	154-156
55.	Surgical Authorization dated 4/14/15	157
56.	Report from Dr. Elkanich dated 5/5/15	158-162
57.	Letters from the Administrator dated 5/7/15	163-165
58.	Report from Dr. Elkanich dated 6/2/15	166-171
59.	Letter to the claimant dated 6/23/15	172

1	60. Report from Dr. Elkanich dated 6/30/15 . . .	173-176
2	61. Report from Desert Orthopaedic dated 7/8/15 . . .	177
3	62. Letter to the claimant dated 7/15/15	178
4	63. Report from Dr. Elkanich dated 7/28/15 . . .	179-182
5	64. Letter to Dr. Perry dated 8/6/15	183-184
6	65. Report from Dr. Perry dated 8/11/15	185-199
7	66. Report from Dr. Elkanich dated 8/28/15	200-203
8	67. Letter to Dr. Perry dated 8/28/15	204
9	68. Report from Dr. Elkanich dated 9/29/15 . . .	205-208
10	69. Surgical Authorization dated 10/13/15	209
11	70. Report from Dr. Elkanich dated 10/26/15 . . .	210-211
12	71. Report from Dr. Elkanich dated 10/27/15 . . .	212-215
13	72. Report from Mountain view Hospital	
14	dated 11/11/15	216-217
15	73. Report from Dr. Elkanich dated 11/24-12/22/15	218-221
16	74. Letter to the claimant dated 12/22/15	222
17	75. Reports from Bone Joint specialists	
18	dated 1/19-2/1/16	223-227
19	76. Report from Dr. Sanders dated 2/4-8/8/16 . .	228-248
20	77. HO Decision and Order dated 1/10/17	249-261
21	78. Letter from claimants counsel dated 3/24/17 . . .	262
22	79. Letter to the claimant dated 4/4/17	263
23	80. Physicians progress report dated 4/24/17	264
24	81. Report from Dr. Perry dated 5/4-5/22/17 . . .	265-276

109

1	82. Report from Dr. Schifini dated 6/21-6/29/17	277-279
2	83. Physicians progress report dated 7/17/17	280
3	84. Report from Dr. Perry dated 8/14/17	281-286
4	85. Report from Dr. Oliver dated 9/18/17	287-295
5	86. Physicians progress report dated 9/25/17	296
6	87. Letter from claimants counsel dated 9/28/17	297
7	88. Physicians progress report dated 9/28-10/16/17	298-299
8	89. Reports from Dr. Oliver dated 10/16-11/9/17	300-309
9	90. Physicians progress report dated 11/13/17	310
10	91. Report from Dr. Perry dated 11/13/17	311-318
11	92. Physical therapy authorization dated 11/17/17	319
12	93. Request for compensation dated 11/23/17	320
13	94. Report from Dr. Oliver dated 12/7/17	321-330
14	95. Physicians progress report dated 12/14/17	331-332
15	96. Request for compensation dated 12/20/17	333
16	97. Letter to the claimant dated 12/26/17	334
17	98. Request for compensation dated 1/2/18	335
18	99. Report from Dr. Hanson dated 1/8/18	336-340
19	100. Report from Dr. Sanders dated 1/11/18	341
20	101. Report from Dr. Perry dated 1/11/18	342-347
21	102. Report from Dr. Oliver dated 1/11/18	348-356
22	103. Request for compensation dated 1/15/18	357

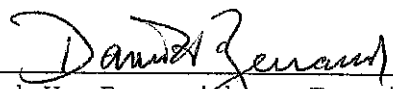
THE LAW OFFICE OF DAVID H. BENAVIDEZ
850 S. BOULDER HIGHWAY, #375
HENDERSON, NEVADA 89015
(702) 565-9730
FAX (702) 568-1301

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

104. Authorization from Dr. Perry dated 1/16/18 . . .	358
105. Report from Monos Health dated 1/22/18	359
106. Report from Dr. Hanson dated 2/1/18	360-365
107. Request for Compensation dated 2/6/18	366
108. Report from Dr. Oliver dated 2/8/18	367-376
109. Physicians progress report dated 2/12/18	377
110. Letter to the claimant dated 2/13/18	378
111. HO Decision and order dated 5/29/18	379-381
112. Letter to the claimant dated 6/15/18	382
113. Notice of appeal dated 6/21/18	383-384
114. Letter from claimants counsel dated 6/26/18 . . .	385
115. Letter to the claimant dated 7/16/18	386
116. Progress reports from dated 8/16-9/10/18 . . .	387-388

Dated this 24th day of October, 2018.

Respectfully submitted,



David H. Benavidez, Esquire

111

AFFIRMATION

Pursuant to NRS 239B.030

The undersigned does hereby affirm that the preceding Document Packet filed in or submitted for Appeals Officer Appeal 1903730-CJY

X Does not contain the social security number of any person.

OR

____ Contains the social security number of a person as required by:

A. A specific state or federal law, to wit:

(State specific law)

OR

B. For the administration of a public program or for an application for a federal or state agent.

October 24, 2018

Signature Date

Katie Taylor

Employee of Law Office of David H. Benavidez

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

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 24th day of October, 2018, I deposited the foregoing **EVIDENCE PACKET** in the United States Mail, with first class postage fully prepaid thereon, sent via electronic delivery or placed in the appropriate address runner file at the Department of Administration Appeals Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada 89102, to the following:

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

Katie Taylor
Katie Taylor, Assistant

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

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT

FORM C-4

PLEASE TYPE OR PRINT

EMPLOYER'S NAME (Provide all information requested)									
First Name Manuel		Last Name Zabarez		Birthdate 2/2/1970		Sex M		Social Security Number 000-00-0000	
Home Address 5620 Eugene Ave		City Las Vegas		State NV		Zip 89108		Telephone 702-504-9634	
Mailing Address "		City "		State "		Zip "		Primary Language Spoken Spanish	
INSURER		THIRD-PARTY ADMINISTRATOR		Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred					
Employer's Name/Company Name Rafael Lamer		Telephone 702-380-123						Office Mail Address (Number and Street) 5670 Construction Ave W, NV	
Date of Injury (if applicable) 10/16/14		Hours Injury (if applicable) 9-4pm		Date Employer Notified 10/16/14		Last Day of Work After Injury or Occupational Disease		Supervisor to Whom Injury Reported Javier Gonzalez (702-401-5011)	
Address or Location of Accident (if applicable) Job Site									
What were you doing at the time of the accident? (if applicable) Putting up back on the stairs of the first floor									
How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary) I fell through the truss and hit me on the second floor.									
If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment? N/A								Witnesses to the Accident (if applicable) Juan Escobedo	
Nature of Injury or Occupational Disease N/A				Part(s) of Body Injured or Affected Hand (Right Shoulder/Back)					
I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF MY INSURANCE, UNEMPLOYMENT, AND OCCUPATIONAL DISEASES AND MY FICA TO ENDORSEMENT OR CHAPTER 517 OF NRS. I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTIC, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THE NATURE OF DISEASE, INJURY OR INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AND, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOGRAPH OF THIS AUTHORIZATION SHALL BE AS VALUED AS THE ORIGINAL.									
Date 10/16/14		Place		Employee's Signature Manuel Zabarez					
THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT									
Place POLARIS				Name of Facility CONCENTRA					
Date 10/16/14		Diagnosis and Description of Injury or Occupational Disease Contusion Right Shoulder Contusion Right Shoulder Laceration Right Shoulder				Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain)			
Hour		Treatment: Fracture Right Shoulder Fracture Right Shoulder Fracture Right Shoulder				Have you advised the patient to remain off work five days or more? <input type="checkbox"/> Yes, indicate dates: from _____ to _____ <input checked="" type="checkbox"/> No. If no, is the injured employee capable of: <input type="checkbox"/> full duty <input checked="" type="checkbox"/> modified duty If modified duty, specify any limitations/restrictions: Light duty only			
X-Ray Findings: Fracture Right Shoulder		From information given by the employee, together with medical evidence, can you directly connect the injury or occupational disease as job incurred? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Is additional medical care by a physician indicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Do you know of any previous injury or disease contributing to this condition or occupational disease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Explain if yes)							
Date 10/16/14		Print Doctor's Name Dr. Smith				I certify that the employer's copy of this form was mailed to the employer on			
Address 5850 S. POLARIS AVE # 100		INSURER'S USE ONLY							
City LV		State NV		Zip 89118		Provider's Tax I.D. Number 75 2014028		Telephone 702 739 9957	
Doctor's Signature [Signature]		Date [Signature]							

This communication is confidential, intended only for the person named above. No other recipient is authorized to use the information. If received in error, call 800-819-5033.

TO AVOID PENALTY, THIS REPORT MUST BE COMPLETED AND MAILED TO THE INSURER WITHIN 6 WORKING DAYS OF RECEIPT OF THE C-4 FORM		Please Type or Print		EMPLOYER'S REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE	
EMPLOYER	Employer's Name Rafael Framers	Nature of Business (info., etc.) Construction	FEIN	OSHA Log #	
	Office Mail Address 5870 Construction Ave.	Location ... If different from mailing address same	Telephone 702-451-5511		
	City Las Vegas NV 89122	INSURER Progroup Nevada	THIRD-PARTY ADMINISTRATOR Associated Risk Management		
EMPLOYEE	First Name Manuel A. Ibanez-Ramirez	Last Name	Social Security	Birthdate 2/2/1970	Age 44
	Home Address (Number and Street) 5620 Eugene Ave.		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Primary Language Spoken Spanish
	City Las Vegas, NV 89108	Was the employee paid for the day of injury? (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		How long has this person been employed by you in Nevada? 2 yr 1 mo.	
	In which state was employee hired? NV	Employee's occupation (job title) when hired or disabled: Carpenter		Department in which regularly employed: Residential Framing	
ACCIDENT OR DISEASE	Telephone: 702-504-9637	Is the injured employee a corporate officer? ... sole proprietor? ... partner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was employee in your employ when injured or disabled by occupational disease (O/D)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Date of injury (if applicable) 10/16/2014	Time of injury (Hour: Minute AM/PM) (if applicable) 9:45 AM	Date employer notified of injury or O/D 10/16/2014	Supervisor to whom injury or O/D reported Javier Gonzalez	
	Address or location of accident (Also provide city, county, state) (if applicable) Cottonwood Development, Boulder City, Clark Co., Nevada				Accident on employer's premises? (if applicable) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	What was the employee doing when the accident occurred (loading truck, walking down stairs, etc.)? (if applicable) Building stairs on second floor of home.				
	How did this injury or occupational disease occur? Include time employee began work. Be specific and answer in detail. Use additional sheet if necessary. A piece of 2x4 lumber fell from the roof trusses and dropped down hitting him on the right shoulder. Started work at 7AM.				
INJURY OR DISEASE	Specify machine, tool, substance, or object most closely connected with the accident (if applicable) 2x4 board		Witness Juan Escobedo	Was there more than one person injured in this accident? (if applicable) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Part of body injured or affected Right shoulder	If fatal, give date of death n/a	Witness n/a		
	Nature of injury or Occupational Disease (scratch, cut, bruise, strain, etc.) Bruise/contusion to his right shoulder		Witness n/a		
	If validity of claim is doubted, state reason n/a		Location of Initial Treatment Concentra 5850 S. Polaris Ave., Ste 100, LV, NV 89118	Did employee return to next scheduled shift after accident? (if applicable) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Treating physician/chiropractor name Dr. Mitulkumar Patel		Emergency Room <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hospitalized <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	IMPORTANT	How many days per week does employee work? 5	From 7 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm To 3 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	Last day wages were earned non stop	
	Scheduled days off <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input checked="" type="checkbox"/> S	Rotating <input type="checkbox"/>	Are you paying injured or disabled employee's wages during disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
IMPORTANT LOST TIME INFO	Date employee was hired 9/19/2012	Last day of work after injury or disability non stop	Date of return to work 10/17/2014	Number of work days lost 0	
	Was the employee hired to work 40 hours per week? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If not, for how many hours a week was the employee hired?		Did the employee receive unemployment compensation any time during the last 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	For the purpose of calculation of the average monthly wage, indicate the employee's gross earnings by pay period for 12 weeks prior to the date of injury or disability. If the injured employee is expected to be off work 5 days or more, attach wage verification form (D-8). Gross earnings will include overtime, bonuses, and other remuneration, but will not include reimbursement for expenses. If the employee was employed by you for less than 12 weeks, provide gross earnings from the date of hire to the date of injury or disability.				
	Pay period <input type="checkbox"/> SUN <input type="checkbox"/> TUE <input type="checkbox"/> THUR <input type="checkbox"/> SAT ends on: <input type="checkbox"/> MON <input type="checkbox"/> WED <input type="checkbox"/> FRI	Employee is paid: <input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER <input type="checkbox"/> BI-WKLY <input type="checkbox"/> SEM-MONTHLY	On the date of injury or disability, the employee's wage was: \$ 18 per <input checked="" type="checkbox"/> Hr <input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mo		
	<p>For assistance with Workers' Compensation Issues you may contact the Office of the Governor Consumer Health Assistance Toll Free: 1-888-333-1597 Web site: http://govcha.state.nv.us E-mail cha@govcha.state.nv.us</p>				
Insurer Use Only	I affirm that the information provided above regarding the accident and injury or occupational disease is correct to the best of my knowledge. I further affirm the wage information provided is true and correct as taken from the payroll records of the employee in question. I also understand that providing false information is a violation of Nevada law.		Employer's Signature and Title A.J. safety coordinator	Date 10/24/2014	
	Claim is: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Deferred <input type="checkbox"/> 3 rd Party	Deemed Wage	Account No	Class Code	
	Claims Examiner's Signature	Date	Status Clerk	Date	

Concentra

Transcription

5850 S Polaris Ave Ste 100 LAS VEGAS, NV 89118 (702) 739-9957

Patient:	Ibanez-Ramirez, Manuel A	Service Date:	10/16/2014
Soc. Sec. #:	[REDACTED]	Injury Date:	10/16/2014
Date of Birth:	02/02/1970 Age: 44	Employer:	Rafael Framing-Injury Care
Service Location:	CMC - LVG Polaris		5870 Construction Ave
Service ID #:	1201389273		Las Vegas, NV 89122
Claim #:			
Dictator:	Robert D Lewis, MD		
Diagnosis:	923.00 Contusion of Shoulder		

Notes: CHIEF COMPLAINT:
Patient is a 44 year old male employee of Rafael Framing-Injury Care who complains about his Head which was injured on 10/16/2014.

PATIENT STATEMENT:
Patient states: "A 2x4 fell through the trusses and hit me on the second floor injuring my head, right shoulder and left back."

Vital Signs: BP: (L) 182/98. P: 81. R: 12. T: 98.2 degrees F tympanic.
The vitals were taken at: 12:34 PM

Allergies: No known allergies.. Current Medications:
Ibuprofen

HISTORY OF PRESENT ILLNESS:
The patient suffered a direct blow to posterior aspect of the right shoulder. The pain began abruptly at work today. The pain is located on on top of the right shoulder, neck and the lumbar. The pain is described as acute, moderate and aching. Pain Intensity Level: 7/10. No prior history of shoulder injury The pain did not radiate. No numbness in the arm

SOCIAL HISTORY: Noncontributory based upon review of comprehensive questionnaire.

FAMILY HISTORY: Noncontributory based upon review of comprehensive questionnaire.

PAST MEDICAL HISTORY:
PMH: Noncontributory.

Current Medications: None.

Allergies: Denies known medication allergies.
Immunizations: Not up to date.

ROS: There are no pertinent negatives or positives on review of systems. All other systems are negative based upon review of comprehensive questionnaire.

PE:
APPEARANCE: Dressed in work attire, well kept appearance, well developed, in no acute distress

MENTAL STATUS: Cooperative Consistant

Vital signs: See nurses notes

Chest: Lungs are clear to auscultation and percussion

Cardiovascular: Heart sounds are normal. No murmurs. Regular rhythm. Normal rate.
Abdomen: No organomegaly, masses or tenderness.

RECEIVED

OCT 23 2014

ASSOCIATED RISK
MANAGEMENT, INC.

Dictated By: Robert D Lewis, MD

Dictated On: Oct 16 2014 1:31PM

Printed Date: 10/19/2014

Page: 1

ARMI 3

SCANNED

11ce

Concentra

Transcription

5850 S Polaris Ave Ste 100 LAS VEGAS, NV 89118 (702) 739-9987

Patient: Ibanez-Ramirez, Manuel A Service Date: 10/16/2014
Soc. Sec. # [REDACTED] Injury Date: 10/16/2014
Date of Birth: 02/02/1970 Age: 44 Employer: Rafael Framing-Injury Care
Service Location: CMC - LVG Polaris 5870 Construction Ave
Service ID #: 1201389273 Las Vegas, NV 89122
Claim #: [REDACTED]
Dictator: Robert D Lewis, MD
Diagnosis: 923.00 Contusion of Shoulder

Notes: MUSCULOSKELETAL:
Cervical: No tenderness posterior cervical nerve roots. ROM on flexion: 75 degrees mild pain and on extension: 30 degrees mild pain. Reflexes symmetrical normal strength
Thoracic: No tenderness.
Lumbar:
Negative bilateral leg raise.

Full hip flexion with pain right

Full hip flexion with pain left

Normal strength

Reflexes symmetric.

Right Shoulder: Swelling posterior aspect of the right shoulder Tenderness posterior aspect of the right shoulder ecchymosis posterior aspect of the both shoulder no tenderness AC joint swelling AC joint Range of motion abduction 90 degrees with pain flexion 90 degrees with pain shoulder shows no deformity upon palpation of the shoulder joint.

X-RAY / LAB REPORT:

3 Views
Shoulder X-Ray: Negative.
2 Views
Scapula: Negative.
5 Views
C-Spine X-Ray:
C-spine x-ray: Negative.
3 Views
LS-spine x-ray: Loss lordotic curvature

ASSESSMENT:

1. Shoulder contusion. 923.00.
2. Cervical strain. 847.0.
3. Lumbar strain. 847.2.

PLAN:

MEDICATIONS:

Written prescription given for and Ibuprofen

INJECTABLES:

- Tdap

ACTIVITY STATUS:

Off work rest of shift then begin

Modified activity

- No lifting over 10 lbs.

- No reaching above shoulders.

RECEIVED

OCT 23 2014

ASSOCIATED HRM
MANAGEMENT, INC.

Dictated By: Robert D Lewis, MD

Dictated On: Oct 16 2014 1:31PM

Printed Date: 10/19/2014

Page: 2

ARM 4

SCANNED

117

Concentra

Transcription

5850 S Polaris Ave Ste 100 LAS VEGAS, NV 89118 (702) 739-9957

Patient:	Ibanez-Ramirez, Manuel A	Service Date:	10/16/2014
Soc. Sec. #:	[REDACTED]	Injury Date:	10/16/2014
Date of Birth:	02/02/1970 Age: 44	Employer:	Rafael Framing-Injury Care
Service Location:	CMC - LVG Polaris		5870 Construction Ave
Service ID #:	1201389273		
Claim #:			Las Vegas, NV 89122
Dictator:	Robert D Lewis, MD		
Diagnosis:	923.00 Contusion of Shoulder		

Notes: - Limited use of right arm.

RETURN FOR EVALUATION: In 5 days
Ice 3 times per day for 20 minutes/elevation Home Exercise program as instructed.
Diagnosis, treatment plan and expectations were discussed with the patient. The patient was given an opportunity to ask questions regarding the diagnosis and treatment plan. The patient acknowledged understanding the diagnosis and treatment plan and had no further questions. Patient is instructed to return to the clinic immediately if symptoms worsen or new symptoms develop. Advised of medication usage and side effects. MMI expected at 3 weeks

RECEIVED

OCT 23 2014

ASSOCIATED RISK
MANAGEMENT, INC

SCANNED

Dictated By: Robert D Lewis, MD

Dictated On: Oct 16 2014 1:31PM

Printed Date: 10/19/2014

Page: 3

ARMI 5

118



PATIENT NAME	IBANEZ-RAMIREZ, MANUEL
DATE OF BIRTH	2/2/1970
DATE OF EXAM	10/16/2014 12:47:10 PM
MRN	RAM892011
REFERRING PHYSICIAN	LEWIS, MD

Examination: Radiographs of the lumbar spine.

Indication: None provided

Comparison study: None

Findings: There is normal alignment of the lumbar spine. Multilevel degenerative disc disease is noted worst at L5-S1. Lateral and anterior osteophytosis and facet degenerative changes are identified. There is no evidence of acute fracture or subluxation.

Impression:

Spondylitic changes of the lumbar spine with degenerative disc disease worst at L5-S1.

Electronically Signed by UYESUGI, WALTER DO at 10/16/2014 1:30:55 PM
American Board Certified Radiologist
of Premier Radiology Services
www.pradiology.com

RECEIVED

OCT 23 2014

ASSOCIATED RISK
MANAGEMENT, INC

Concentra Medical - Location# 2904
5850 Polaris Ave. Suite# 100
Las Vegas, NV 89118
Phone (702)739-9957 Fax (702)739-9370

ARMI 6

SCANNED

119

ConcentraTM

Imaging Right

PATIENT NAME	IBANEZ-RAMIREZ, MANUEL
DATE OF BIRTH	2/2/1970
DATE OF EXAM	10/16/2014 12:47:10 PM
MRN	RAM892011
REFERRING PHYSICIAN	LEWIS, MD

Examination: Radiographs of the right scapula

Indication: None provided

Comparison study: None

Findings: Views of the scapula demonstrate normal bony ossification. There is no evidence of fracture or dislocation. The bony glenoid and acromioclavicular joint space are well-maintained. The visualized ribs and proximal humerus are intact.

Impression:

Normal scapula.

Electronically Signed by UYESUGI, WALTER DO at 10/16/2014 1:30:35 PM
American Board Certified Radiologist
of Premier Radiology Services
www.pradiology.com

RECEIVED

OCT 23 2014

ASSOCIATED RISK
MANAGEMENT, INC

SCANNED

Concentra Medical - Location# 2904
5850 Polaris Ave. Suite# 100
Las Vegas, NV 89118
Phone (702)739-9957 Fax (702)739-9370

ARM 7

120

Concentra™

Imaging Right

PATIENT NAME	IBANEZ-RAMIREZ, MANUEL
DATE OF BIRTH	2/2/1970
DATE OF EXAM	10/16/2014 12:47:10 PM
MRN	RAM892011
REFERRING PHYSICIAN	LEWIS, MD

Examination: Radiographs of the right shoulder

Indication: None provided

Comparison study: None

Findings: Views of the shoulder demonstrate normal bony ossification. There is no evidence of Hill-Sachs fracture or dislocation. The bony glenoid and a.c. joint space are well-maintained. The visualized ribs and proximal humerus are intact.

Impression:

Normal shoulder series.

Electronically Signed by UYESUGI, WALTER DO at 10/16/2014 1:30:03 PM
American Board Certified Radiologist
of Premier Radiology Services
www.pradiology.com

RECEIVED

OCT 23 2014

ASSOCIATED RISK
MANAGEMENT, INC

SCANNED

Concentra Medical - Location# 2904
5850 Polaris Ave. Suite# 100
Las Vegas, NV 89118
Phone (702)739-9957 Fax (702)739-9370

ARMI 8

1121

Concentra⁺

Imaging Right

PATIENT NAME	IBANEZ-RAMIREZ, MANUEL
DATE OF BIRTH	2/2/1970
DATE OF EXAM	10/16/2014 12:47:10 PM
MRN	RAM892011
REFERRING PHYSICIAN	LEWIS, MD

Examination: Multiple radiographs of the cervical spine.

Indication: None provided

Comparison study: None

Findings: There is normal alignment of the cervical spine. There is adequate visualization of the cervicothoracic junction. The vertebral body heights and intervertebral disc spaces are well-maintained. There is no evidence of fracture, dislocation or prevertebral soft tissue swelling.

Impression:

Normal cervical spine series.

Electronically Signed by UYESUGI, WALTER DO at 10/16/2014 1:29:36 PM
American Board Certified Radiologist
of Premier Radiology Services
www.pradiology.com

RECEIVED

OCT 23 2014

ASSOCIATED RISK
MANAGEMENT, INC

SCANNED

Concentra Medical - Location# 2904
5850 Polaris Ave. Suite# 100
Las Vegas, NV 89118
Phone (702)739-9957 Fax (702)739-9370

ARMI 9

112



Specimen Result Certificate

ID Number: 89105927

Report printed on 10/21/2014 6:36:21 PM

Page 1 of 1

Attention:
Larae Polson
Rafael Framing-Injury Care
5870 Construction Ave
Las Vegas, NV 89122

Verification Date 10/18/2014 05:08 PM

Medical Review Officer:
Dr. Stephen Kracht
7500 W. 110th St, Ste 400A PO Box 25903
Overland Park, KS 66225
888-382-2281

Collection Site:
9880 - Concentra Medical Center - Polaris

Donor Name: Ibanez-Ramirez, Manuel
Date Of Test: 10/16/2014

Donor SSN: [REDACTED]
Donor ID: [REDACTED]
Reason for Test: Post Accident

ID Number: 89105927
Laboratory: Quest Diagnostics

Regulation: Non-DOT
Specimen Type: Urine

Drugs Tested:

Drug Name	Result	Screening Cutoff	Confirmation Cutoff	Drug Name	Result	Screening Cutoff	Confirmation Cutoff
Marijuana	Negative	50	15	Opiates	Negative	2000	2000
Cocaine	Negative	300	150	PCP	Negative	25	25
Amphetamines	Negative	1000	500	Ecstasy	Negative	500	250

Final Result Disposition: **Negative**

RECEIVED

OCT 21 2014

QUEST DIAGNOSTICS

TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable Federal requirements. My determination/verification is:

☒ Negative ☐ Positive ☐ Test Cancelled ☐ Adulterated ☐ Refusal to test because ☐ Dilute ☐ Substituted

REMARKS:

Dr. Stephen Kracht

Stephen J. Kracht D.O.

10/18/2014 05:08 PM

(PRINT) Medical Review Officer's Name

Signature of Medical Review Officer

Date (Mo./Day/Yr.)

ARMI 10

123



Specimen Result Certificate

ID Number: 814

Report printed on

10/21/2014 8:36:21 PM

Page 1 of 1

Attention:

Larae Polson
Rafael Framing-Injury Care
5870 Construction Ave
Las Vegas, NV 89122

Collection Site:

9880 - Concentra Medical Center - Polaris

Donor Name: Ibanez-Ramirez, Manuel A
Date Of Test: 10/16/2014

Donor SSN:

Donor ID:

Reason for Test:

Post Accident

ID Number: 814

Regulation:

Specimen Type:

Non-DOT

Breath

Drugs Tested:

Drug Name	Quant
-----------	-------

Ethanol Breath:	0
-----------------	---

Final Result Disposition: Quant Only

Remarks:

ARM1 11

1124

3900 Paradise Rd Ste V Las Vegas, NV 89169 (702) 369-0560

Patient:	Ibanez-Ramirez, Manuel A	Service Date:	10/21/2014
Soc. Sec. #	[REDACTED]	Injury Date:	10/16/2014
Date of Birth:	02/02/1970 Age: 44	Employer:	Rafael Framing-Injury Care
Service Location:	CMC - LVG Paradise		5870 Construction Ave
Service ID #:	1201391962		
Claim #:			Las Vegas, NV 89122
Dictator:	Mitulkumar Patel, MD		
Diagnosis:	922.31 Contusion of back		

Notes: ***** PROGRESS NOTE *****

Vital Signs: BP: (R) 196/100. P: 111. T: 97.9 degrees F tympanic.
The vitals were taken at: 8:42 AM by: A F.

Patient returns for a recheck for the injury stated above.

HISTORY OF PRESENT ILLNESS:

Translator present. MA Adeline.
follow up for injury that occurred 5 days ago. he had been hit in the right shoulder by a 2x4 piece of a wood frame. he has pain in the right shoulder as well as lower back. he has tingling sensation that radiates to the right leg. he can raise his right arm above shoulder length. he has pain with bending forward. he was given ibuprofen but is helping very little. he is waking up in pain. restricted duties were provided by the employer and seems to be able to perform them.

PE:

APPEARANCE: Well nourished, well developed, in no acute distress. No obvious deformity.

VITAL SIGNS: See above.

SKIN: Normal. No lesions.

NECK: Full range of motion. right trapezius region lateral with healing wound with pain diffusely over the area. Negative spurling and axial load.
thoracic back with mild soreness in the parascapular area.

NEUROLOGIC:

- DTRS: Biceps, triceps, brachioradialis normal. Equal reflexes.

- SENSORY: Intact to light touch distally.

- MOTOR: 5/5 strength major flexors/extensors.

MUSCULOSKELETAL:

significant pain in the lumbosacral junction on the spine and with pain paraspinous region both sides. forward flexion limited to 45 degrees. extension with pain as well. negative sitting straight leg raises and with normal heel toe. gait normal

X-RAY / LAB REPORT:

Shoulder X-Ray 2 views: radiologist reading no fracture

LS-spine x-ray: radiologist reading. spondylotic changes without a fracture.

ASSESSMENT:

1. right shoulder neck contusion
2. lumbosacral strain

PLAN:

extend restricted duties
continue with ibuprofen
add skalaxin 800 mg tid #30
norco 5/325 1/2 to hs for severe pain #15

RECEIVED

OCT 30 2014

ASSOCIATED NHA
MANAGEMENT INC

Dictated By: Mitulkumar Patel, MD

Dictated On: Oct 21 2014 9:05AM

Printed Date: 10/25/2014

Page: 12
ARMI 12

125

Concentra

Transcription

3900 Paradise Rd Ste V Las Vegas, NV 89169 (702) 369-0560

Patient:	Ibanez-Ramirez, Manuel A	Service Date:	10/21/2014
Soc. Sec. #	[REDACTED]	Injury Date:	10/16/2014
Date of Birth:	02/02/1970 Age: 44	Employer:	Rafael Framing-Injury Care
Service Location:	CMC - LVG Paradise		5870 Construction Ave
Service ID #:	1201391962		Las Vegas, NV 89122
Claim #:			
Dictator:	Mitul Kumar Patel, MD		
Diagnosis:	922.31 Contusion of back		

Notes: p.t asap
follow up in one week.

Diagnosis, treatment plan and expectations were discussed with the patient. Advised of medication usage and side effects. The patient was instructed to return to the clinic as needed. The patient was given an opportunity to ask questions concerning the diagnosis and treatment plan. The patient acknowledged understanding the diagnosis and treatment.

RECEIVED

OCT 30 2014

ASSOCIATED HEALTH
MANAGEMENT, INC.

Dictated By: Mitul Kumar Patel, MD

Generated On: Oct 21 2014 9:09AM

Printed Date: 10/25/2014

Page: 2

ARM 13

120

Claim Number:

Concentra Medical Centers8900 Paradise Rd Ste V Las Vegas, NV 89189
Phone: (702) 369-0660 Fax: (702) 369-3406

Service Date: 10/21/2014

Case Date: 10/16/2014

Physician Work Activity Status Report

Patient: Ibanez-Ramirez, Manuel A.

SSN: [REDACTED]

Address: 5620 Eugene Ave
LAS VEGAS, NV 89108

Home: (702) 504-9637

Work: (702) 401-6011 Ext.:

Employer Location: Rafael Framing-Injury Care

Address: 5870 Construction Ave
Las Vegas, NV 891227332

Auth. by: Javier Gonzalez

Contact: Alan Nish

Role: Primary Contact

Phone: (702) 451-5511 Ext.:

Fax: (702) 451-6111

This Visit: Time In: 08:15 am

Time Out: 09:26 am

Recordable: N/A

Visit Type: Recheck

Treating Provider: Mitulkumar Patel, MD

Diagnosis: 923.00 Contusion of Shoulder
847.0 Cervical Strain
847.2 Lumbar Strain**Medications:**

- ☐ Dispensed Prescription Medication to Patient
☐ Dispensed Over-The-Counter Prescription
☒ Written Prescription given to Patient

Patient Status:**Modified Activity - Returning for follow-up visit****Restricted Activity (in effect until next physician visit):**

Return to work on 10/21/2014 with the following restrictions

No lifting over 10 lbs.

No bending greater than 0 times per hour

No reaching above shoulders

Limited use of R hand

Remarks:

Employer Notice: The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Anticipated Date of Maximum Medical Improvement:**Actual Date of Maximum Medical Improvement:****Next Visit(s):**

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Tuesday October 28, 2014 9:00 am**Provider/Facility:** Larry E. Drumm, DO

Concentra Medical Centers
3900 Paradise Rd Ste V Las Vegas, NV 89169
Phone: (702) 369-0560 Fax: (702) 369-3496

Service Date: 10/21/2014

Patient Referral

Patient Information:

Patient: Ibanez-Ramirez, Manuel A.
SSN: [REDACTED]
Address: 5820 Eugene Ave
LAS VEGAS, NV 89108

Home Phone: (702) 504-8837
Work Phone: (702) 401-5011 Ext:
DOI: 10/16/2014
DOB: 02/02/1970

Therapy Referral Information:

Referral Status: Pending

REFERRAL PRESCRIPTION

Provider Type: Physical Therapist

Requested

Total Treatments: 9
Treatments per Week: 3
Treatment Duration: 3 Weeks

Request Comments:

Diagnosis

Code	Description
847.2	Lumbar Strain
823.00	Contusion of Shoulder

Additional Notes

Date: 10/21/2014

Referring Provider: Mitulkumar Patel, MD
*** Provider Signature on File ***

Number of Visits to Date: 0

Authorized

Total Treatments:	9	Auth Number:	
Treatments per Week:	3	Effective Date:	
Treatment Duration:	3 weeks	Expiration Date:	
Authorization Comments:		Units Authorized:	

Approved under medical necessity only
JK 10/22/14

*NOTE TO THE ABOVE FACILITY OR PHYSICIAN:

Please send a copy of all reports on this patient to the payer and the center.



ASSOCIATED RISK

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

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

October 21, 2014

Rafael Framers/Rafael Concrete
5870 Construction Ave.
Las Vegas, NV 89122

RE:	Employee:	Manuel Ibanez
	Claim #:	To Be Determined
	Date of Injury:	10/16/2014

Request for C-3 from Employer

To Whom It May Concern:

We need a completed C-3 on the claim referenced above. If one has already been completed, please fax a copy to our office at (800) 621-5006. If not, please consider this a friendly reminder to complete the C-3 form and send it back to our office at the address above as soon as possible, but no later than 6 working days from your receipt of the C-4 form.

The Division of Industrial Relations regularly audits our files for timely receipt of the C-3 form, and failure to supply the completed form within 6 working days of receipt of the C-4 may result in a fine of you, the employer. We want to prevent that if at all possible. The statute that outlines the employer's obligation to file this form is enclosed for your review.

We are also enclosing a copy of a D-8 form, which must be completed and returned within 6 working days if your employee is off work 5 calendar days or more.

Please call our office at (800) 935-0640 or (775) 883-4440, Monday through Friday, 8:00 am to 4:30 pm, if you have any questions or need any information.

Sincerely,

Cynthia Pulido

Enclosures: C-3 form, D-8 form, Copy of NRS 616C.045
cc: Builders Association of Western Nevada

Concentra Medical Centers
3900 Paradise Rd Ste V Las Vegas, NV 89169
Phone: (702) 360-0560 Fax: (702) 360-3400

Transcription

Patient: Ibanez-Ramirez, Manuel A.
Soc. Sec. #: [REDACTED]
Date of Birth: 2/2/1970 Age: 44
Service Location: CMC - LVG Paradise
Service ID #: 1201396800

Service Date: 10/28/2014
Injury Date: 10/16/2014
Employer: Rafael Framing-Injury Care
Dictated By: MITULKUMAR PATEL
Diagnosis: 822.31 Contusion of back

Notes:

Reason For Visit

Chief Complaint: The patient presents today with pain on R shoulder and back, pins and needles pain. No PT yet. Self reported. Workers Compensation - Patients
Occupation: Carpenter- currently on light duty.

Vitals

Vital Signs [Data Includes: Current Encounter]

Recorded by : Mondragon, Magali at 28Oct2014 09:36AM

Temperature: 98.5 F

Systolic: 166

Diastolic: 102

Heart Rate: 90

Respiration: 14

Height: 5 ft 8 in

Weight: 165 lb

BMI Calculated: 25.09

BSA Calculated: 1.88

Pain Scale: 8

Review of Systems

Constitutional: Reviewed and found to be negative.

Head and Face: Reviewed and found to be negative.

Eyes: Reviewed and found to be negative.

ENT: Reviewed and found to be negative.

Cardiovascular: Reviewed and found to be negative.

Respiratory: Reviewed and found to be negative.

Gastrointestinal: Reviewed and found to be negative.

Genitourinary: Reviewed and found to be negative.

Musculoskeletal: muscle pain, back pain, muscle weakness and night pain, but no joint pain, no neck pain, no joint swelling, no joint stiffness and no limping.

Integumentary and Breasts: Reviewed and found to be negative.

Neurological: leg weakness, tingling and numbness, but no headache, no dizziness, no memory loss, no arm weakness, no seizures, no tremors, no confusion, no fainting, no speech disturbance, no impaired balance and good coordination.

Psychiatric: Reviewed and found to be negative.

Endocrine: Reviewed and found to be negative.

Hematologic and Lymphatic: Reviewed and found to be negative.

History of Present Illness

Dictated By: MITULKUMAR PATEL

Dictated On: 10/28/2014 11:04 AM

Concentra Medical Centers
3900 Paradise Rd Ste V Las Vegas, NV 89169
Phone: (702) 369-0600 Fax: (702) 369-3406

Transcription

Patient:	Ibanez-Ramirez, Manuel A.	Service Date:	10/28/2014
Soc. Sec. #:	[REDACTED]	Injury Date:	10/16/2014
Date of Birth:	2/2/1970 Age: 44	Employer:	Rafael Framing-Injury Care
Service Location:	CMC - LVG Paradise	Dictated By:	MITULKUMAR PATEL
Service ID #:	1201396600	Diagnosis:	922.31 Contusion of back

Notes:

Interpreter present -

Patient is returning for a recheck of injuries stated below:
Complaint of shoulder pain.

Injury History: Injury history as previously documented. It was the result of a direct impact. Pain is located in the right posterior shoulder and scapular spine. He describes his pain as sharp and throbbing in nature. He describes this as severe, a current pain level of 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. Exacerbating factors include shoulder movement, shoulder rotation, arm elevation and lifting. No reported relieving factors. Taking ibuprofen but is not helping. His rx for skelaxin and norco was not filled from last visit. p.t. is pending as well.

Complaint of back pain. The pain is located in the low back bilaterally and in the sacroiliac regions. The pain is intermittent. He describes his pain as dull and aching in nature. He describes this as moderate in severity. Symptoms are improving. Associated symptoms include back stiffness, decreased lateral bending, decreased extension, decreased flexion, insomnia, no decreased spine range of motion, no urinary retention and no lower extremity weakness. Exacerbating factors include bending and lifting.

Physical Exam

Constitutional: Well appearing and well nourished. In no acute distress.

Head/Face: Normocephalic, atraumatic, and no tenderness.

Eyes: Conjunctiva and lids with no swelling, erythema or discharge. Pupils are equal, round, and reactive to light and cornea clear.

ENT: No erythema or edema of the external ears or nose.

Neck: The neck was supple. The neck was tender.

Pulmonary: No increased work of breathing or signs of respiratory distress. All lung fields clear to auscultation bilaterally.

Cardiovascular: Normal rate and rhythm, normal S1 and S2, without gallops or rubs. No murmur. Carotid pulses 2+ bilaterally with no bruits. Extremities are warm with no edema or varicosities.

Abdomen: Soft, non-distended, normal bowel sounds, no tenderness. No pulsatile mass.

Musculoskeletal: Lumbosacral Spine: Lumbosacral Spine: Appearance: Normal except.

Tenderness: None. Palpatory Findings include bilateral muscle spasms. Flexion was restricted and was painful. Extension was restricted and was painful. Neuro/Vascular:

Dictated By: MITULKUMAR PATEL

Dictated On: 10/28/2014 11:04 AM

Concentra Medical Centers

3800 Paradise Rd Ste V Las Vegas, NV 89169
Phone: (702) 360-0500 Fax: (702) 360-3406

Transcription

Patient:	Ibanez-Ramirez, Manuel A.	Service Date:	10/28/2014
Soc. Sec. #:	[REDACTED]	Injury Date:	10/16/2014
Date of Birth:	2/2/1970 Age: 44	Employer:	Rafael Framing-Injury Care
Service Location:	CMC - LVG Paradise	Dictated By:	MITULKUMAR PATEL
Service ID #:	1201396600	Diagnosis:	922.31 Contusion of back

Notes:

neurovascular function intact. Right Shoulder: Appearance: Normal. Tenderness: scapula and supraspinatus muscle, but not the AC joint, not the axillary, not the bicipital groove, not the proximal clavicle and not the deltoid. ROM: painful in all planes Abduction: restricted AROM.
Psychiatric: Oriented to person, place, and time. Mood and affect are appropriate.

ASSESSMENT

1. Lumbar contusion (922.31)
2. Contusion of right shoulder (923.00)

Plan

1. Start: Start: Hydrocodone-Acetaminophen 10-325 MG Oral Tablet; 1/2 to 1 bid prn severe pain
Rx By: PATEL, MITULKUMAR; Dispense: 0 Days ; #:15 Tablet; Refill: 0; For: Contusion of right shoulder, Lumbar contusion; DAW = N; Record
2. Physical Therapy Referral Physical Therapy Consult Status: Complete Done: 28Oct2014
Ordered; For: Contusion of right shoulder, Lumbar contusion; Ordered By: PATEL, MITULKUMAR Performed: Due: 11Nov2014 Marked Important
3. Start: Start: Metaxalone 800 MG Oral Tablet (Skelaxin 800 MG Oral Tablet); TAKE 1 TABLET 3 TIMES DAILY
Rx By: PATEL, MITULKUMAR; Dispense: 10 Days ; #:30 Tablet; Refill: 0; For: Lumbar contusion; DAW = N; Record

Activity Status and Restrictions

Treatment Status:

Returning for follow-up: 11/4/14

Activity Status

Return to modified work/activity today.

Activity Status Comment: no bending and limit use of right hand.

Restrictions: Occasionally = up to 3 hrs/day. Frequently = up to 6 hrs/day.

Constantly = up to 8 hours or greater per day

May lift up to 10 lbs, occasionally.

No reaching above shoulders with affected extremity(s)

Dictated By: MITULKUMAR PATEL

Dictated On: 10/28/2014 11:04 AM

Concentra Medical Centers
3500 Paradise Rd Ste V Las Vegas, NV 89169
Phone: (702) 369-0500 Fax: (702) 369-3406

Transcription

Patient:	Ibanez-Ramirez, Manuel A.	Service Date:	10/28/2014
Soc. Sec. #:	[REDACTED]	Injury Date:	10/16/2014
Date of Birth:	2/2/1970 Age: 44	Employer:	Rafael Framing-Injury Care
Service Location:	CMC - LVG Paradise	Dictated By:	MITULKUMAR PATEL
Service ID #:	1201396600	Diagnosis:	922.31 Contusion of back

Notes:

Signatures

Electronically signed by : MITULKUMAR PATEL, M.D.; Oct 28 2014 1:04PM CST - Author

Dictated By: MITULKUMAR PATEL

Dictated On: 10/28/2014 11:04 AM

Last Update: 10/28/2014 11:04:33

r, transcription Page 4 of 4

Last Updated By: patelnx1

© 1996-2014 Concentra Operating Corporation All Rights Reserved.

Transcription Printed Date: 10/28/2014

Form Revision Date: 11/17/2009

ARMI 20

133

Claim Number:

Concentra Medical Centers3980 Paradise Rd Ste V Las Vegas, NV 89169
Phone: (702) 369-0560 Fax: (702) 369-3496

Service Date: 10/28/2014

Case Date: 10/16/2014

Physician Work Activity Status Report

Patient: Ibanez-Ramirez, Manuel A.

SSN: [REDACTED]

Address: 5620 Eugene Ave

LAS VEGAS, NV 89108

Home: (702) 504-9837

Work: (702) 401-5011 Ext.:

Employer Location: Rafael Framing-Injury Care

Address:

5870 Construction Ave

Las Vegas, NV 891227332

Auth. by:

Javier Gonzalez

Contact: Alan Niah

Role: Primary Contact

Phone: (702) 451-5511 Ext.:

Fax: (702) 451-6111

This Visit: Time In: 08:45 am

Time Out: 11:10 am

Recordable: N/A

Visit Type: Recheck

Treating Provider: Mitulkumar Patel, MD

Medications:

Diagnosis: 922.31 Contusion of back

846.0 Lumbosacral Strain

823.00 Contusion of Shoulder

☐ Dispensed Prescription Medication to Patient☐ Dispensed Over-The-Counter Prescription☒ Written Prescription given to Patient**Patient Status:****Modified Activity - Returning for follow-up visit****Restricted Activity (in effect until next physician visit):**

May lift up to 10 lbs Occasionally

Return to work on 10/28/2014 with the following restrictions

No reaching above shoulders with affected extremity(s)

Limited use of right hand

Remarks: no banding

Employer Notice: The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.**Anticipated Date of Maximum Medical Improvement:****Actual Date of Maximum Medical Improvement:****Next Visit(s):****Patient Notice:** It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Tuesday November 4, 2014 8:00 am

Provider/Facility: Mitulkumar Patel, MD



ASSOCIATED RISK
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

October 30, 2014

MANUEL IBANEZ
5620 EUGENE
LAS VEGAS, NV 89108

RE: Claim Number: 5012-1271-2015-0195
Employer: RAFAEL FRAMERS/RAFAEL CONCRETE
Date of Injury: October 16, 2014
Accepted Body Part(s): cervical and lumbar spine strain, right shoulder contusion

CLAIM ACCEPTANCE

Dear MANUEL IBANEZ:

We are in receipt of a claim filed by you for an industrial injury to the above-stated body part. Associated Risk Management, Inc. is the third party claim administrator (TPA) for the Builders Association of Western Nevada. Your employer, RAFAEL FRAMERS/RAFAEL CONCRETE, is a member of the Builders Association of Western Nevada.

It is our determination to accept this claim for the above stated body part. Please review the information contained in this notice carefully. If you find any of the information to be incorrect, please notify me at (775) 883-4440 or (800) 935-0640 immediately.

Liability is strictly limited to the accepted diagnosis and body part(s) listed above at this time. *If additional information is received during the course of your treatment that indicates additional or new diagnoses, a new determination with appeal rights will be rendered.*

Per NRS 616C.235 (2), if the medical benefits required to be paid for a claim remain under \$300, the insurer may close the claim at any time after a written notice is sent that the claim is being closed. In addition, if the injured employee does not appeal the closure of the claim or appeals the closure but is not successful, the claim cannot be reopened.

You may qualify for reimbursement for costs of transportation to medical appointments. Nevada Administrative Code (NAC) 616C.150 (1) (2) state that in order to qualify, you must travel 20 miles or more one way or 40 miles round trip within a one week period. Mileage reimbursement must be requested within 60 days from the date traveled. Any requests not received within that time frame will be denied. The current rate of mileage reimbursement is \$0.56 per mile. Enclosed please find a blank mileage form. Also, you may qualify to be reimbursed for your prescription medication. Please forward any and all prescription reimbursement requests along with a copy of the prescription as well as the pharmacy receipt to our office within 60 days from the date filled to receive consideration for reimbursement.

In addition, we have included a copy of the rights and benefits if you are injured on the job or have an occupational disease.

Pursuant to NRS 616C.315 (1), anyone who does not agree with this determination, has the right to appeal. If this is your intent, you must complete the enclosed "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.

ARM 22

135

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

Sincerely,

Teri Kinne
Claims Examiner

Enclosure(s): Request for Hearing
Mileage Reimbursement Request Form and Instructions
Explanation of Rights and Benefits

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

ARMI 23

130



*ASSOCIATED RISK
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

October 30, 2014

MANUEL IBANEZ
5620 EUGENE
LAS VEGAS, NV 89108

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

Dear Mr. IBANEZ:

We have received information that you are an undocumented citizen; therefore, per the Supreme Court Ruling of Tarango v. SINS, 117 Nev. 444, 25 P.3d 175 (2001). You may provide documentation to our office to support that you are legally eligible to work in the United States to reinstate your benefits.

Pursuant to NRS 616C.315 (1), if you do not agree with this determination you have the right to appeal. If this is your intent, you must complete the enclosed "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 the undersigned at (775) 883-4440 or (800) 935-0640.

Sincerely,

Teri Kinne
Claims Examiner

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

ARMI 24

137

Concentra Medical Centers
3800 Paradise Rd Ste V Las Vegas, NV 89169
Phone: (702) 360-0500 Fax: (702) 360-3496

Transcription

Patient:	Ibanez-Ramirez, Manuel A.	Service Date:	11/4/2014
Soc. Sec. #:	[REDACTED]	Injury Date:	10/16/2014
Date of Birth:	2/2/1970 Age: 44	Employer:	Rafael Framing-Injury Care
Service Location:	CMC - LVG Paradise	Dictated By:	MITULKUMAR PATEL
Service ID #:	1201400622	Diagnosis:	922.31 Contusion of back

Notes:

Reason For Visit

Chief Complaint: The patient presents today with follow for lower back, patient does not feel better. Self reported. Workers Compensation - Patients Occupation: Rafael Framing.

Vitals

Vital Signs [Data Includes: Current Encounter]

Recorded by : Torres, Luis at 04Nov2014 08:12AM

Temperature: 98.1 F

Systolic: 167

Diastolic: 89

Heart Rate: 94

Respiration: 14

Height: 5 ft 8 in

Weight: 165 lb

BMI Calculated: 25.09

BSA Calculated: 1.88

Review of Systems

Constitutional: Reviewed and found to be negative.
Head and Face: Reviewed and found to be negative.
Eyes: Reviewed and found to be negative.
ENT: Reviewed and found to be negative.
Cardiovascular: Reviewed and found to be negative.
Respiratory: Reviewed and found to be negative.
Gastrointestinal: Reviewed and found to be negative.
Genitourinary: Reviewed and found to be negative.
Musculoskeletal: joint pain and muscle pain.
Integumentary and Breasts: Reviewed and found to be negative.
Neurological: Reviewed and found to be negative.
Psychiatric: Reviewed and found to be negative.
Endocrine: Reviewed and found to be negative.
Hematologic and Lymphatic: Reviewed and found to be negative.

Past Medical Review Statement

PAST MEDICAL, SOCIAL, FAMILY HISTORY: Noncontributory based on review of comprehensive questionnaire except as detailed in the HPI.

History of Present Illness

Dictated By: MITULKUMAR PATEL

Dictated On: 11/4/2014 9:14 AM

Concentra Medical Centers
3900 Paradise Rd Ste V Las Vegas, NV 89169
Phone: (702) 369-0500 Fax: (702) 369-3406

Transcription

Patient:	Ibanez-Ramirez, Manuel A.	Service Date:	11/4/2014
Soc. Sec. #:	[REDACTED]	Injury Date:	10/16/2014
Date of Birth:	2/2/1970 Age: 44	Employer:	Rafael Framing-Injury Care
Service Location:	CMC - LVG Paradise	Dictated By:	MITULKUMAR PATEL
Service ID #:	1201400622	Diagnosis:	922.31 Contusion of back

Notes:

Patient is mostly having pain in the neck and lower back area. lower back with decreased range of motion.
Interpreter present- maggie ma.

Patient is returning for a recheck of injuries stated below:

Complaint of neck pain. The pain is located in the right posterior neck, right lateral neck, right trapezius and right shoulder. The symptoms occur constantly. He described his pain as sharp and throbbing in nature. Associated symptoms include neck muscle spasm and shoulder pain, but no decreased neck range of motion. Exacerbating factors include arm movement. Relieving factors include nonsteroidal anti-inflammatory drugs.

Complaint of shoulder pain.

Injury History: Injury history as previously documented. It was the result of a direct impact. Pain is located in the right posterior shoulder and scapular spine. He describes his pain as sharp and throbbing in nature. He describes this as severe, a current pain level of 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. Exacerbating factors include shoulder movement, shoulder rotation, arm elevation and lifting. No reported relieving factors, taking ibuprofen but is not helping. his rx for skelaxin and norco was not filled from last visit. p.t. is pending as well

Complaint of back pain. The pain is located in the low back bilaterally and in the sacroiliac regions. The pain is intermittent. He describes his pain as dull and aching in nature. He describes this as moderate in severity. Symptoms are improving. Associated symptoms include back stiffness, decreased lateral bending, decreased extension, decreased flexion, insomnia, no decreased spine range of motion, no urinary retention and no lower extremity weakness. Exacerbating factors include bending and lifting.

Patient is NOT taking the medication as prescribed as the authorization was pending
Patient has been referred to physical therapy: as the authorization was pending
Patient is using brace/splint/assistive device as prescribed and is tolerating well and has a relief of pain
Work status history: Patient has been working transitional duty.

Physical Exam

Constitutional: Well appearing and well nourished. In no acute distress.

Head/Face: Normocephalic, atraumatic, and no tenderness.

Dictated By: MITULKUMAR PATEL

Dictated On: 11/4/2014 9:14 AM

Concentra Medical Centers
 3900 Paradise Rd Ste V Las Vegas, NV 89169
 Phone: (702) 369-0550 Fax: (702) 369-3490

Transcription

Patient:	Ibanez-Ramirez, Manuel A.	Service Date:	11/4/2014
Soc. Sec. #:	[REDACTED]	Injury Date:	10/16/2014
Date of Birth:	2/2/1970 Age: 44	Employer:	Rafael Framing-Injury Care
Service Location:	CMC - LVG Paradise	Dictated By:	MITULKUMAR PATEL
Service ID #:	1201400622	Diagnosis:	922.31 Contusion of back

Notes:

Eyes: Conjunctiva and lids with no swelling, erythema or discharge. Pupils are equal, round, and reactive to light and cornea clear.

ENT: No erythema or edema of the external ears or nose.

Neck: The neck was supple. The neck was tender.

Pulmonary: No increased work of breathing or signs of respiratory distress. All lung fields clear to auscultation bilaterally.

Cardiovascular: Normal rate and rhythm, normal S1 and S2, without gallops or rubs. No murmur. Carotid pulses 2+ bilaterally with no bruits. Extremities are warm with no edema or varicosities.

Musculoskeletal: Cervical Spine: Cervical Spine: Appearance: Normal. Tenderness: cervical spine (muscular, paraspinal, spinal, C3, C4, C5, C6, C7, T1 and T2), right paraspinal and right trapezius muscle. Palpatory findings include right-sided muscle spasms. ROM: Full. Neuro/Vascular: neurovascular function intact. and Lumbosacral Spine: Lumbosacral Spine: Appearance: Normal except. Tenderness: None lumbar spine (paraspinal, spinal, L3, L4, L5 and S1). Palpatory Findings include bilateral muscle spasms. Flexion was restricted and was painful. Extension was restricted and was painful. Neuro/Vascular: neurovascular function intact. Thoracic spine without kyphosis, no tenderness, full ROM.

Psychiatric: Oriented to person, place, and time. Mood and affect are appropriate.

ASSESSMENT

1. Lumbar contusion (922.31)
2. Contusion of right shoulder (923.00)
3. Injury of cervical spine (952.00)
4. Contusion of neck (920)

Plan

1. Physical Therapy Referral Physical Therapy Consult Status: Complete Done: 04Nov2014 11:13AM
 Ordered; For: Contusion of neck, Contusion of right shoulder, Injury of cervical spine, Lumbar contusion; Ordered By: PATEL, MITULKUMAR Performed: Due: 18Nov2014
 Marked Important
 PT Frequency : 3 x week
 Duration : 2 weeks
 Therapy Order : Evaluate and Treat
2. Start: Start: Cyclobenzaprine HCl - 10 MG Oral Tablet (Cyclobenzaprine HCl); TAKE 1 TABLET AT BEDTIME
 Rx By: PATEL, MITULKUMAR; Dispense: 15 Days ; #: 15 Tablet; Refill: 0; For: Contusion of neck, Injury of cervical spine; DAW = N; Record
3. Start: Start: Naproxen 500 MG Oral Tablet (Naprosyn); TAKE 1 TABLET EVERY 12 HOU

Dictated By: MITULKUMAR PATEL

Dictated On: 11/4/2014 9:14 AM

440

Concentra Medical Centers
3600 Paradise Rd Ste V Las Vegas, NV 89169
Phone: (702) 389-0560 Fax: (702) 389-3496

Transcription

Patient:	Ibanez-Ramirez, Manuel A.	Service Date:	11/4/2014
Soc. Sec. #:	[REDACTED]	Injury Date:	10/16/2014
Date of Birth:	2/2/1970 Age: 44	Employer:	Rafael Framing-Injury Care
Service Location:	CMC - LVG Paradise	Dictated By:	MITULKUMAR PATEL
Service ID #:	1201400622	Diagnosis:	922.31 Contusion of back

Notes:

AS NEEDED

Rx By: PATEL, MITULKUMAR; Dispense: 15 Days ; #:30 Tablet; Refill: 0; For: Contusion of right shoulder, Lumbar contusion; DAW = N; Record

Activity Status and Restrictions**Treatment Status:**

Returning for follow-up: 11/11/14

Activity Status

Return to modified work/activity today.

Activity Status Comment: no bending and limit use of right hand.

Restrictions: Occasionally = up to 3 hrs/day, Frequently = up to 6 hrs/day,
Constantly = up to 8 hours or greater per day

May lift up to 10 lbs, occasionally.

No reaching above shoulders with affected extremity(s)

Signatures

Electronically signed by : MITULKUMAR PATEL, M.D.: Nov 4 2014 11:14AM CST - Author

Dictated By: MITULKUMAR PATEL

Dictated On: 11/4/2014 9:14 AM

Claim Number: 5012127120150195

Concentra Medical Centers8800 Paradise Rd Ste V Las Vegas, NV 89169
Phone: (702) 369-0500 Fax: (702) 369-3496

Service Date: 11/04/2014

Case Date: 10/16/2014

Physician Work Activity Status Report

Patient: Ibanez-Ramirez, Manuel A.

SSN: [REDACTED]

Address: 5620 Eugene Ave
LAS VEGAS, NV 89108

Home: (702) 504-9637

Work: (702) 401-5011 Ext.:

Employer Location: Rafael Framing-Injury Care

Address: 5870 Construction Ave

Las Vegas, NV 891227332

Auth. by: Javier Gonzalez

Contact: Alan Nieh

Role: Primary Contact

Phone: (702) 451-5511 Ext.:

Fax: (702) 451-6111

This Visit: Time In: 07:50 am

Time Out: 09:17 am

Recordable: N/A

Visit Type: Recheck

Treating Provider: Mitulkumar Patel, MD

Medications:

Diagnosis: 922.31 Contusion of back
 846.0 Lumbosacral Strain
 873.00 Contusion of Shoulder
 952.00 C1-C4 Level Spinal Cord Injury, Unspecified

- ☐ Dispensed Prescription Medication to Patient
☐ Dispensed Over-The-Counter Prescription
☒ Written Prescription given to Patient

Patient Status:**Modified Activity - Returning for follow-up visit****Restricted Activity (in effect until next physician visit):**

May lift up to 10 lbs Occasionally

Return to work on 11/04/2014 with the following restrictions

No reaching above shoulders with affected extremity(s)

Remarks: no reaching above shoulders with affected extremity

Employer Notice:

The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Anticipated Date of Maximum Medical Improvement:**Actual Date of Maximum Medical Improvement:****Next Visit(s):**

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Tuesday November 11, 2014 9:15 am

Provider/Facility: Mitulkumar Patel, MD

142

Concentra Medical Centers
19101 Paradise Rd Ste V Las Vegas, NV 89103
Phone: (702) 369-0560 Fax: (702) 369-3496

Service Date: 11/04/2014

Patient Referral**Patient Information:**

Patient: Ibanez-Ramirez, Manuel A.
SSN: [REDACTED]
Address: 5620 Eugene Ave
LAS VEGAS, NV 89108

Home Phone: (702) 504-9637
Work Phone: (702) 401-5011 Ext:
DOI: 10/16/2014
DOB: 02/02/1970

Therapy Referral Information:

Referral Status: Pending Referral Dept

REFERRAL PRESCRIPTION

Provider Type: Physical Therapist

Requested

Total Treatments: 6
Treatments per Week: 3
Treatment Duration: 2 Weeks

Request Comments:

Diagnosis

Code	Description
922.81	Contusion of back
923.00	Contusion of Shoulder

Additional Notes

Date: 11/04/2014

Referring Provider: Mitulkumar Patel, MD
*** Provider Signature on File ***

Number of Visits to Date: 0

Authorized

Total Treatments:
Treatments per Week:
Treatment Duration:
Authorization Comments:

Auth Number:
Effective Date:
Expiration Date:
Units Authorized:

SCANNED

Approved under med necessity only JHC

NOTE TO THE ABOVE FACILITY OR PHYSICIAN:
Please send a copy of all reports on this patient to the payer and the center.

11/5/14

Request for Additional Medical Information And Medical Release

(Pursuant to NRS 616C.177 & 616C.490(4))

Injured Employee's Name: Manuel Ibanez
 Claim Number: 5012-1271-2015-0195 Social Security Number: [REDACTED]
 Injured Employee's Address: 5620 Eugene ave. Las Vegas NV 89108
 Injury/Occupational Disease Date: 10.16.14 Date this Notice Printed: _____
 Insurer's Name: Associated Risk Management Inc. Employer: Rafael Framers
 Insurer's Address: P.O. Box 4930 Carson City NV 89702 Employer's Address: _____

Please provide the information requested below, sign and date the form, and return it to your insurer. Your signature on this form also acts as a release to acquire information affecting your claim from other entities. This renews the release you signed on your C-4 form at the time your claim was submitted to your insurer. Failure to fully complete and return this form to your claims agent in a timely manner could affect your benefits or delay the resolution of your claim.

Prior History Information

Please check the appropriate box below and provide the information requested.

- ☐ I have no prior conditions, injuries or disabilities of which I am aware, that might affect the disposition of the claim referenced above. (If you checked this box, no further information is needed at this point)
- ☒ I have a prior condition, injury or disability that could affect the disposition of the claim referenced above. This can include birth defects, prior surgeries, injuries, etc., whether work related or not. (If you checked this box, indicating a pre-existing condition, please explain in detail in the space below. Please attach additional sheets of paper to this form if necessary to fully explain the condition)

Lower back problem. drs Notes attached

[illegible]

D-30 (Rev. 12-87)

ARMI 31

144

Injured Worker: MANUEL IBANEZ

Claim No: 5012-1271-2015-0195

LIST OF PAST & PRESENT EMPLOYERS

Information provided may be verified with your past/present employer.

Employer: Elephant Bar & Restaurant

Address: 2270 Village Walk Dr. Henderson, NV 89052

Phone: (702) 361-7468

Dates: Like 2 years ago

Job Title: BUSSER

Job Duties: Clean tables

Physical Requirements of the Job: lifting/carrying dish trays.

How Many Hours Worked Per Week: 32 hrs.

Was any lifting required? Yes X ^{minimal.} No _____

How many pounds of lifting? 30 lbs.

Did you have any on the job injuries with this employer? Yes _____ No X

If yes, please give dates and body parts injured: _____

Please provide the information requested above, sign and date the form, and return it to your insurer. Your signature on this form also acts as a release to acquire information affecting your claim from other entities. This renews the release you signed on your C-4 form at the time your claim was submitted to the insurer. Your signature acts as a release to employers to release employment records required to adjudicate your claim for workers' compensation benefits. Failure to fully complete and return this form to your claims agent in a timely manner could affect your benefits or delay the resolution of your claim.

Employee's Signature

Manuel Ibanez

11/9/14

Date

Injured

RECEIVED

NOV 11 2014

ARMI 32

145

Injured Worker: MANUEL IBANEZ

Claim No: 5012-1271-2015-0195

LIST ALL PRIOR CLAIMS FILED FOR ACCIDENTS/INJURIES - WHETHER INDUSTRIAL OR NON-INDUSTRIAL -- WHICH YOU HAVE FILED THROUGHOUT YOUR LIFETIME.

PER NEVADA REVISED STATUTES 616D.300, 616D.370 AND 617.400 - 617.402, TO DELIBERATELY WITHHOLD ANY MEDICAL INFORMATION IS A FRAUDULENT ACT PUNISHABLE BY LAW.

Claim No: 770744 Date of Injury: 4-4-06
Employer: Rafael Framers Body Part (s): LOW Back/spine
Nature of Injury: ☒ Industrial ☐ Non-Industrial Settlement/Amount Received: \$ 29,000.00 ^{not} _{sure}.
Ronald Kong - 501 S. Rancho suite A-5 Las Vegas NV 89106
Attending Physician's Name/Address for above-captioned injury

Claim No: NOT SURE Date of Injury: 8/2011
Employer: _____ Body Part (s): right leg, lower back
Nature of Injury: ☐ Industrial ☒ Non-Industrial Settlement/Amount Received: \$ 15,000.00
Medical solutions / NV Comprehensive Center, Terry A Kers, D.C.
Attending Physician's Name/Address for above-captioned injury

Claim No: _____ Date of Injury: _____
Employer: _____ Body Part (s): _____
Nature of Injury: ☐ Industrial ☐ Non-Industrial Settlement/Amount Received: \$ _____

Attending Physician's Name/Address for above-captioned injury

Injured Employee's Signature

Manuel Ibanez

11/9/14
Date

Please use as many of these forms as it takes to list all accidents/injuries throughout lifetime.

RECEIVED

NOV 14 2014

ARMY 33

1146

Injured Worker: MANUEL IBANEZ

Claim No: 5012-1271-2015-0195

Have you ever filed a workers' compensation claim in this state or any other state or country before?

Yes

☒

No

☐

If yes, have you ever received a settlement or buyout for the claim?

Yes

☒

No

☐

Please list the body part(s) and the amount of the settlement or buyout and the employer under whom the award was received.

Rafael Framers. \$29,000 not exactly sure.
Lower back.

Please list your primary care physician(s) and any other doctors/medical providers whom you have seen in the past 20 years for the affected body part or for underlying conditions that were not work related or claim-related:

Primary Care Physician, address, phone:

Medical Provider name, address, phone:

Medical Provider name, address, phone:

Medical Provider name, address, phone:

Please attach additional sheets as needed. Thank you for your cooperation.

Manuel Ibanez

Injured Employee's Signature

11/9/14
Date

RECEIVED

NOV 13 2014

11/13/2014

ARMI 34

1047

Injured Worker: MANUEL IBANEZ

Claim No: 5012-1271-2015-0195

Treating Physicians/Treatment Dates:

N/A

Hospitals:

N/A

Surgeries:

N/A

Diagnostic Studies:

N/A

Other medical information/misc.:

N/A

Please use additional sheets as needed. Thank you for your cooperation.

Injured Employee Signature

Manuel Ibanez

Date

11/9/14

RECEIVED

NOV 12 2014

U.S. DEPARTMENT OF
LABOR - BUREAU OF

ARMI 35

118



2120 Polaris Lane, Suite 100, Las Vegas, NV 89104 • 3930 S Eastern Avenue, Suite 100, Las Vegas, NV 89119
7200 Cathedral Rock Drive, Suite 230, Las Vegas, NV 89138 • 60 N. Pecos Road, Henderson, NV 89074
2511 W Horizon Ridge Pkwy, Henderson, NV 89154

PATIENT NAME
IBANEZ, MANUEL • Aet: 810011018 • DOB: 02/02/1970 • AGE/SEX: 38/M

EXAM DATE: 07/13/08 • EXAM: MRI - LUMBAR WITHOUT CONTRAST

AT THE REQUEST OF
ROBERT HAYES, MD
4680 S WYNN RD
LAS VEGAS, NV 89103
721480

LOCATION: C ROCK (702) 759-4300

ACCESSION: 10052002

INDICATION FOR EXAM: 724.2 Low Back Pain

TECHNIQUE: Multiphase imaging was performed using a variety of different pulse sequences on a high field strength magnet.

FINDINGS: Vertebral bodies demonstrate normal height, signal and alignment.

Distal spinal cord is unremarkable.

L4-5: A right foraminal disc protrusion is identified with associated annular rent. The rightward disc protrusion narrows the right foramen moderately and abuts the exiting right L4 nerve root sleeve. Does the patient have right L4 radiculopathy?

L5-S1: Central disc protrusion which indents the thecal sac. No high grade foraminal narrowing or central canal stenosis at this level. No compressive discopathy.

Remainder of the lumbar disc spaces are unremarkable without focal protrusion, foraminal narrowing or central canal stenosis.

The visualized musculature of the back is unremarkable without definite evidence of high grade sprain.

C Rounded area of high signal intensity on the T2-weighted sequence in the mid-pole of the right kidney which could represent a cyst. Further evaluation with ultrasound would be the next step in the diagnostic algorithm to further evaluate this finding.

IMPRESSION:

1. L4-5: Right foraminal soft disc protrusion abutting the exiting right L4 nerve root sleeve as the dominant finding.

RH

RECEIVED
S & C CLAIMS
AUG 09 2008
RECEIVED

No. 2606 P. 6

04.11.2006 1:30PM DR'S KONG AND SORIANO

ARMI 36

149

PATIENT: MANUEL IBANEZ ACCOUNT NO: 910011019 - DOB: 02-02-1970

2. Central disc protrusion at L5-S1. For additional details and pertinent negatives, please see the body of the report.

Dictated By: Yung Cho, M.D.
kls

Released By - Desert Radiologists:

RECEIVED

NOV 12 2014

S & C CLAIMS
AUG 09 2006
RECEIVED

No. 2606 P. 7

OCT. 11. 2006 1:30PM DR'S KONG AND SORIANO

ARM 37

1150

3900 Paradise Rd Ste V Las Vegas, NV 89169 (702) 369-0560

Patient:	Ibanez-Ramirez, Manuel A	Service Date:	11/11/2014
Soc. Sec. #	[REDACTED]	Injury Date:	10/16/2014
Date of Birth:	02/02/1970 Age: 44	Employer:	Rafael Framing-Injury Care
Service Location:	CMC - LVG Paradise		5870 Construction Ave
Service ID #:	1201405200		
Claim #:	5012127120150195		Las Vegas, NV 89122
Dictator:	MITULKUMAR PATEL		
Diagnosis:	922.31 Contusion of back		

Notes: Reason For Visit

Chief Complaint: The patient presents today with no pain post PT. Had first PT session today, currently working light duty. Self reported. Workers Compensation - Patients Occupation: Carpenter.

Vitals

Vital Signs [Data Includes: Current Encounter]
Recorded by : Martinez, Rocio at 11Nov2014 09:37AM
Temperature: 97.8 F, Tympanic
Systolic: 150, LUE
Diastolic: 93, LUE
Heart Rate: 88
Respiration: 12
Height: 5 ft 8 in
Weight: 165 lb
BMI Calculated: 25.09
BSA Calculated: 1.88
Pain Scale: 0/10

Review of Systems

Constitutional: Reviewed and found to be negative.
Head and Face: Reviewed and found to be negative.
Eyes: Reviewed and found to be negative.
ENT: Reviewed and found to be negative.
Cardiovascular: Reviewed and found to be negative.
Respiratory: cough.
Gastrointestinal: Reviewed and found to be negative.
Genitourinary: Reviewed and found to be negative.
Musculoskeletal: joint pain, muscle pain and back pain.
Integumentary and Breasts: Reviewed and found to be negative.
Neurological: Reviewed and found to be negative.
Psychiatric: Reviewed and found to be negative.
Endocrine: Reviewed and found to be negative.
Hematologic and Lymphatic: Reviewed and found to be negative.

Past Medical Review Statement

PAST MEDICAL, SOCIAL, FAMILY HISTORY: Noncontributory based on review of comprehensive questionnaire except as detailed in the HPI.

History of Present Illness

Patient continues to have lot of pain but is little better pain with bending. has been working with p.t which has been helping.

Patient is returning for a recheck of injuries stated below:

Patient is taking the medication(s) as prescribed and is improving
Patient has been referred to physical therapy: And has attended 1 number of therapy visits since the last visit.

SCANNED

RECEIVED

DEC 01 2014
Dictated By: MITULKUMAR PATEL

Dictated On: Nov 12 2014 7:23AM

Printed Date: 11/22/2014

ASSOCIATES Page 1
MANAGEMENT 38

151

Concentra

Transcription

3900 Paradise Rd Ste V Las Vegas, NV 89169 (702) 369-0560

Patient:	Ibanez-Ramirez, Manuel A	Service Date:	11/11/2014
Soc. Sec. #	[REDACTED]	Injury Date:	10/16/2014
Date of Birth:	02/02/1970 Age: 44	Employer:	Rafael Framing-Injury Care
Service Location:	CMC - LVG Paradise		5870 Construction Ave
Service ID #:	1201405200		
Claim #:	5012127120150195		Las Vegas, NV 89122
Dictator:	MITULKUMAR PATEL		
Diagnosis:	922.31 Contusion of back		

Notes: Work status history: Patient has been working transitional duty.

Physical Exam

Constitutional: Well appearing and well nourished. In no acute distress.

Head/Face: Normocephalic, atraumatic, and no tenderness.
Eyes: Conjunctiva and lids with no swelling, erythema or discharge. Pupils are equal, round, and reactive to light and cornea clear.
ENT: No erythema or edema of the external ears or nose.
Neck: The neck was supple. The neck was tender.
Pulmonary: No increased work of breathing or signs of respiratory distress. All lung fields clear to auscultation bilaterally.
Cardiovascular: Normal rate and rhythm, normal S1 and S2, without gallops or rubs. No murmur. Carotid pulses 2+ bilaterally with no bruits. Extremities are warm with no edema or varicosities.
Musculoskeletal: Cervical Spine: Cervical Spine: Appearance: Normal. Tenderness: cervical spine (muscular, paraspinal, spinal, C3, C4, C5, C6, C7, T1 and T2); right paraspinal and right trapezius muscle. Palpatory findings include right-sided muscle spasms. ROM: Full. Neuro/Vascular: neurovascular function intact. and Lumbosacral Spine: Lumbosacral Spine: Appearance: Normal except. Tenderness: None lumbar spine (paraspinal, spinal, L3, L4, L5 and S1). Palpatory Findings include bilateral muscle spasms. Flexion was restricted and was painful. Extension was restricted and was painful. Neuro/Vascular: neurovascular function intact. Thoracic spine without kyphosis, no tenderness, full ROM.
Psychiatric: Oriented to person, place, and time. Mood and affect are appropriate.

ASSESSMENT

1. Contusion of neck (920)
2. Contusion of right shoulder (923.00)
3. Injury of cervical spine (952.00)
4. Lumbar contusion (922.31)

Plan

The diagnoses and treatment plan were discussed with the patient. The patient expressed understanding and was told to keep their scheduled appointments for follow-up and/or to return to Concentra as needed.

Activity Status and Restrictions

Treatment Status:
Returning for follow-up: 11/20/14
Activity Status

RECEIVED

DEC 01 2014

Dictated By: MITULKUMAR PATEL
MANAGEMENT, INC

Dictated On: Nov 12 2014 7:23AM

Printed Date: 11/22/2014

ARM 39

Concentra

Transcription

3900 Paradise Rd Ste V Las Vegas, NV 89169 (702) 369-0560

Patient:	Ibanez-Ramirez, Manuel A	Service Date:	11/11/2014
Soc. Sec. #	[REDACTED]	Injury Date:	10/16/2014
Date of Birth:	02/02/1970 Age: 44	Employer:	Rafael Framing-Injury Care
Service Location:	CMC - LVG Paradise		5870 Construction Ave
Service ID #:	1201405200		
Claim #:	5012127120150195		Las Vegas, NV 89122
Dictator:	MITULKUMAR PATEL		
Diagnosis:	922.31 Contusion of back		

Notes: Return to modified work/activity today.
Activity Status Comment: no bending and limit use of right hand.
Restrictions: Occasionally = up to 3 hrs/day, Frequently = up to 6 hrs/day, Constantly = up to 8 hours or greater per day

May lift up to 10 lbs, occasionally.
No reaching above shoulders with affected extremity(s)

Signatures
Electronically signed by : MITULKUMAR PATEL, M.D.; Nov 12 2014 3:49PM CST - Author

SCANNED

RECEIVED

DEC 01 2014

ASSOCIATED RISK
MANAGEMENT, INC.

Dictated By: MITULKUMAR PATEL

Dictated On: Nov 12 2014 7:23PM

Printed Date: 11/22/2014

Page: 3
ARM 40

153

Claim Number: 5012127120150195

Concentra Medical Centers8900 Paradise Rd Ste V Las Vegas, NV 89169
Phone: (702) 369-0500 Fax: (702) 369-3496

Service Date: 11/11/2014

Case Date: 10/16/2014

Therapy Appointment Detail

Patient: Ibanez-Ramirez, Manuel A.

SSN: [REDACTED]

Address: 5620 Eugene Ave
LAS VEGAS, NV 89108

Home: (702) 504-9687

Work: (702) 401-5011 Ext.:

Employer Location: Rafael Framing-Injury Care

Address: 5870 Construction Ave

Las Vegas, NV 891227332

Auth. by: Javier Gonzalez

Contact: Alan Nish

Role: Primary Contact

Phone: (702) 451-5511 Ext.:

Fax: (702) 451-5111

This Visit: Time In: 08:13 am Time Out: 09:33 am Recordable: N/A Visit Type: Recheck

Treating Provider: Amber E. Domingo, PT

Diagnosis: 922.31 Contusion of back
846.0 Lumbosacral Strain
923.00 Contusion of Shoulder
952.00 C1-C4 Level Spinal Cord Injury, Unspecified

Next Visit(s): Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.
Visit Date: Tuesday November 18, 2014 8:30 am
Provider/Facility: Amber E. Domingo, PT

Claim Number: 6012127120150195

Concentra Medical Centers3800 Paradise Rd Ste V Las Vegas, NV 89169
Phone: (702) 369-0580 Fax: (702) 369-3196

Service Date: 11/13/2014

Case Date: 10/16/2014

Therapy Appointment Detail

Patient: Ibanez-Ramirez, Manuel A.

SSN: [REDACTED]

Address: 5620 Eugene Ave
LAS VEGAS, NV 89108

Home: (702) 504-9637

Work: (702) 401-5011 Ext.:

Employer Location: Rafael Framing-Injury Care

Address: 5870 Construction Ave

Las Vegas, NV 891227332

Auth. by: Javier Gonzalez

Contact: Alan Nish

Role: Primary Contact

Phone: (702) 451-5611 Ext.:

Fax: (702) 451-8111

This Visit: Time In: 08:46 am Time Out: 09:43 am Recordable: N/A Visit Type: Recheck

Treating Provider: Amber E. Domingo, PT

Diagnosis: 922.31 Contusion of back
845.0 Lumbosacral Strain
923.00 Contusion of Shoulder
952.00 C1-C4 Level Spinal Cord Injury, Unspecified**Next Visit(s):** Patient Notice: It is essential to your recovery that you keep your scheduled appointments; but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Tuesday November 18, 2014 8:30 am

Provider/Facility: Amber E. Domingo, PT

Visit Date: Tuesday November 18, 2014 9:15 am

Provider/Facility: Mitulkumar Patel, MD

Concentra**Transcription**

3900 Paradise Rd Ste V Las Vegas, NV 89169 (702) 369-0560

Patient:	Ibanez-Ramirez, Manuel A	Service Date:	11/13/2014
Soc. Sec. #	[REDACTED]	Injury Date:	10/16/2014
Date of Birth:	02/02/1970 Age: 44	Employer:	Rafael Framing-Injury Care
Service Location:	CMC - LVG Paradise		5870 Construction Ave
Service ID #:	1201406243		
Claim #:	5012127120150195		Las Vegas, NV 89122
Dictator:	AMBER DOMINGO		
Diagnosis:	922.31 Contusion of back		

Notes: Visit History

Total visit(s) (cumulative total): 2
Missed Previous Appointments: 0

Current Meds

1. Cyclobenzaprine HCl 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME;
Therapy: 04Nov2014 to (Evaluate:19Nov2014); Last Rx:04Nov2014 Ordered
2. Hydrocodone-Acetaminophen 10-325 MG Oral Tablet; 1/2 to 1 bid prn severe pain;
Therapy: 28Oct2014 to (Last Rx:28Oct2014) Ordered
3. Naproxen 500 MG Oral Tablet (Naprosyn); TAKE 1 TABLET EVERY 12 HOURS AS
NEEDED;
Therapy: 04Nov2014 to (Evaluate:19Nov2014); Last Rx:04Nov2014 Ordered
4. Metaxalone 800 MG Oral Tablet (Skelaxin); TAKE 1 TABLET 3 TIMES DAILY;
Therapy: 28Oct2014 to (Evaluate:07Nov2014); Last Rx:28Oct2014 Ordered
5. Ibuprofen 800 MG Oral Tablet;
Therapy: (Recorded:28Oct2014) to Recorded

History of Present Condition

Patient Status: Pt states that he is in a lot of pain in his R shoulder and lower back. Pt states that he was let go from his job since last visit.
History and intake information gathered via use of interpreter.

Activity Status and Restrictions**Treatment Status:**

Returning for follow-up: 1 week

Activity Status:

Return to modified work/activity today.

Activity Status Comment: Per pt he is no longer employed by employer.

Restrictions: Occasionally = up to 3 hrs/day, Frequently = up to 6 hrs/day, Constantly = up to 8 hours or greater per day

May lift up to 10 lbs, occasionally.

No reaching above shoulders with affected extremity(s)

Tests and Measures**Left Shoulder:**

Left shoulder is normal in appearance with no tenderness to palpation. Range of motion and strength are within normal limits

Right Shoulder:**PAIN:**

Pain Rating: 6/10

POSTURE/OBSERVATION:

Amber Domingo, PT, DPT
Dictated By: AMBER DOMINGO

Dictated On: Nov 13 2014 10:28AM

Printed Date: 11/16/2014

ARMI 43

3900 Paradise Rd Ste V Las Vegas, NV 89169 (702) 369-0560

Patient:	Ibanez-Ramirez, Manuel A	Service Date:	11/13/2014
Soc. Sec. #	[REDACTED]	Injury Date:	10/16/2014
Date of Birth:	02/02/1970 Age: 44	Employer:	Rafael Framing-Injury Care
Service Location:	CMC - LVC Paradise		5870 Construction Ave
Service ID #:	1201406243		
Claim #:	5012127120150195		Las Vegas, NV 89122
Dictator:	AMBER DOMINGO		
Diagnosis:	S22.31 Contusion of back		

Notes: Mild forward head. Mild rounded shoulders. Mild decreased lumbar lordosis.

GAIT:

Normal gait with no observed deviations.

APPEARANCE/PALPATION:

Shoulder: Moderate tenderness diffusely.

Palpation Comment: GH, AC joint

Flexion: AROM of 95 degrees and 4/5 muscle performance

Extension: AROM of 10 degrees

Abduction: AROM of 85 degrees and 4/5 muscle performance

Internal Rotation: 4/5 muscle performance

External Rotation: 3+/5 muscle performance

SPECIAL TESTS:

Deferred high pain

Impairment Goals

PAIN: Initial Value: 4/10. Goal: Pain Free. Current Value: 6/10. Goal Status:

Regressing from goal

FLEXION AROM: Initial Value: 95 degrees. Goal: 160 degrees.

ABDUCTION AROM: Initial Value: 85 degrees. Goal: 160 degrees.

EXTERNAL ROTATION MUSCLE PERFORMANCE: Initial Value: 3+/5. Goal: 5/5.

Lumbar spine:

PAIN:

Pain Rating: 8/10

POSTURE/OBSERVATION:

Mild decreased lumbar lordosis.

APPEARANCE/PALPATION:

Paraspinal Muscles:

Moderate increased muscle tone

Moderate tenderness bilaterally

Piriformis:

Mild increased muscle tone on the left

Moderate increased muscle tone on the right.

Mild tenderness on the left

Moderate tenderness on the right.

Flexion: AROM of 25 degrees.

Extension: AROM of 5 degrees.

Left Thoracolumbar Sidebending: AROM of 15 degrees. Pain on R.

Right Thoracolumbar Sidebending: AROM of 15 degrees. Pain on R.

SPECIAL TESTS:

Straight Leg Raise Test Sitting: Negative

Straight Leg Raise Test Supine: Positive Pain in lumbar area, no radicular symptoms.

Crossed Straight Leg Raise Test: Negative

Centralization: Negative

Slump Test: Negative

Catch: Negative

Painful Arc: Negative

Gower's Sign: Negative

Reversed Lumbopelvic Rhythm: Positive

Test Cluster for Instability specificity (Sp): aberrant movement

Clinical Prediction Rule for Spinal Manipulation specificity (Sp) and positive likelihood

ratio (+LR): hypomobility in lumbar spine

Dictated By: AMBER DOMINGO

3900 Paradise Rd Ste V Las Vegas, NV 89169 (702) 369-0560

Patient: Ibanez-Ramirez, Manuel A
 Soc. Sec. # [REDACTED]
 Date of Birth: 02/02/1970 Age: 44
 Service Location: CMC - LVG Paradise
 Service ID #: 1201406243
 Claim #: 5012127120150195
 Dictator: AMBER DOMINGO
 Diagnosis: 922.31 Contusion of back

Service Date: 11/13/2014
 Injury Date: 10/16/2014
 Employer: Rafael Framing-Injury Care
 5870 Construction Ave
 Las Vegas, NV 89122

Notes: NEUROVASCULAR SCREEN:
 Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
 Lumbar L1-L5: Anterior glide is hypomobile and painful. , PAIN: Initial Value: 5/10. Goal: Pain Free. Current Value: 8/10.
Impairment Goals
 FLEXION AROM: Initial Value: 25 degrees. Goal: 80 degrees. Current Value: 25 degrees.
 Goal Status: Not measured this visit
 EXTENSION AROM: Initial Value: 5 degrees. Goal: 20 degrees. Current Value: 5 degrees.
 Goal Status: Not measured this visit
 LEFT SIDEBENDING AROM: Initial Value: 15 degrees. Goal: 20 degrees. Current Value: 15 degrees. Goal Status: Not measured this visit
 RIGHT SIDEBENDING AROM: Initial Value: 15 degrees. Goal: 20 degrees. Current Value: 15 degrees. Goal Status: Not measured this visit
Essential Function/ADE Goals
 Lifting/carrying Goal: 50# Current Value: nt Goal Status: Not addressed in this visit
 reaching Goal: overhead no pain Current Value: limited and painful Goal Status: Making minimal progress toward goal

Evaluation

1. Contusion of neck (920)
2. Contusion of right shoulder (923.00)
3. Lumbar contusion (922.31)

Therapy Assessment

Overall Progress: Slower than Expected, Pt tolerated treatment well. Progressive stretching, ROM continued today within tolerance. Pt had no complaints, no pain behaviours with any ther ex performed today.
 Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
 Treatment Progression: Continue therapy per treatment plan.

Intervention/Charges**Modalities:**

Unattended Electrical Stimulation

Moist Hot Pack

Skin check: Inspection of the patient's skin after completion of the electro modality revealed no significant skin changes other than normal mild erythema.

Visit Type:**Procedure Charges:**

Therapeutic Exercises: 3 units , 45 minutes

Lumbar Procedures**Therapeutic Exercises:**

Piriformis Stretch:

repeated ext with foam roll

Vigor/Total gym: L8 3 x 10

RECEIVED

NOV 13 2014

[Signature] AMBER DOMINGO, PT, DPT
 Dictated by: AMBER DOMINGO

Concentra

Transcription

3900 Paradise Rd Ste V Las Vegas, NV 89169 (702) 369-0560

Patient:	Ibanez-Ramirez, Manuel A	Service Date:	11/13/2014
Soc. Sec. #	[REDACTED]	Injury Date:	10/16/2014
Date of Birth:	02/02/1970 Age: 44	Employer:	Rafael Framing-Injury Care
Service Location:	CMC - LVG Paradise		5870 Construction Ave
Service ID #:	1201406243		
Claim #:	5012127120150195		Las Vegas, NV 89122
Dictator:	AMBER DOMINGO		
Diagnosis:	922.31 Contusion of back		

Notes: Manual Therapy:
Soft Tissue Mobilization: lumbar ps

* included as Home Exercise Program

Shoulder Procedures
Therapeutic Exercises:
Pulleys:
table slides flex/scap
upper trap stretch

* included as Home Exercise Program

Signatures

Electronically signed by : AMBER DOMINGO, PT/ Nov 13 2014 12:29PM CST - Author

Amber Domingo, PT, DPT
Initiated By: AMBER DOMINGO

Claim Number: 5012127120150195

Concentra Medical Centers3900 Paradise Rd Ste V Las Vegas, NV 89169
Phone: (702) 360-0500 Fax: (702) 360-3496

Service Date: 11/18/2014

Case Date: 10/16/2014

Physician Work Activity Status Report

Patient: Ibanez-Ramirez, Manuel A.

SSN: [REDACTED]

Address: 5620 Eugene Ave
LAS VEGAS, NV 89108

Home: (702) 504-9637

Work: (702) 401-5011 Ext.:

Employer Location: Rafael Framing-Injury Care

Address: 5870 Construction Ave

Las Vegas, NV 891227332

Auth. by: Javier Gonzalez

Contact: Alan Nish

Role: Primary Contact

Phone: (702) 451-5511 Ext.:

Fax: (702) 451-6111

This Visit: Time In: 09:42 am

Time Out: 10:44 am

Recordable: N/A

Visit Type: Recheck

Treating Provider: Mitulkumar Patel, MD

Medications:

Diagnosis: 922.31 Contusion of back

846.0 Lumbosacral Strain

923.00 Contusion of Shoulder

932.00 C1-C4 Level Spinal Cord Injury, Unspecified

V70.0 Routine General Medical Examination At A Health Care Fc

☐ Dispensed Prescription Medication to Patient☐ Dispensed Over-The-Counter Prescription☐ Written Prescription given to Patient**Patient Status:****Modified Activity - Referred, but returning for follow-up visit****Restricted Activity (in effect until next physician visit):**

Return to work on 11/18/2014 with the following restrictions

Remarks: no bending and limit use of right hand. May lift up to 10 lbs, occasionally.
No reaching above shoulders with affected extremity(s)**Employer Notice:**

The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Anticipated Date of Maximum Medical Improvement:**Actual Date of Maximum Medical Improvement:****Next Visit(s):**

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Thursday November 20, 2014 8:30 am

Provider/Facility: Amber E. Domingo, PT

Visit Date: Tuesday December 2, 2014 8:00 am

Provider/Facility: Mitulkumar Patel, MD

3900 Paradise Rd Ste V Las Vegas, NV 89169 (702) 369-0560

Patient:	Ibáñez-Ramírez, Manuel A	Service Date:	11/18/2014
Soc. Sec. #	[REDACTED]	Injury Date:	10/16/2014
Date of Birth:	02/02/1970 Age: 44	Employer:	Rafael Framing-Injury Care
Service Location:	CMC - LVG Paradise		5870 Construction Ave
Service ID #:	1201409358		
Claim #:	5012127120150195		Las Vegas, NV 89122
Dictator:	AMBER DOMINGO		
Diagnosis:	922.31 Contusion of back		

Notes: Visit History

Total visit(s) (cumulative total): 3
Missed Previous Appointments: 0

Current Meds

1. Cyclobenzaprine HCl 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME;
Therapy: 04Nov2014 to (Evaluate:19Nov2014); Last Rx:04Nov2014 Ordered
2. Hydrocodone-Acetaminophen 10-325 MG Oral Tablet; 1/2 to 1 bid prn severe pain;
Therapy: 28Oct2014 to (Last Rx:28Oct2014) Ordered
3. Naproxen 500 MG Oral Tablet (Naprosyn); TAKE 1 TABLET EVERY 12 HOURS AS
NEEDED;
Therapy: 04Nov2014 to (Evaluate:19Nov2014); Last Rx:04Nov2014 Ordered
4. Metaxalone 800 MG Oral Tablet (Skelaxin); TAKE 1 TABLET 3 TIMES DAILY;
Therapy: 28Oct2014 to (Evaluate:07Nov2014); Last Rx:28Oct2014 Ordered
5. Ibuprofen 800 MG Oral Tablet;
Therapy: (Recorded:28Oct2014) to Recorded

History of Present Condition

Patient Status: Pt states that his shoulder is feeling a little better but in regards to his lower back he still having high pain.

Activity Status and Restrictions

Treatment Status:

Returning for follow-up: 1 week

Activity Status

Return to modified work/activity today.

Activity Status Comment: Per pt he is no longer employed by employer.

Restrictions: Occasionally = up to 3 hrs/day, Frequently = up to 6 hrs/day, Constantly = up to 8 hours or greater per day

May lift up to 10 lbs, occasionally.

No reaching above shoulders with affected extremity(s)

Tests and Measures

Left Shoulder:

Left shoulder is normal in appearance with no tenderness to palpation. Range of motion and strength are within normal limits

Right Shoulder:

PAIN:

Pain Rating: 6/10

POSTURE/OBSERVATION:

Mild forward head. Mild rounded shoulders. Mild decreased lumbar lordosis.

Dictated by: AMBER DOMINGO

3900 Paradise Rd Ste V Las Vegas, NV 89169 (702) 369-0560

Patient:	Ibanez-Ramirez, Manuel A	Service Date:	11/18/2014
Soc. Sec. #	[REDACTED]	Injury Date:	10/16/2014
Date of Birth:	02/02/1970 Age: 44	Employer:	Rafael Framing-Injury Care
Service Location:	CMC - LVG Paradise		5870 Construction Ave.
Service ID #:	1201409358		
Claim #:	5012127120150195		Las Vegas, NV 89122
Dictator:	AMBER DOMINGO		
Diagnosis:	S22.31 Contusion of back		

Notes: GAIT:

Normal gait with no observed deviations.

APPEARANCE/PALPATION:

Shoulder: Moderate tenderness diffusely.

Palpation Comment: GH, AC joint

Flexion: AROM of 95 degrees and 4/5 muscle performance

Extension: AROM of 10 degrees

Abduction: AROM of 85 degrees and 4/5 muscle performance

Internal Rotation: 4/5 muscle performance

External Rotation: 3+/5 muscle performance

SPECIAL TESTS:

Deferred high pain

Impairment Goals

PAIN: Initial Value: 4/10. Goal: Pain Free. Current Value: 6/10. Goal Status:

Regressing from goal

FLEXION AROM: Initial Value: 95 degrees. Goal: 160 degrees.

ABDUCTION AROM: Initial Value: 85 degrees. Goal: 160 degrees.

EXTERNAL ROTATION MUSCLE PERFORMANCE: Initial Value: 3+/5. Goal: 5/5.

Lumbar Spine:

PAIN:

Pain Rating: 8/10

POSTURE/OBSERVATION:

Mild decreased lumbar lordosis.

APPEARANCE/PALPATION:

Paraspinal Muscles:

Moderate increased muscle tone

Moderate tenderness bilaterally

Piriformis:

Mild increased muscle tone on the left

Moderate increased muscle tone on the right.

Mild tenderness on the left

Moderate tenderness on the right.

Flexion: AROM of 25 degrees

Extension: AROM of 5 degrees.

Left Thoracolumbar Sidebending: AROM of 15 degrees. Pain on R.

Right Thoracolumbar Sidebending: AROM of 15 degrees. Pain on R.

SPECIAL TESTS:

Straight Leg Raise Test Sitting: Negative

Straight Leg Raise Test Supine: Positive Pain in lumbar area, no radicular symptoms.

Crossed Straight Leg Raise Test: Negative

Centralization: Negative

Slump Test: Negative

Catch: Negative

Painful Arc: Negative

Gower's Sign: Negative

Reversed Lumbopelvic Rhythm: Positive

Test Cluster for Instability specificity (Sp): aberrant movement

Clinical Prediction Rule for Spinal Manipulation specificity (Sp) and positive likelihood ratio (+LR): hypomobility in lumbar spine

NEUROVASCULAR SCREEN:

Amber Domingo, PT, DPT
 Dictated by: AMBER DOMINGO

Concentra

Transcription

3900 Paradise Rd Ste V Las Vegas, NV 89169 (702) 369-0560

Patient: Ibanez-Ramirez, Manuel A
Soc. Sec. #: [REDACTED]
Date of Birth: 02/02/1970 Age: 44
Service Location: CMC - LVG Paradise
Service ID #: 1201409358
Claim #: 5012127120150195
Dictator: AMBER DOMINGO
Diagnosis: 922.31 Contusion of back

Service Date: 11/18/2014
Injury Date: 10/16/2014
Employer: Rafael Framing-Injury Care
5870 Construction Ave
Las Vegas, NV 89122

Notes: Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.

JOINT MOBILITY:

Lumbar L1-L5: Anterior glide is hypomobile and painful. PAIN: Initial Value: 5/10. Goal: Pain Free. Current Value: 8/10.

Impairment Goals

FLEXION AROM: Initial Value: 25 degrees. Goal: 80 degrees. Current Value: 25 degrees. Goal Status: Not measured this visit

EXTENSION AROM: Initial Value: 5 degrees. Goal: 20 degrees. Current Value: 5 degrees. Goal Status: Not measured this visit

LEFT SIDEBENDING AROM: Initial Value: 15 degrees. Goal: 20 degrees. Current Value: 15 degrees. Goal Status: Not measured this visit

RIGHT SIDEBENDING AROM: Initial Value: 15 degrees. Goal: 20 degrees. Current Value: 15 degrees. Goal Status: Not measured this visit

Essential Function/ADL Goals

lifting/carrying Goal: 50# Current Value: nt Goal Status: Not addressed in this visit

reaching Goal: overhead no pain Current Value: limited and painful Goal Status: Making minimal progress toward goal

Evaluation

1. Lumbar contusion (922.31)
2. Injury of cervical spine (952.00)
3. Contusion of right shoulder (923.00)
4. Contusion of neck (920)

Therapy Assessment

Overall Progress: Slower than Expected, Progressive stretching and RoM continued within tolerance. Progressive core strengthening continued today within tolerance. Pt given frequent rest breaks with ther ex today. Pt tolerated manual therapy well. Pt complains of higher pain on R lumbar, however increased tone is noted on the L

Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.

Treatment Progression: Continue therapy per treatment plan.

Intervention/Charges

Modalities:

Unattended Electrical Stimulation

Location: To affected area

Length of Time: 15 minutes

E-Stim Type: Premodulated Current with hot pack

Reason/Goal for treatment includes increase tissue pliability and decrease pain.

Moist Hot Pack

Location: To affected area

Length of Time: 15 minutes

Reason/Goal for treatment includes increase tissue pliability and decrease pain.

Skin check: Inspection of the patient's skin after completion of the electro modality revealed no significant skin changes other than normal mild erythema.

Amber Domingo, PT, DPT
Dictated By: AMBER DOMINGO

3900 Paradise Rd Ste V Las Vegas, NV 89169 (702) 369-0560

Patient:	Ibanez-Ramirez, Manuel A	Service Date:	11/18/2014
Soc. Sec. #	[REDACTED]	Injury Date:	10/16/2014
Date of Birth:	02/02/1970 Age: 44	Employer:	Rafael Framing-Injury Care
Service Location:	CMC - LVG Paradise		5870 Construction Ave
Service ID #:	1201409358		
Claim #:	5012127120150195		Las Vegas, NV 89122
Dictator:	AMBER DOMINGO		
Diagnosis:	922.31 Contusion of back		

Notes: Visit Type:
Procedure Charges:
Therapeutic Exercises: 3 units , 40 minutes
Manual Therapy: 1 unit , 8 minutes

Lumbar Procedures
Therapeutic Exercises:
Piriformis Stretch:
repeated ext with foam roll
seated lumbar flexion
Vigor/Total gym: L8 3 x 10
Bridging:
Manual Therapy:
Soft Tissue Mobilization: lumbar ps

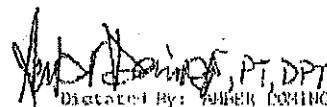
* included as Home Exercise Program

Shoulder Procedures
Therapeutic Exercises:
Arm Ergometer Seated: 10 min
Pulleys:
table slides flex/scap
upper trap stretch

* included as Home Exercise Program

Signatures

Electronically signed by : AMBER DOMINGO, PT; Nov 18 2014 12:49PM CST - Author


Dictated By: AMBER DOMINGO



*ASSOCIATED RISK
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

November 18, 2014

Concentra Fax: 866-325-5838
P O BOX 9010
BROOMFIELD, CO 80021-0000

RE:	Claimant:	MANUEL IBANEZ
	Employer:	RAFAEL FRAMERS/RAFAEL CONCRETE
	Date of Injury:	October 16, 2014
	Claim Number:	5012-1271-2015-0195
	Body Part:	Cervical and Lumbar

To Whom It May Concern:

We are in receipt of a claim filed by the injured worker identified above for an industrial injury. Associated Risk Management, Inc. is the third party administrator (TPA) for Builders Association of Western Nevada. The injured worker's employer is a member of Builders Association of Western Nevada.

In an effort to control medical and compensation costs, we are approving, in advance, an MRI of the body part/s identified above, on a rule-out basis only, to aid in determining the diagnosis and developing a treatment plan.

We have found that early documentation of these findings may assist in expediting the appropriate treatment recommendations.

We thank you in advance for your time in regard to this matter. If you have any questions or need more information, please contact our office at (775) 883-4440 or (800) 935-0640.

Sincerely,

Teri Kinne
Claims Examiner

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

ARMI 52

165

Concentra Medical Centers
3800 Paradise Rd Ste V Las Vegas, NV 89169
Phone: (702) 369-0560 Fax: (702) 369-3496

Transcription

Patient:	Ibanez-Ramirez, Manuel A.	Service Date:	11/18/2014
Soc. Sec. #:	[REDACTED]	Injury Date:	10/16/2014
Date of Birth:	2/2/1970 Age: 44	Employer:	Rafael Framing-Injury Care
Service Location:	CMC - LVG Paradise	Dictated By:	MITULKUMAR PATEL
Service ID #:	1201409449	Diagnosis:	922.31 Contusion of back

Notes:

Reason For Visit

Chief Complaint: The patient presents today with 7/10 lumbar pain. Pain on lumbar spine is constant. Pain on R shoulder comes and goes. Overall feels the same from when he 1st started PT, last night felt worse than other days. Self reported.
Workers Compensation - Patients Occupation: Carpenter.

Vitals

Vital Signs [Data Includes: Current Encounter]

Recorded by: Martinez, Rocio at 18Nov2014 09:48AM

Temperature: 98.1 F, Tympanic

Systolic: 147, LUE

Diastolic: 90, LUE

Heart Rate: 73

Respiration: 12

Height: 5 ft 8 in

Weight: 165 lb

BMI Calculated: 25.09

BSA Calculated: 1.88

Pain Scale: 7/10

Past Medical History Review

PAST MEDICAL, SOCIAL, FAMILY HISTORY: Non-contributory based on review of interval history except as detailed in the clinical documentation.

History of Present Illness

Patient is returning for a recheck of injuries stated below: patient here s/p p.t. and feels that he is worse. the back especially only helped by taking the pain medications. he is on light duty presently. . patient with predominantly constant lower back pain and intermittent right upper neck and shoulder discomfort.

Complaint of neck pain.

Complaint of shoulder pain.

Complaint of back pain.

Review of Systems

Constitutional: Reviewed and found to be negative.

Head and Face: Reviewed and found to be negative.

Eyes: Reviewed and found to be negative.

Dictated By: MITULKUMAR PATEL

Dictated On: 11/18/2014 10:34 AM

Last Update: 11/18/2014 10:34:00

Transcription Page 1 of 1

Last Updated By: patient x1

© 1995 - 2014 Concentra Operating Corporation All Rights Reserved.

Transcription Printed Date: 11/19/2014

Form Revision Date: 11/17/2009

ARMI 53

1000

Concentra Medical Centers
3800 Paradise Rd Ste V Las Vegas, NV 89169
Phone: (702) 369-0500 Fax: (702) 360-3406

Transcription

Patient:	Ibanez-Ramirez, Manuel A.	Service Date:	11/18/2014
Soc. Sec. #:	[REDACTED]	Injury Date:	10/16/2014
Date of Birth:	2/2/1970 Age: 44	Employer:	Rafael Framing-Injury Care
Service Location:	CMC - LVG Paradise	Dictated By:	MITULKUMAR PATEL
Service ID #:	T201409449	Diagnosis:	922.31 Contusion of back

Notes:

ENT: Reviewed and found to be negative.
Cardiovascular: Reviewed and found to be negative.
Respiratory: Reviewed and found to be negative.
Gastrointestinal: Reviewed and found to be negative.
Genitourinary: Reviewed and found to be negative.
Musculoskeletal: Joint pain, muscle pain, back pain and night pain.
Integumentary and Breasts: Reviewed and found to be negative.
Neurological: Reviewed and found to be negative.
Psychiatric: Reviewed and found to be negative.
Endocrine: Reviewed and found to be negative.
Hematologic and Lymphatic: Reviewed and found to be negative.

Physical Exam

Constitutional: Well appearing and well nourished. In mild distress.

ENT: No erythema or edema of the external ears or nose.
Neck: The neck was supple. The neck was tender.
Pulmonary: No increased work of breathing or signs of respiratory distress. All lung fields clear to auscultation bilaterally.
Cardiovascular: Normal rate and rhythm, normal S1 and S2, without gallops or rubs.
Musculoskeletal:
Right Shoulder: Appearance: Normal. Tenderness: rhomboid, scapula, trapezius muscle and supraspinatus muscle. ROM: Full.
Right Upper Arm: Appearance normal. No deformity. No tenderness. FROM. Strength normal.
Right Elbow: Appearance normal. No deformity. No tenderness. FROM. Strength normal.
Cervical Spine: Appearance: Normal. Tenderness: cervical spine and right trapezius muscle. Palpation: right-sided muscle spasms. ROM: Full.
Thoracic Spine: Appearance: Normal. Tenderness: thoracic spine and right paraspinal.
Lumbosacral Spine: Appearance: Normal. Tenderness: level l3-l5 lumbar spine.
Palpation: bilateral muscle spasms.
Flexion: AROM of 45 degrees. Neuro/Vascular: neurovascular function intact.
Special Tests: negative Straight Leg Raise.
Psychiatric: Oriented to person, place, and time. Mood and affect are appropriate.

ASSESSMENT

1. Contusion of neck (920)
2. Contusion of right shoulder (923.00)
3. Lumbar contusion (922.31)

Dictated By: MITULKUMAR PATEL

Dictated On: 11/18/2014 10:34 AM

Concentra Medical Centers
3000 Paradise Rd Ste V Las Vegas, NV 89109
Phone: (702) 369-0560 Fax: (702) 369-3496

Transcription

Patient:	Ibanez-Ramirez, Manuel A.	Service Date:	11/18/2014
Soc. Sec. #:	[REDACTED]	Injury Date:	10/16/2014
Date of Birth:	2/2/1970 Age: 44	Employer:	Rafael Framing-Injury Care
Service Location:	CMC - LVG Paradise	Dictated By:	MITULKUMAR PATEL
Service ID #:	1201409449	Diagnosis:	922.31 Confusion of back

Notes:

4. Encounter for preventive health examination (V70.0)

Plan

1. Physical Medicine and Rehab Referral Physician Referral transfer of care.

persisten

pain in lower back // right shoulder / neck after contusion injury. worsening and

needing

pain medications ongoing.

within 7-10 days. Status: Complete Done: 18Nov2014

Ordered ASAP; For: Confusion of neck, Contusion of right shoulder, Injury of cervical spine, Lumbar contusion; Ordered By: PATEL, MITULKUMAR Performed: Due: 02Dec2014 Marked Important

2. Start: Start: Hydrocodone-Acetaminophen 5-325 MG Oral Tablet; TAKE 1 TABLET EVERY 6 HOURS AS NEEDED

Rx By: PATEL, MITULKUMAR; Dispense: 8 Days ; #:30 Tablet; Refill: 0; For: Health Maintenance; DAW = N; Record

3. MRI, spinal canal and contents, lumbar; without contrast material Status: Hold For - To

Be Completed Requested for: 18Nov2014

Perform: Outside Radiology Order Comments: mri of the lumbar spine without contrast.

Due: 25Nov2014 Marked Important; Ordered; For: Lumbar contusion; Ordered By: PATEL, MITULKUMAR

The diagnoses and treatment plan were discussed with the patient. The patient expressed understanding and was told to keep their scheduled appointments for follow-up and/or to return to Concentra as needed.

Activity Status and Restrictions

Treatment Status:

Returning for follow-up: 10-14 days if not seen by physiatry.

Specialist Referral - Assume Care. Diagnostic test referral.

Activity Status

Return to modified work/activity today.

Dictated By: MITULKUMAR PATEL

Dictated On: 11/18/2014 10:34 AM

Concentra Medical Centers
3000 Paradise Rd Ste V Las Vegas, NV 89169
Phone: (702) 369-0560 Fax: (702) 369-3486

Transcription

Patient:	Ibanez-Ramirez, Manuel A.	Service Date:	11/18/2014
Soc. Sec. #:	[REDACTED]	Injury Date:	10/16/2014
Date of Birth:	2/2/1970 Age: 44	Employer:	Rafael Framing-Injury Care
Service Location:	CMC - LVG Paradise	Dictated By:	MITULKUMAR PATEL
Service ID #:	1201409449	Diagnosis:	922.31 Contusion of back

Notes:

Activity Status Comment: no bending and limit use of right hand.
Restrictions: Occasionally = up to 3 hrs/day, Frequently = up to 6 hrs/day,
Constantly = up to 8 hours or greater per day

May lift up to 10 lbs., occasionally.
No reaching above shoulders with affected extremity(s)

Signatures

Electronically signed by : MITULKUMAR PATEL, M.D.; Nov 18 2014 12:33PM CST - Author

Dictated By: MITULKUMAR PATEL

Dictated On: 11/18/2014 10:34 AM

Concentra Medical Centers
2010 Paradise Rd Ste V Las Vegas, NV 89109
Phone: (702) 369-0860 Fax: (702) 369-3495

Service Date: 11/18/2014

Patient Referral

Patient Information:

Patient: Ibanez-Ramirez, Manuel A.
SSN: [REDACTED]
Address: 5620 Eugene Ave
LAS VEGAS, NV 89108

Home Phone: (702) 504-9637
Work Phone: (702) 401-5011 Ext:
DOI: 10/16/2014
DOB: 02/02/1970

Provider Referral Information:

Referral Status: Pending Referral Dept
Evaluation: Referral for Treatment
Priority: Routine

REFERRAL PRESCRIPTION**Recommended Provider:**

Provider Type: Specialist
Specialty: Physiatrist

Referral Purpose

Referral Focus: Hemispheric
Other - neck, shoulder, back: Right

Diagnosis

Code	Description
846.0	Lumbosacral Strain
922.31	Contusion of back
923.00	Contusion of Shoulder
952.00	C1-C4 Level Spinal Cord Injury, Unspecified
V70.0	Routine General Medical Examination At A Health Care Facility

Additional Notes:

Date: 11/18/2014

Referring Provider: Mitulkumar Patel, MD

*** Provider Signature on File ***

****NOTE TO THE ABOVE FACILITY OR PHYSICIAN:**

Please send a copy of all reports on this patient to the payer and the center.

Concentra Medical Centers
3000 Paradise Rd Ste V Las Vegas, NV 89169
Phone: (702) 369-0980 Fax: (702) 369-3496

Service Date: 11/18/2014

Patient Referral**Patient Information:**

Patient: Ibanez-Ramirez, Manuel A.
SSN: [REDACTED]
Address: 5620 Eugene Ave
LAS VEGAS, NV 89168

Home Phone: (702) 504-9837
Work Phone: (702) 401-5011 Ext:
DOI: 10/16/2014
DOB: 02/02/1970

Facility Referral Information:

Referral Status: Pending Referral Dept
Priority: Routine

REFERRAL PRESCRIPTION**Recommended Facility:**

Facility Type: Test Center
Facility Services: MRI

Referral Purpose

Referral Focus	Hemisphere	Ruleout	Contrast
Lumbar Spine	[none]	Internal derangement	Without

Diagnosis

Code	Description
845.0	Lumbosacral Strain

Additional Notes:

Date: 11/18/2014

Referring Provider: Mitulkumar Patel, MD

*** Provider Signature on File ***

Approved for diagnostic purposes only
TR 11/18/14

****NOTE TO THE ABOVE FACILITY OR PHYSICIAN:**

Please send a copy of all reports on this patient to the payer and the center.