

APPLICATION FOR REIMBURSEMENT OF CLAIM RELATED TRAVEL EXPENSES
(Pursuant to NAC 616C.150)

Please type or print and provide all the information requested. Keep and be prepared to provide, if requested, any receipts relating to your reimbursement request.

Electronically Filed
Mar 27 2020 04:18 p.m.
Elizabeth A. Brown
Clerk of Supreme Court

Name (Last, First, Middle Initial) Zbáñez Manuel	Claim Number 5012127120518
Present Address (P.O. Box, Apt. No., Street) 5620 Eugene Ave.	Social Security Number [REDACTED]
City Las Vegas State NV Zip 89108	Date of Injury 10/16/14
Residence at time of injury:	(For Insurer's Use Only) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Initials & Date

REPORT TRAVEL WEEKLY. See reverse side of this form for the regulations under which you may be reimbursed for claim related travel. Be aware that any misrepresentation may be considered fraud and is in violation of Nevada law.

Date	Beginning Point of Travel Address	Destination Name/Address	Enter Travel Time	Leave Travel Time	Daily Expense Reimbursement				Miles One Way	Mileage Allowed (For Interview Use Only)
					Meals:			Lodging		
					B	L	D			
10-16-14	Cottonwood Development Boulder City NV	5550 S. Polaris Ave. Ste 100 Las Vegas NV 89118							25.67	
10-21	5620 EUGENE AVE. LAS VEGAS NV 89108	3900 Paradise Ave. V Las Vegas NV 89169							9.7	
10-28	5620 EUGENE AVE Las Vegas NV 89108	" "							9.7	
11-04	5620 EUGENE AVE LAS VEGAS NV 89108	" "							9.7	
11-11	5620 EUGENE AVE LAS VEGAS NV 89108	" "							9.7	
11-18	5620 EUGENE AVE LAS VEGAS NV 89108	" "							9.7	
11-20	5620 EUGENE AVE LAS VEGAS NV 89108	5495 S. Rainbow Las Vegas NV 89140							8.6	
11-20	5495 S. Rainbow Blvd LAS VEGAS NV 89169	3900 Paradise Ste V LAS VEGAS NV 89169							6.6	
TOTAL MILES:									89.37	
Total of _____ Miles X 2 @ \$ _____ . _____ per Mile =										

I hereby certify that the record provided above is correct to the best of my knowledge and that all of the mileage for which I am requesting reimbursement is related to or is for treatment authorized under Nevada Revised Statute (NRS) 616A to 616D, inclusive or chapter 617 of NRS. I understand that the reporting of false information may disqualify me from receiving workers' compensation benefits, and may subject me to criminal and civil penalties. I certify under penalty of perjury that the above information is correct to the best of my knowledge.

Manuel Zbáñez
Injured Employee's Signature

11/20/14
Date

Manuel Ibanez-Ramirez - Page 1 of 2



NEVADA IMAGING CENTERS



Managed By SimonMed Imaging

FINAL

NIC - Spring Valley
DIAGNOSTIC IMAGING REPORT

Patient: Ibanez-Ramirez, Manuel Sex: M DOB: Feb 02, 1970 Age: 44 Diag. Imaging# 1868928
Status: Outpatient
Referring Physician: MITULKUMAR PATEL M.D.

Exam # 8196334 - Nov 20, 2014 - MRI - LUMBAR SPINE W/O CONTRAST

CLINICAL HISTORY: Persistent low back pain after trauma

COMPARISON: None.

TECHNIQUE: Images were obtained in multiple planes and with varying pulse sequences on the 3.0 Tesla MRI system. The examination includes sagittal STIR sequences.

FINDINGS: There is mild levoscoliosis of the lumbosacral spine. Multilevel degenerative endplate changes are identified most marked at L5-S1. There is no evidence of abnormal signal intensity involving the region of the conus medullaris.

There are 5 lumbar type vertebral bodies as determined by the total spine scout image.

T11-12: There is degenerative disc signal with an approximate 2 mm intervertebral disc bulge. There is no significant narrowing of the spinal canal or neural foramina.

L1-2: Mild facet arthropathy is noted at this level.

L2-3: Mild facet arthropathy is noted at this level.

L3-4: Mild facet arthropathy is noted at this level.

L4-5: There is degenerative disc signal with an approximate 2 mm intervertebral disc bulge with mild facet arthropathy.

L5-S1: There is degenerative disc signal with an approximate 3 mm intervertebral disc bulge with mild facet arthropathy and moderate bilateral neural foraminal narrowing.

CONCLUSION:

1. Mild levoscoliosis of the lumbosacral spine with degenerative changes.
2. T11-12 intervertebral disc bulge.

ARMI 60

1173

Manuel Ibanez-Ramirez - Page 2 of 2

4. L5-S1 intervertebral disc bulge with moderate bilateral neural foraminal narrowing.

5. Multilevel facet arthropathy.

dd: Nov 20, 2014

Reported by: William W. Orrison Jr. M.D.

Electronically signed by: William W. Orrison Jr. M.D.

Thank you for your kind referral. If you require further assistance, please contact our Radiologist Hotline at 480-551-8264.

NOTICE: This information has been disclosed to you from records protected by Federal and State confidentiality rules (42CFR Part 2 and/or ARS 16-1661). The rules prohibit you from making any further disclosure of this information unless further disclosure is explicitly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by statute.

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

Patient:	Ibanez-Ramirez, Manuel A	Service Date:	11/20/2014
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 #:	1201410914		
Claim #:	5012127120150195		Las Vegas, NV 89122
Dictator:	AMBER DOMINGO		
Diagnosis:	922.31 Contusion of back		

Notes: Visit History

Total visit(s) (cumulative total): 4
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. Hydrocodone-Acetaminophen 5-325 MG Oral Tablet; TAKE 1 TABLET EVERY 6 HOURS
AS NEEDED;
Therapy: 18Nov2014 to (Evaluate: 26Nov2014); Last Rx: 18Nov2014 Ordered
5. Metaxalone 800 MG Oral Tablet (Skelaxin); TAKE 1 TABLET 3 TIMES DAILY;
Therapy: 28Oct2014 to (Evaluate: 07Nov2014); Last Rx: 28Oct2014 Ordered
6. Ibuprofen 800 MG Oral Tablet;
Therapy: (Recorded: 28Oct2014) to Recorded

History of Present Condition

Patient Status: Pt states that he still feels the same with high pain in his shoulder and lower back. Pt states that he did have an MRI this morning of his lower back only.

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.

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)

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

RECEIVED

AMBER DOMINGO, PT, DPT
Dictated By: AMBER DOMINGO
DEC 01 2014

Dictated On: Nov 20 2014 0:55AM

Printed Date: 11/22/2014

ASSOCIATED RISK
MANAGEMENT, INC. Page: 1

ARMI 62

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

Patient:	Ibanez-Ramirez, Manuel A	Service Date:	11/20/2014
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 #:	1201410914		
Claim #:	5012127120150195		Las Vegas, NV 89122
Dictator:	AMBER DOMINGO		
Diagnosis:	922.31 Contusion of back		

Notes: Right Shoulder:**PAIN:**

Pain Rating: 6/10

POSTURE/OBSERVATION:

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

RECEIVED

DEC 01 2014

Amber Domingo, PT, DPT ASSOCIATED RISK
 Dictated By: AMBER DOMINGO/AMBER MANAGEMENT, INC.

Dictated On: Nov 20 2014 9:55AM

Printed Date: 11/22/2014

Page: 2

ARMI 63

176

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

Patient:	Ibanez-Ramirez, Manuel A	Service Date:	11/20/2014
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 #:	1201410914		
Claim #:	5012127120150195		Las Vegas, NV 89122
Dictator:	AMBER DOMINGO		
Diagnosis:	922.31 Contusion of back		

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

Therapy Assessment

Overall Progress: Slower than Expected, Progressive ROM, strengthening and stretching continued today within tolerance. Pt reported improvement in lumbar pain but shoulder was sore after therapy 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

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.

RECEIVED

DEC 01 2014
 AMBER DOMINGO, PT, DPT
 Dictated by: AMBER DOMINGO
 ASSOCIATED RISK
 MANAGEMENT #15

Dictated On: Nov 20 2014 9:55AM

Printed Date: 11/22/2014

Page: 3

ARMI 64

177

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

Patient:	Ibanez-Ramirez, Manuel A	Service Date:	11/20/2014
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 #:	1201410914		
Claim #:	5012127120150195		Las Vegas, NV 89122
Dictator:	AMBER DOMINGO		
Diagnosis:	922.31 Contusion of back		

Notes:

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: 4 units , 35 minutes

Lumbar Procedures:

Therapeutic Exercises:

Piriformis Stretch:

repeated ext with foam roll

seated lumbar flexion

Vigor/Total gym: LB 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

lat press OTB

rowing OTB

* included as Home Exercise Program

Signatures

Electronically signed by : AMBER DOMINGO, PT; Nov 20 2014 11:55AM CST - Author

RECEIVED

DEC 01 2014

Amber Domingo
ASSOCIATED RISK
MANAGEMENT, INC.
Dictated By: AMBER DOMINGO

Dictated On: Nov 20 2014 9:55AM

Printed Date: 11/22/2014

Page: 4

ARMI 65

Claim Number: 5012127120150195

Concentra Medical Centers3900 Paradise Rd Ste V Las Vegas, NV 89169
Phone: (702) 369-0560 Fax: (702) 369-3196

Service Date: 11/20/2014

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) 451-5511 Ext.:

Fax: (702) 451-6111

This Visit: Time In: 08:41 am

Time Out: 10:02 am

Recordable: N/A

Visit Type: Recheck

Treating Provider: Amber E. Domingo, PT

Diagnosis: 922.31 Contusion of back

848.0 Lumbosacral Strain

923.00 Contusion of Shoulder

952.00 C1-C4 Level Spinal Cord Injury, Unspecified

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

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: Monday November 24, 2014 8:30 am

Provider/Facility: Amber E. Domingo, PT

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

Provider/Facility: Mitul Kumar Patel, MD

Claim Number: 5012127120150195

Concentra Medical Centers0900 Paradise Rd Ste V Las Vegas, NV 89159
Phone: (702) 369-0660 Fax: (702) 369-3496

Service Date: 11/24/2014

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) 451-5511 Ext.:

Fax: (702) 451-6111

This Visit: Time In: 00:21 am Time Out: 09:39 am Recordable: N/A Visit Type: Racheck

Treating Provider: Amber E. Domingo, PT

Diagnosis: 922.31 Contusion of back
848.0 Lumbosacral Strain
923.00 Contusion of Shoulder
952.00 C1-C4 Level Spinal Cord Injury, Unspecified
V70.0 Routine General Medical Examination At A Health Care Fa**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 December 2, 2014 7:00 am

Provider/Facility: Amber E. Domingo, PT

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

Provider/Facility: Milukumar 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

November 26, 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

Dear MANUEL IBANEZ:

Please be advised we have authorized a transfer of care to Dr. Reynold Rimoldi. An appointment has been scheduled for you on **Monday, December 1, 2014 at 9:40 a.m.** Please arrive at 9:10 a.m. to fill out any necessary paperwork. His office is located at:

Dr. Reynold Rimoldi
2650 N. Tenaya Way, #301
Las Vegas, NV 89128

Please contact Dr. Rimoldi's office at 702-258-3744 to confirm your appointment.

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

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

Sincerely,

Teri Kinne
Claims Examiner

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

ARM 68

1081



2650 North Tenaya Way Suite 301
Las Vegas, Nevada 89128
MANUEL IBANEZ

Phone: (702) 878-0393
Fax: (702) 258-3777
MRN #: 780730

1505 Wigwam Parkway Suite 330
Henderson, Nevada 89074
DOB: 02/02/1970 44 years

Date: 12/01/2014 09:58 AM

Orthopedic Evaluation

History of Present Illness

The patient is a 44-year old male who presents for a cervical spine intake.

Additional reasons for visit:

Lumbar sprain/strain

work related injury

Transition into care is described as the following:

The patient is transitioning into care from another physician.

Chief complaint: Cervical spine pain right shoulder and right upper extremity pain and low back pain.

Esther present illness: This patient works as a carpenter. He indicates that while he was working on October 16, 2014 he was working on a first story project. He indicates that a coworker dropped a 2 x 4 that struck him in his right trapezial region. He indicates that the coworker was approximately 5 feet above him. The patient complained of neck low back and right shoulder pain. He has been seen at the Concentra Medical Center for conservative treatment consisting of medications and therapy. He indicates that the therapy and medications have not benefited him. He indicates that he has not worked since the incident. He has had an MRI but only of his lumbar spine. This was done on November 20 of 2014. This shows degenerative changes only. He is here for an evaluation regarding work related injuries to his neck, right shoulder and right upper extremity, and his lumbar spine.

History

Allergy

No Known Drug Allergies (12/01/2014)

Past Medical

Strain, Lumbar

Strain, Cervical

Other Medical History

Alcohol Abuse 12/01/2014: no

Drug Dependence 12/01/2014: no

Fracture Treatment no

High blood pressure

Therapy

Social

Alcohol use 12/01/2014: occasional

Current Drug Rehab 12/01/2014: no

Current some day smoker

Current work status 12/01/2014: no

Disabled no

Exercise Tolerance Stairs 12/01/2014: 3-4

Home assistance available 12/01/2014: yes

Illicit drug use 12/01/2014: no

Past Drug Rehab 12/01/2014: no

Right or Left Handed right

Tobacco use 12/01/2014: current some day smoker; for 1-5 years; no cans of smokeless/chewing tobacco

MANUEL IBANEZ

Patient #: 780730

DOB: 02/02/1970 (44 years)

Wednesday, December 3, 2014

This fax was sent with GFI FAXmaker fax server from Nevada Orthopedic & Spine Center

ARM 69

Medications

Hydrocodone-Acetaminophen (5-325MG Tablet, 1 Oral as needed) Active.
Naprosyn (250MG Tablet, 1 (one) Oral as needed) Active.
Medications Reconciled.

Past Surgical

No pertinent past surgical history

Diagnostic Studies

MRI
X-ray

12/01/2014 09:59 AM

Weight: 165 lb Height: 68 in

Body Surface Area: 1.89 m² Body Mass Index: 25.09 kg/m²

Pain level: 8/10

Pulse: 68 (Regular)

BP: 161/101 Electronic (Sitting, Right Arm, Standard)

Abnormal vital signs have been discussed with the patient. Patient has been advised to see PCP ASAP. Patient aware of high risk for heart attack and /stroke. Patient given clinical summary for today's visit.

Review of Systems

General: Present- Night Sweats, Not Present- Chills, Fever, Persistent Infections, Weight Gain, Weight Loss and Recurring Infections.

Respiratory: Present- Difficulty Breathing, Not Present- Dyspnea.

Cardiovascular: Present- Shortness of Breath, Not Present- Chest Pain, Difficulty Breathing On Exertion, Palpitations and Swelling of Extremities.

Physical Exam

Musculoskeletal

The patient is not utilizing a cervical orthosis or collar. There is no evidence of surgical scarring. The patient has posterior cervical paraspinous muscle tenderness. Range of motion is full. The patient ambulates without lateral support. The patient has intact sensation in dermatomes tested with a pinwheel tester, including dermatomes C5-T1. The myotome exam demonstrates that the patient has 5 out of 5 strength to all muscle groups tested from myotomes C5-T1. Reflexes are two over four and symmetric in the biceps, brachial radialis and triceps. Hoffman's test is negative. Gait is without evidence of myelopathy. The patient ambulates without lateral support. There is no evidence of any lumbar spine brace or corset. There is diffuse tenderness on palpation of the lumbar spine. Range of motion is limited. There is intact sensation to pinprick testing in dermatomes from lumbar 3 to sacral 1. Myotome muscle strength is 5 out of 5 in all myotomes tested from lumbar 3 through sacral 1. Reflexes at the patella and Achilles are two out of four and symmetrical. Straight leg raise is negative for radicular pain. There is no evidence of a myelopathic gait. There is no evidence of hyper-reflexes.

Musculoskeletal

Right shoulder exam: There is no ecchymosis. The contoured to his right shoulder is normal. He has active abduction to 90°. However full passive range of motion. There is no evidence of shoulder instability. The neurologic status to his right upper extremity is intact. The patient has a palpable radial pulse. MRI scan report from November 20, 2014 shows degenerative changes. There is no work-related objective finding that I see. In my opinion no further treatment for his lumbar spine. He is at maximum medical improvement for his lumbar spine. The patient has work-related strains and contusions to his cervical spine and right shoulder. I've taken x-rays of his cervical spine today that show no acute bony abnormality. This includes an AP and lateral x-ray of the cervical spine and I talked. The patient is indicated for MRI scans of his cervical spine and his right shoulder. I recommend light-duty work: Lifting up to 10 pounds. No frequent or constant pushing or pulling or work above shoulder level. Followup after the scans are completed of the cervical spine and right shoulder.

MANUEL IBANEZ

Patient #: 280730

DOB: 62/02/1970 (44 years)

Wednesday, December 3, 2014

ARM 70

Assessments & Plans

Strain, Cervical (847.0)

Procedures

Cervical X-Ray, 2 or 3 Views (Taken and Read) (1 Units)

MRI, Cervical W/O Contrast (1 Units)

Patient Education

Handout - Hypertension

Strain, Lumbar (847.2)

Sprain/Strain, Shoulder (840.9)

Procedures

MRI, Shoulder W/O Contrast - RT (1 Units)

Additional Instructions

Follow up in 4-6 weeks

The encounter was completed by REYNOLD L RIMOLDI MD.

109

12/01/2014 10:36 NEVADA ORTHOPEDIC CP-01

(FAX) 702 938 0127

P.001/001

NEVADA ORTHOPEDIC & SPINE CENTER
(702) 878-0393

2650 N. TENAYA WAY
SUITE 301
LAS VEGAS, NV 89128

1505 WIGWAM PARKWAY
SUITE 330
HENDERSON, NV 89074

PHYSICIAN PROGRESS REPORT

ACCT #: 780730

PATIENT NAME: IBANEZ, MANUEL

PROVIDER: REYNOLD RIMOLDI, MD

CLAIM #: 5012127120150195

INSURANCE: ASSOCIATED RISK MANAGEMENT

EMPLOYER NAME: RAFAEL FRAMERS

DATE OF INJURY: 10/16/2014 INJURED AREA: CERVICAL, LUMBAR, AND RT SHOULDER

INITIAL HISTORY:

2X4 FELL ON SHLDR

ADJ TERI KINNE

775-883-4440 P

800-621-5006 F

PHYSICAL EXAMINATION: tender C-spine (R)
LS + (R) shoulder ROM
decreased

X-RAY/DIAGNOSTIC RESULTS: mmf L-spine deg Δ
orally C-spine - nil

DIAGNOSIS / TREATMENT PLAN: mmf
Neck mmf (R) + C-spine

MEDICATION PRESCRIBED: _____

DISABILITY STATUS

RESTRICTIONS:

___ FULL DUTY / NO RESTRICTIONS: _____ (Date)
___ TEMPORARILY DISABLED, FROM _____ TO _____
☒ RESTRICTED / MODIFIED DUTY ON 12-1-14 ___ PERMANENT ___ TEMPORARY

NO:

___ PROLONGED SITTING ___ PULLING ___ CARRYING ___ PROLONGED STANDING
___ PROLONGED WALKING ___ LIFTING ___ PUSHING ___ CONSTANT BENDING AT WAIST
☒ CONSTANT REACHING ABOVE SHOULDER ___ STOOPING ___ FREQUENT BENDING AT WAIST
___ SQUATTING ___ KNEELING ___ LIFTING RESTRICTED TO 10 LBS.
___ DRIVING ___ CLIMBING ___ SEDENTARY ___ NO WALKING ON UNEVEN SURFACES

RETURN VISIT: 12-29-14 @ 9:40am

Provider's Signature: [Signature] Date: 12-1-14

Claim Number: 5012127120150195

Concentra Medical Centers3800 Paradise Rd Ste V Las Vegas, NV 89169
Phone: (702) 369-0560 Fax: (702) 369-3190

Service Date: 12/02/2014

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: 08:40 am Time Out: 09:27 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
952.00 C1-C4 Level Spinal Cord Injury, Unspecified
V70.0 Routine General Medical Examination At A Health Care Fa

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

Patient Status:**Modified Activity - Transferred Care**

Restricted Activity (In effect until next physician visit):

Return to work on 12/02/2014 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 December 4, 2014 9:00 am

Provider/Facility: Amber E. Domingo, PT

180

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

Patient:	Ibanez-Ramirez, Manuel A	Service Date:	12/02/2014
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 #:	1201416593		
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 7/10 pain on lumbar and R shoulder. Patient feels he is not getting any better, feels the same as when he started PT. Self reported. Workers Compensation - Patients Occupation: Carpenter.

Vitals

Vital Signs [Data Includes: Current Encounter]
 Recorded by: Martinez, Rocio at 02Dec2014 08:44AM
 Temperature: 97.9 F, Tympanic
 Systolic: 139, 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

Follow up. patient had 6 sessions of p.t. he had seen dr. rinaldi yesterday per patient. continued back pain and right shoulder pain as well as neck pain.

mri of the lumbar spine in chart.

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, 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.

Physical Exam

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

RECEIVED

DEC 15 2014

ASSOCIATED RISK
MANAGEMENT, INC

Dictated By: MITULKUMAR PATEL

Dictated On: Dec 2 2014 11:11AM

Printed Date: 12/11/2014

Page: 1

ARMI 74

107

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

Patient:	Ibanez-Ramirez, Manuel A	Service Date:	12/02/2014
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		3870 Construction Ave
Service ID #:	1201416593		
Claim #:	5012127120150195		Las Vegas, NV 89122
Dictator:	MITULKUMAR PATEL		
Diagnosis:	922.31 Contusion of back		

Notes:

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 except as noted. Abduction: AROM 120 with pain degrees. Adduction: painless. Internal rotation: painful.
 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: level 11-12 thoracic spine and right paraspinal.
 Lumbosacral Spine: Appearance: Normal. Tenderness: level 13-15 lumbar spine (L3, L4, L5 and S1). 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)
4. Injury of cervical spine (952.00)

Plan

Activity Status and Restrictions

Treatment Status:

Returning for follow-up: 14 days if not seen by physiatry.
 Specialist Referral - Assume Care. Diagnostic test referral.

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)

RECEIVED

DEC 15 2014

ASSOCIATED RISK
MANAGEMENT, INC

Dictated By:

Dictated On: Dec 7 2014 By: RAM

Printed Date: 12/11/2014

Page: 2

ARMI 75

188

Concentra

Transcription

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

Patient:	Ibanez-Ramirez, Manuel A	Service Date:	12/02/2014
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 #:	1201416593		
Claim #:	5012127120150195		Las Vegas, NV 89122
Dictator:	MITULKUMAR PATEL		
Diagnosis:	922.31 Contusion of back		

Notes:

Signatures

Electronically signed by : MITULKUMAR PATEL, M.D.; Dec 2 2014 11:28AM CST - Author

RECEIVED

DEC 15 2014

ASSOCIATED RISK
MANAGEMENT, INC

Dictated By: MITULKUMAR PATEL

Dictated On: Dec 2 2014 9:28AM

Printed Date: 12/11/2014

Page: 3

ARM 76

BT

Claim Number: 5012127120150195

Concentra Medical Centers3900 Paradise Rd Ste V Las Vegas, NV 89169
Phone: (702) 369-0560 Fax: (702) 369-3466

Service Date: 12/02/2014

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) 451-5511 Ext.:

Fax: (702) 451-6111

This Visit: Time In: 07:05 am Time Out: 08:39 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
V70.0 Routine General Medical Examination At A Health Care Fa**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.

FAX**Concentra**

To: Terri Kinne
Company:
Fax: 7758833360
Phone:

From: Anthony Allaudin
Fax: 866-325-5838
Phone: 866-665-2722

NOTES:

ATTN: Terri Kinne
Patient Name: Ibanez-Ramirez, Manuel A.
DOI: 10/16/2014
Claim# 5012127120150195
Attached: patient's transcript and referral

We are requesting authorization for an MRI of R Shoulder w/out contrast. Please provide vendors information, and/or if it's okay to schedule through Genex. Please email to aamir_allaudin@concentra.com or fax determination to 866-325-5838. Thank you so much and have a great day!

Approved MRI of (R) Shoulder
w/out contrast on a rule out
basis only. ARMI will schedule.
D. Parker

*******CONFIDENTIALITY NOTICE*******

NOTICE: This facsimile and all attachments transmitted with it may contain legally privileged and confidential information intended solely for the use of the addressee. If the reader of this message is not the intended recipient, you are hereby notified that any reading, dissemination, distribution, copying, or other use of this facsimile or its attachments is strictly prohibited. If you have received this fax in error, please notify the sender immediately and dispose the entire facsimile. Thank you.

Date and time of transmission: Tuesday, November 25, 2014 12:03:36 PM
Number of pages including this cover sheet: 06

ARMI 78

191

Claim Number: 5012127120150195

Concentra Medical Centers3900 Paradise Rd Ste V Las Vegas, NV 89169
Phone: (702) 369-0560 Fax: (702) 369-3496Service Date: 12/04/2014
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) 451-5511 Ext.:

Fax: (702) 451-6111

This Visit: Time In: 08:43 am

Time Out: 09:39 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

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

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: Monday December 8, 2014 9:00 am

Provider/Facility: Amber E. Domingo, PT

Claim Number: 5012127120150195

Concentra Medical Centers3900 Paradise Rd Ste V Las Vegas, NV 89169
Phone: (702) 369-0560 Fax: (702) 369-3496

Service Date: 12/08/2014

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) 451-5511 Ext.:

Fax: (702) 451-8111

This Visit: Time In: 08:26 am

Time Out: 09:49 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

962.00 C1-C4 Level Spinal Cord Injury, Unspecified

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

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 December 11, 2014 9:00 am

Provider/Facility: Amber E. Domingo, PT

11/10/2014 23:00

7025983411

DESERT RAD FALL

PAGE 01/02



2020 Palomino Lane #100, Las Vegas, NV 89106, (702) 759-8600
 3920 S. Eastern Ave. #100, Las Vegas, NV 89119, (702) 794-2100
 7200 Cathedral Rock Dr. #230, Las Vegas, NV 89128, (702) 759-4300
 2811 W. Horizon Ridge Pkwy., Henderson, NV 89052, (702) 759-4500
 4810 S. Wynn Road, Las Vegas, NV 89103, (702) 759-4600
 31 North Nellis Blvd, Las Vegas, NV 89110, (702) 835-4900

MEDICAL IMAGING REPORT

Report Status: FINAL

Patient Name:	IBANEZ, MANUEL	DOB: 2/2/70	Age: 44Y	Sex: M
MRN:	910011019	Service Location:	MR RM2 CATH ROCK	
		Account Number:	000627262	
Ordering Physician:	MITULKUMAR PATEL, MD	Accession Number:	2232190	
	3900 PARADISE RD	Service Date/Time:	12/10/2014 6:53AM - PST	
	LAS VEGAS, NV 89169	Order Number:	004913735	
		Study:	000242 MR SHOULDER WO CONTRAST	

MR RIGHT SHOULDER WITHOUT CONTRAST

HISTORY: Right shoulder pain with limited range of motion since initial injury sustained on October 4, 2014.

COMPARISON: None.

TECHNIQUE: Multiplanar multisequence MRI of the right shoulder was performed utilizing T1-weighted and fluid sensitive sequences, without intravenous contrast.

RECEIVED

CONTRAST: None

DEC 18 2014

FINDINGS:

ASSOCIATED RISK
MANAGEMENT, INC.

There is moderate tendinosis of the distal infraspinatus tendon, associated with a low-grade intrasubstance partial thickness tear at the footprint of the junction of the supraspinatus and infraspinatus tendons, extending to the anterior fibers of the infraspinatus tendon measuring approximately 9 mm in anteroposterior width (series 8 images 10 through 12). The teres minor tendon is intact. There is mild subscapular tendinosis with a low-grade intrasubstance partial thickness tear at the footprint measuring 3 mm in craniocaudal width (series 3 image 18, and series 9 image 15). There is no significant atrophy of the rotator cuff musculature.

The long head of the biceps tendon is intact, positioned within the intertubercular sulcus.

There is contour irregularity of the superior and posterosuperior labrum, consistent with a type II SLAP tear. The rest of the glenoid labrum is intact.

There is no fracture, malalignment, or significant marrow signal abnormality. There is no significant osteoarthritis of the glenohumeral joint.

CONFIDENTIALITY NOTICE

This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure or dissemination of which is governed by applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message by error, please notify us immediately by phone and return the original message to us by mail. Thank you.

Date Printed: 12/18/2014

Page 1 of 2

Recipient:

ARMI 81

194

Patient Name: IBANEZ, MANUEL
MRN: 910011019

DOB: 2/2/70 Age: 44Y Sex: M
Service Location: MR RM2 CATH ROCK
Account Number: 000627262

There are moderate to severe degenerative changes of the acromioclavicular joint. There is a type 2 acromion. Mild subacromial spurting predisposes to subacromial impingement.

There is no significant joint effusion. There is no significant fluid in the subacromial/subdeltoid bursa.

IMPRESSION:

Moderate infraspinatus tendinosis with a low-grade intrasubstance partial thickness tear extending from the junction of the supraspinatus/infraspinatus tendons into the anterior fibers of the infraspinatus tendon, overall measuring 9 mm in width.

Mild subscapular tendinosis with a low-grade intrasubstance partial thickness tear measuring 3 mm in width.

Type II SLAP tear involving the superior and posterosuperior labrum.

Moderate to severe acromioclavicular joint osteoarthritis.

Thank you for referring your patient to Desert Radiologists.

RECEIVED

DEC 18 2014

ASSOCIATED RISK
MANAGEMENT, INC

CC Physicians:

Report produced by voice recognition. Electronically signed by:
Radiologist: JIMMY WANG, MD
Date Signed: 12/11/14 11:06 - PST

CONFIDENTIALITY NOTICE

This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure or re-disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message by error, please notify us immediately by phone and return the original message to us by mail. Thank you.

Date Printed: 12/18/2014

Page 2 of 2

Recipient: ARMI 82

195

Claim Number: 5012127120150195

Concentra Medical Centers3900 Paradise Rd Ste V Las Vegas, NV 89169
Phone: (702) 369-0500 Fax: (702) 369-3400

Service Date: 12/11/2014

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) 504-9637

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: 08:46 am

Time Out: 09:59 am

Recordable: N/A

Visit Type: Recheck

Treating Provider: Amber E. Domingo, PT

Diagnosis: 922.31 Confusion of back

848.0 Lumbosacral Strain

923.00 Contusion of Shoulder

952.00 C1-C4 Level Spinal Cord Injury, Unspecified

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

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 December 16, 2014 9:00 am

Provider/Facility: Amber E. Domingo, PT

Claim Number: 5012127120150195

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

Service Date: 12/16/2014

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) 451-5511 Ext.:

Fax: (702) 451-6111

This Visit: Time In: 08:40 am

Time Out: 09:48 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

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

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 December 18, 2014 9:00 am

Provider/Facility: Amber E. Domingo, PT

Claim Number: 6012127120160195

Concentra Medical Centers3900 Paradise Rd Ste V Las Vegas, NV 89169
Phone: (702) 369-0560 Fax: (702) 369-3496

Service Date: 12/18/2014

Case Date: 10/16/2014

Therapy Appointment Detail

Patient: Ibanez-Ramirez, Manuel A.

SSN: [REDACTED]

Address: 6620 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: 08:36 am

Time Out: 09:28 am

Recordable: N/A

Visit Type: Recheck

Treating Provider: Amber E. Domingo, PT

Diagnosis: 922.31 Contusion of back

848.0 Lumbosacral Strain

923.00 Contusion of Shoulder

952.00 C1-C4 Level Spinal Cord Injury, Unspecified

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

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 December 23, 2014 9:00 am

Provider/Facility: Amber E. Domingo, PT

5012127120150195

TK
0

12.17.14

I Manuel Ibanez would like to request to
change my doctor Reynold Rimoldi at
Nevada Orthopedic & spine center to
George Elkanich at The Bone & Joint specialist
on 2020 Palomino Ln #220, Las Vegas NV 89106.
The reason is because unsatisfied with doctor
and dont feel comfortable with him. if
any questions please call me to (702) 504-9637.

my caseworker is Teri Kinne.

Claim #: 5012-1271-2015-0195

Manuel Ibanez

RECEIVED

DEC 22 2014

ASSISTANT SICK
CLERK
ARMY

ARMY 86

Claim Number: 5012127120150195

Concentra Medical Centers3900 Paradise Rd Ste V Las Vegas, NV 89169
Phone: (702) 369-0560 Fax: (702) 369-3486

Service Date: 12/23/2014

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) 451-5511 Ext.:

Fax: (702) 451-8111

This Visit: Time In: 08:10 am

Time Out: 09:31 am

Visit Type: Recheck

Treating Provider: Amber E. Domingo, PT

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

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.



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

December 31, 2014

RAFAEL FRAMERS/RAFAEL CONCRETE
5870 CONSTRUCTION AVE.
LAS VEGAS, NV 89122

Employer:	RAFAEL FRAMERS/RAFAEL CONCRETE
Injured Employee:	MANUEL IBANEZ
Claim No.:	5012-1271-2015-0195
Injury Date:	October 16, 2014
Enterprise:	Builders Association of Western Nevada

Request for D-8 and Wages from Employer

To Whom It May Concern:

In order to manage this claim appropriately, it is important to verify the wages of the above-mentioned injured worker. Please complete the enclosed form in full, to include 12 weeks of wages prior to and/or including the date of injury, but not going past the date of injury, and return it as soon as possible, but no later than 6 days from the date of this letter. For your convenience, you may fax the completed form to me at (775) 883-3360 or (800) 621-5006.

If your employee earns wages based upon piece work or commission, we require a full 6 months of wages instead of 12 weeks.

In an effort to protect employers from the possibility of fines from the Division of Industrial Relations, we want to make you aware that if the D-8 form and wages are requested by the TPA it means that they are required for claims management, and they must be submitted to Associated Risk Management, Inc. within 6 days of the request, otherwise the employer may be fined directly for failure to supply the requested information. Furthermore, if this claim qualifies for subsequent injury account reimbursement, no reimbursement of wage related payments including the permanent partial disability payments is payable without a D-8 from the employer. Files are audited regularly by the Division of Industrial Relations to ensure compliance.

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

Sincerely,

Sandy Belcher
Sandy L. S Belcher
Claims Examiner

Enclosure: Blank D-8 form

cc: File

ARMI 88

201

EMPLOYER'S WAGE VERIFICATION FORM

(Pursuant to NRS 616C.045(2)(d))

Please provide the following information for the employee named below by completing this form. The information is needed so that the amount of disability compensation to which your employee is entitled may be calculated. Prompt completion and return of this form will ensure the timely payment of any compensation due this injured worker. Please answer all questions and sign the form where indicated.

EMPLOYER: PLEASE PROVIDE THE FOLLOWING INFORMATION ANSWERING ALL QUESTIONS

Date: 1/5/2015 Injured Employee's Name (Last/First/M.I.): Ibanez, Manuel Social Security # [REDACTED]

Claim No.: _____ D.P.T. No.: _____ Date of Injury: 10/18/2014 Date of Hire: 9/19/2012

Was employee hired to work 40 hours per week: ☒ Yes ☐ No If no, # of hours per week: n/a # of days per week: n/a

On the date of injury, the employee's wage was: \$ 18 per ☒ Hour ☐ Day ☐ Week ☐ Month Date the wage became effective: 9/19/2012

Was vacation paid during the applicable twelve week period? no If so, during what pay period? n/a

Was sick leave paid during the applicable twelve week period? no Was the injured employee paid for any holidays during the applicable twelve week period? no Did employee receive payment for overtime during the applicable twelve week period? no Did employee receive termination pay during the applicable twelve week period? no

Provide prior wage if current wage was in effect less than 12 weeks prior to date of injury: \$ n/a per ☐ Hour ☐ Day ☐ Week ☐ Month

During this 12-week period did employee change to a job with different (1) duties, (2) hours of employment, (3) rate of pay? ☐ Yes ☒ No If so, date: n/a Explain: n/a

Does the employee receive commissions? ☐ Yes ☒ No Period of commission earned n/a to n/a

Indicate the amount of commission received over the last 8 months, or since date of hire: \$ n/a

Does the employee receive bonuses/incentive pay? ☐ Yes ☒ No Period of bonuses/incentive pay earned n/a to n/a

Indicate the amount of bonuses received over last 12 months, or since date of hire: \$ n/a

Are the commission and bonus amounts included in GROSS EARNINGS below? ☐ Yes ☒ No

Does the employee declare tips for the purpose of worker's compensation? ☐ Yes ☒ No See payroll declaration below.

Does the employee receive meals or lodging (excluding reimbursement for travel per diem)? ☐ Yes ☒ No (Do not include in gross earnings)

How many meals per day? n/a Monetary value of meals \$ n/a per ☐ Day ☐ Week ☐ Month

Lodging \$ n/a per ☐ Day ☐ Week ☐ Month

RECEIVED

ASSOCIATED RISK MANAGEMENT, INC

JAN 06 2015

TWELVE WEEK VERIFICATION FROM PAYROLL RECORDS. Report GROSS EARNINGS, include overtime payment and any other remuneration (except reimbursement for expenses). (See NAC 616C.423)

Give payroll information from _____ through _____. If employed less than twelve weeks, give gross earnings from date of hire to date of injury.

If absent from work for the following reasons, please specify the date(s) absent and the number code for the reason of absence.
 1. Certified illness or disability; 2. Institutionalized in a hospital, or other institution; 3. Enrolled as full-time student, not employed on days of attendance; 4. In military service other than training duty conducted on weekends; 5. Absent because of officially sanctioned strike; 6. Absence because of leave approved pursuant to Family and Medical Leave Act.

Payroll Period Beginning	Payroll Period Ending	Gross Salary (Excluding Tips)	Declared Tips	Payroll Period Beginning	Payroll Period Ending	Gross Salary (Excluding Tips)	Declared Tips
10/8/14	10/14/14	702.00	n/a	8/27/14	9/2/14	576.00	n/a
10/1/14	10/7/14	720.00	n/a	8/20/14	8/26/14	720.00	n/a
9/24/14	9/30/14	720.00	n/a	8/13/14	8/19/14	733.50	n/a
9/17/14	9/23/14	936.00	n/a	8/6/14	8/12/14	720.00	n/a
9/10/14	9/16/14	720.00	n/a	7/30/14	8/5/14	684.00	n/a
9/3/14	9/9/14	733.50	n/a	7/23/14	7/29/14	801.00	n/a

Dates of Absence Begin	Dates of Absence End	Reason	Dates of Absence Begin	Dates of Absence End	Reason	Dates of Absence Begin	Dates of Absence End	Reason

Pay period ends on (check one) ☐ Sunday ☐ Monday ☒ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Employee is paid: ☒ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ Other

Employee scheduled day(s) off: ☒ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☒ Saturday ☐ Other

Explain "other": _____

Date the employee last worked AFTER injury occurred: 11/11/2014 Date returned to work: 10/28/14

This information is true and correct as taken from the employee's payroll records.

By: Alan Nish Title: Safety Coordinator

Date: 1/5/2015 Employer: Rafael Framers

Insurer: ProGroup Nevada Third-Party Administrator: Associated Risk Management

ARMI 89

202



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

January 5, 2015

RAFAEL FRAMERS/RAPHAEL CONCRETE
5870 CONSTRUCTION AVE.
LAS VEGAS, NV 89122

RE: Claimant: MANUEL IBANEZ
Claim #: 5012-1271-2015-0195
Date of Injury: October 16, 2014

Request for Pre-Injury Job Description from Employer

To Whom It May Concern:

In an effort to effectively manage the workers' compensation claim for your employee, MANUEL IBANEZ, and reduce claims expenses, we request that you complete and sign the attached Pre-Injury Job Description form.

The form should describe the physical aspects of the job at injury. During the course of the claim, the job description may be needed as a point of reference to compare physical capabilities with physical requirements of the job. It is frequently sent to the treating doctor to assist them in making informed, accurate and safe decisions about physical limitations and full duty releases in relation to the actual work to be performed.

Regardless of whether or not MANUEL IBANEZ has lost time from work, your completion of the form is vital to the management of your claim's cost.

We will accept the completed and signed form by facsimile, e-mail or mail. Please do not hesitate to contact us if you have any questions.

Sincerely,

Sandy Belcher
Sandy L. S Belcher
Claims Examiner

Enclosure: Pre-Injury Job Description Form

cc: Builders Association of Western Nevada
File

ARMI 90

203

01/09/2015 11:53 Bone & Joint Specialists

(FAX)7024740009

P.001/003



BONE & JOINT SPECIALISTS

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

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

Patient: Manuel Ibanez-Ramirez
Date of Birth: 02/02/1970
SSN (last 4 #): 4235
Visit Date: 01/06/2015
Attending Provider: G. M. ELKANICH MD
Referring Provider: Management Associated Risk

RECEIVED

JAN 12 2015

ASSOCIATED RISK
MANAGEMENT, INC

Patient Visit Note

Reason For Visit

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

History of Present Illness

Manuel Ibanez-Ramirez is a 44 year old male.

• Medication list reviewed.

On 10/16/14 Mr. Ibanez was employed as a carpenter for Rafael Framers. He was standing on the first floor when a 2 x 4 wooden plank fell onto his right shoulder. It did not cause him to fall or lose consciousness. However, he immediately reported pain into his right shoulder and low back. He also had pain shooting down his right arm up to his elbow. He reports right leg pain with numbness. He had noticed a laceration and swelling into his right shoulder region. He sought medical attention at Concentra and was released home with light duty work restrictions. He is currently not employed as he was apparently laid off from his job. He has completed physical therapy without relief. No recent injections. Mr. Ibanez reports having history of industrial low back pain in 2006 and had undergone lumbar injections. His claim was closed after about 5 months of treatment.

Worker's Comp Claim Number
5012127120150195

Employer
RAFAEL FRAMERS

Occupation
CARPENTER.

Date of Injury
10-16-14

Body Part
LUMBAR

Past Medical/Surgical History
NONE

Current Medication

- Hydrocodone-Acetaminophen 5-325 MG TABS, , 0 days, 0 refills
- Naproxen 500 MG TABS, , 0 days, 0 refills

Drug Screening

The Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Noncancer Pain (2009) recommended periodically obtaining urine screens from patients at high risk for misuse, abuse, and diversion. The guidelines recommend that clinicians also consider urine screens for

APR 11 2015

204

Patient Name: Manuel Ibanez-Ramirez

Date: 01/06/2015

patients who are not at high risk of misuse, abuse, or diversion. While the literature suggests that Urinary Drug Testing is already standard practice in the addiction treatment setting, Urinary Drug Testing appears to be utilized less effectively by primary care physicians (PCPs) who prescribe opioids for chronic pain patients. As stated by Couto, et al, in POPULATION HEALTH MANAGEMENT Volume 12, Number 4, "High Rates of Inappropriate Drug Use in the Chronic Pain Population", Chronic opioid treatment is a highly effective method to treat chronic pain; however, the prevalence of abuse of opioids can make treating patients with these agents difficult for clinicians. 75% of patients were unlikely to be taking their medications in a manner consistent with their prescribed pain regimen.

Allergies

• No Known Allergies

Social History

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

Alcohol: A social drinker.

Drug Use: Not using drugs.

Family History - Non-Contributory

Review Of Systems • 14 Point Review of Systems were reviewed and were Negative.

Physical Findings • Vitals taken 01/06/2015 11:08 am

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

RECEIVED

JAN 12 2015

ASSOCIATED RISK
MANAGEMENT INC

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

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

Musculoskeletal System:

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

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

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

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

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

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

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

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

Gait And Stance: • No antalgic gait was observed.

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

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

Radiology

X-RAYS: X-rays of the lumbar spine reveal some lumbar spondylosis and loss of disc height at L5-S1 and L4-5 and some loss of lumbar lordosis.

MRI SCANS: MRI of the lumbar spine reveals L4-5 and L5-S1 loss of disc height, disc degeneration, and posterior disc protrusion. There are endplate modic changes more prominently at L5-S1. There is some foraminal narrowing and some central narrowing at these 2 levels.

MRI of the shoulder on the right was read as: 1) Moderate Infraspinatus tendinosis with low grade intrasubstance partial thickness tear extending from the junction of the supraspinatus/infraspinatus tendons into the anterior fibers of the infraspinatus tendon overall measuring 9 mm of width. 2) Mild subscapular tendinosis with low grade intrasubstance partial thickening tear measuring 3 mm or less. 3) Type II SLAP tear involving the superior and posterior superior labrum. 4) Moderate to severe acromioclavicular joint osteoarthritis.

Active Problems

• Cervicalgia

1205

01/09/2015 11:54 Bone & Joint Specialists

(FAX)7024740009

P.003/003

Patient Name: Manuel Ibanez-Ramirez
• Lumbago

Date: 01/06/2015

Assessment

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

Therapy • Education and instructions. • Intervention and counseling on cessation of tobacco use. • Clinical summary provided to patient. Discussed benefits, risks and alternatives to treatment.
Counseling/Education • Instructions for patient. Education and counseling. Discussed concerns about tobacco use. Patient education about orthopedic activities. Self-help group - smoking cessation
Discussed • Discussion of orthopedic goals; • Discussion of orthopedic options:

Plan

- Intervention and counseling on cessation of tobacco use, 3-10 minutes
- Analgesics Medrox and LidoPro
- Transition in care, clinical summary provided
- Follow-up for re-examination one month
- Consultation with a specialist Shoulder specialist
- Consult services Lumbar injections

I have discussed all treatment options with the patient through a Spanish interpreter who was present the entire visit. I went over his MRIs of his shoulder as well as his low back. I have recommended him to see a shoulder specialist and evaluate and be referred to the care of his shoulder. We explained that we are a specialist and recommend treatment only to the spine. We will work on getting authorization for this. In regards to his low back, I would like to obtain his old records as well. I do feel he is indicated for pain management injections for diagnostic and therapeutic purposes of the lumbar spine. We offered Medrox patches and Lidopro gel. All risks, benefits, GI, cardiovascular complications are explained. He is to hold the Naprosyn while on this and I directed him on the use. I will see him back in 4 weeks or after his injection. Light-duty work restrictions.

Notes

Majority of visit was spent in counseling regarding diagnosis & treatment options.

Practice Management

No pharmacologic therapy for cessation of tobacco use.

RECEIVED

G. MICHAEL ELKANICH MD

Electronically signed by: G. MICHAEL ELKANICH MD Date: 01/07/2015 15:29

JAN 12 2015

ASSOCIATED RISK
MANAGEMENT, INC

200

FAX 800-621-5006

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

Patient's Name: <u>Manuel Ibanez-Ramirez</u>		Claim Number: <u>5012127120150199</u>
Employer: <u>Rafael Trainers / Rafael Concrete</u>		Social Security Number: _____
Name of MCO (if applicable): <u>Associated Risk Management</u>		Date of Injury: <u>10-16-14</u>
Patient's Job Description/Occupation: _____		
Previous Injuries/Diseases/Surgeries Contributing to the Condition: _____		
Diagnosis: <u>Lumbar @ L5 Radiculopathy @ S1 Stenosis</u>		
Related to the Industrial Injury? Explain: _____		
Objective Medical Findings: <u>See Report</u>		
<input type="checkbox"/> None - Discharged Stable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Ratable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Generally Improved <input type="checkbox"/> Condition Worsened <input type="checkbox"/> Condition Same		
May Have Suffered a Permanent Disability <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treatment Plan: <u>Pain Mgmt Referral → Lumbar Surgery Shoulder Specialist Referral</u>		
<input type="checkbox"/> No Change in Therapy <input type="checkbox"/> PT/OT Prescribed <input type="checkbox"/> Medication May be Used While Working <input type="checkbox"/> Case Management <input type="checkbox"/> PT/OT Discontinued		
<input type="checkbox"/> Consultation <input type="checkbox"/> Further Diagnostic Studies: <input type="checkbox"/> Prescription(s): <u>Lidopro & Medropro</u>		
<input type="checkbox"/> Released to FULL DUTY/No Restrictions on (Date): _____ <input type="checkbox"/> Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: _____ To: _____ <input checked="" type="checkbox"/> Released to RESTRICTED/Modified Duty on (Date): From: <u>1/6/15</u> To: <u>2/6/15</u> Restrictions Are: <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Temporary		
<input type="checkbox"/> No Sitting <input type="checkbox"/> No Standing <input type="checkbox"/> No Pulling <input checked="" type="checkbox"/> Other: <u>1st 2nd</u> <input checked="" type="checkbox"/> No Bending at Waist <input type="checkbox"/> No Stoopng <input type="checkbox"/> No Lifting <input type="checkbox"/> No Carrying <input type="checkbox"/> No Walking <input checked="" type="checkbox"/> Lifting Restricted to (lbs.): <u>10/15</u> <input type="checkbox"/> No Pushing <input type="checkbox"/> No Climbing <input type="checkbox"/> No Reaching Above Shoulders		
Date of Next Visit: <u>2-3-15</u>	Date of this Exam: <u>JAN 06 2015</u>	Physician/Chiropractor Signature: <u>G. Michael Bikanich, MD</u>

ARMI 9439 (Rev. 7/09)



*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

January 7, 2015

MANUEL IBANEZ
5620 EUGENE
LAS VEGAS, NV 89108

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

Dear MANUEL IBANEZ:

Please be advised that we have calculated your average monthly wage based on information provided by your employer. You will receive 66-2/3% of your average monthly wage. Your average monthly wage is \$3,176.63 and the maximum wage allowed in the state of Nevada for your date of injury is \$5,356.23. Therefore, your daily rate will be \$69.57. Enclosed is a copy of the calculation work sheet based on the wage history provided by your employer.

NAC 616C.423 requires that the following be included in computing the average monthly wage: All wages and salaries, including overtime, commission, incentive pay, all leave and holiday pay, bonuses, termination pay, tips (under special circumstances), tool allowances, piecework and travel pay. If any additional income has not been included in the verified amount, please submit documentation to this office within ten (10) days of receipt of this letter. Following a review of the information, you will be notified whether there has been an adjustment to your benefits.

Pursuant to NRS 616C.315 (1), if you or your employer disagrees 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.

Sincerely,

Sandy L. S. Belcher
Claims Examiner

Enclosure(s) Wage Calculation Form
Explanation of Wage Calculation
Request for Hearing

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

ARM I 95

208

WAGE CALCULATION FORM FOR CLAIMS AGENT'S USE

RE: Injured Employee Manuel Ibanez Date of Injury: 10/16/2014
 Social Security No. [REDACTED] Claim No. 8012-1271-2015-0195
 Employer: Rafael Framers/Rafael Concrete Insurer: BAWN SIG
Self Insured Group
 Third-Party Administrator Associated Risk Management, Inc.

Average Monthly Wage is defined in NAC 616C.420 through 616C.447.

The priorities for determining wage history will be:

1. A 12-week history of earnings (84 days)
 2. If a 12-week period of earnings is not representative of the injured employee's average monthly wage, or upon injured employee's request, a period of one year or the full period of employment, if it is less than one year, may be used. Divide by the number of days in the period.
 3. If period of employment is more than four weeks, but less than twelve weeks, earnings from the date of hire will be used, divide by the number of days in the period.
 4. If period of employment is less than four weeks, average monthly wage will be calculated by multiplying rate of pay on the date of the accident or disease, by hours in employee's projected working schedule, divide by 7, and multiply by 30.44.
- If other circumstances apply, see NAC 616C.435.

AVERAGE MONTHLY WAGE - Calculate AMW in the following manner:

Period of earnings: beginning date 07/23/2014 end date 10/14/2014
 Gross earnings \$ 8,768.00 plus tips 0 divide by number of days
 in wage history 84 X 30.44 equal Average Monthly Wage: \$ 3,176.83

HOURLY RATE - Hourly rate of pay \$ _____ x number of hours
 projected to work per week _____ divide by 7 x 30.44 equal Average Monthly Wage: \$ 0.00

VALUE OF ROOM AND/OR BOARD

Room (Monthly Value) _____ \$ 0.00
 Board (Monthly Value) _____ \$ 0.00

VALUE OF MEALS - If meals are provided by the employer, see NAC 616C.423(l)(p) and use the following formula:

Amount for meals per day _____ x number of days hired
 to work per week _____ equals _____ divide by 7 x 30.44 equal Meals per Month: \$ 0.00

ADD applicable lines to obtain total _____ Average Monthly Wage: \$ 3,176.83

DAILY RATE - is to be calculated in the following manner:

Average Monthly Wage X 7 = \$3,176.83 X 8 divide by 12 divide by 30.44 Daily Rate: \$ 69.57 <<<<
\$486.99 X14= \$ 873.98 <<<<

Statutory Maximum Wage= \$5,368.23 Statutory Maximum Daily Rate: \$ 147.31
 7/1/2014 6/30/2015 x7 = \$821.17 x14 1,842.34

Date: 1/6/2015 Signature [Signature] Title Claims Adjuster

EMPLOYER'S WAGE VERIFICATION FORM

(Pursuant to NRS 616C.045(2)(d))

Please provide the following information for the employee named below by completing this form. The information is needed so that the amount of disability compensation to which your employee is entitled may be calculated. Prompt completion and return of this form will ensure the timely payment of any compensation due this injured worker. Please answer all questions and sign the form where indicated.

EMPLOYER: PLEASE PROVIDE THE FOLLOWING INFORMATION ANSWERING ALL QUESTIONS

Date: 1/5/2015 Injured Employee's Name (Last/First/M.I.): Ibanez, Manuel Social Security # [REDACTED]
 Claim No.: _____ D.P.T. No.: _____ Date of Injury: 10/18/2014 Date of Hire: 9/19/2012
 Was employee hired to work 40 hours per week: ☒ Yes ☐ No If no, # of hours per week: n/a # of days per week: n/a
 On the date of injury, the employee's wage was: \$ 18 per ☒ Hour ☐ Day ☐ Week ☐ Month Date the wage became effective: 9/19/2012
 Was vacation paid during the applicable twelve week period? no If so, during what pay period? n/a
 Was sick leave paid during the applicable twelve week period? no Was the injured employee paid for any holidays during the applicable twelve week period? no Did employee receive payment for overtime during the applicable twelve week period? no Did employee receive termination pay during the applicable twelve week period? no
 Provide prior wage if current wage was in effect less than 12 weeks prior to date of injury: \$ n/a per ☐ Hour ☐ Day ☐ Week ☐ Month
 During this 12-week period did employee change to a job with different (1) duties; (2) hours of employment; (3) rate of pay? ☐ Yes ☒ No
 If so, date: n/a Explain: n/a

Does the employee receive commissions? ☐ Yes ☒ No Period of commission earned n/a to n/a
 Indicate the amount of commission received over the last 6 months, or since date of hire: \$ n/a
 Does the employee receive bonuses/incentive pay? ☐ Yes ☒ No Period of bonuses/incentive pay earned n/a to n/a
 Indicate the amount of bonuses received over last 12 months, or since date of hire: \$ n/a
 Are the commission and bonus amounts included in GROSS EARNINGS below? ☐ Yes ☒ No
 Does the employee declare tips for the purpose of worker's compensation? ☐ Yes ☒ No See payroll declaration below.
 Does the employee receive meals or lodging (excluding reimbursement for travel per diem)? ☐ Yes ☒ No (Do not include in gross earnings)
 How many meals per day? n/a Monetary value of meals \$ n/a per ☐ Day ☐ Week ☐ Month
 Lodging \$ n/a per ☐ Day ☐ Week ☐ Month

TWELVE WEEK VERIFICATION FROM PAYROLL RECORDS. Report GROSS EARNINGS, include overtime payment and any other remuneration (except reimbursement for expenses). (See NAC 616C.423)
 Give payroll information from _____ through _____. If employed less than twelve weeks, give gross earnings from date of hire to date of injury.

If absent from work for the following reasons, please specify the date(s) absent and the number code for the reason of absence.

1. Certified illness or disability;
2. Institutionalized in a hospital, or other institution;
3. Enrolled as full-time student, not employed on days of attendance;
4. In military service other than training duty conducted on weekends;
5. Absent because of officially sanctioned strike;
6. Absent because of leave approved pursuant to Family and Medical Leave Act.

Payroll Period Beginning	Payroll Period Ending	Gross Salary (Excluding Tips)	Declared Tips	Payroll Period Beginning	Payroll Period Ending	Gross Salary (Excluding Tips)	Declared Tips
10/8/14	10/14/14	702.00	n/a	8/27/14	9/2/14	576.00	n/a
10/1/14	10/7/14	720.00	n/a	8/20/14	8/26/14	720.00	n/a
9/24/14	9/30/14	720.00	n/a	8/13/14	8/19/14	733.50	n/a
9/17/14	9/23/14	936.00	n/a	8/6/14	8/12/14	720.00	n/a
9/10/14	9/16/14	720.00	n/a	7/30/14	8/5/14	684.00	n/a
9/3/14	9/9/14	733.50	n/a	7/23/14	7/29/14	801.00	n/a

Dates of Absence Begin	Dates of Absence End	Reason	Dates of Absence Begin	Dates of Absence End	Reason	Dates of Absence Begin	Dates of Absence End	Reason

Pay period ends on (check one) ☐ Sunday ☐ Monday ☒ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday
 Employee is paid: ☒ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ Other
 Employee scheduled day(s) off: ☒ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☒ Saturday ☐ Other
 Explain "other": _____
 Date the employee last worked AFTER injury occurred: 11/11/2014 Date returned to work: 10/28/14

This information is true and correct as taken from the employee's payroll records.

By: Alan Nish
 Date: 1/5/2015
 Insurer: ProGroup Nevada

Title: Safety Coordinator
 Employer: Rafael Framers
 Third-Party Administrator: Associated Risk Management

D-8 (rev. 1/10)

ARMI 97

210



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

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

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

REQUEST and/or REFERRAL

1-12-2015

From: Kimberly (702) 228-7355

Pages _____

Dear Associated Risk Management
Fax#: 800-621-5006 Phone#:

Patient: Manuel Ibanez-Ramirez DOB: 02/02/1970
Patient Phone #: (702) 504-9637 Patient Cell #:
Primary Insurance: ASSOCIATED RISK MANAGEMEN Primary ID#:
5012127120150195

Diagnosis:

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

ORDERS/COMMENTS: 8***1. PLEASE AUTH A PAIN MGMT
REFERRAL FOR LUMBAR INJECTIONS. 2. A REFERRAL TO EVALUATE
FOR SHOULDER. I CAN ARRANGE THAT HERE IF IT'S OK. THANK YOU**

Please call patient to schedule above procedure.

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

- ☒ Patient Files: (702) 228-4499 or kimberly@lvboneandjoint.com
☐ Patient Files: (702) 474-0009 or kimberly@lvboneandjoint.com

Thank You,
G. Michael Elkanich M.D.

*Authorized pain mgmt w/ Dr Fisher
Referral for shoulder eval
DR Swanson, Fouse, Boldau,
Hansen, Dr Scott Martin, Dr Koe
DR Detting. Sandy Beecher
1-15-15
ARM 98*

211

Progress Notes
IBANEZ-RAMIREZ, MANUEL
Patient ID: IBANMA02WC
DOB: 02/02/1970
Age: 45 years Gender: M

01/27/2015

Date: 01/27/15 08:47am
Title: Office Visit

NEVADA SPINE CLINIC
7140 Smoke Ranch Road Suite 150, Las Vegas NV 89128
8930 West Sunset Road Suite 350, Las Vegas NV 89148
Phone: (702) 320-8111 Fax: (702) 320-8112

PATIENT NAME: IBANEZ-RAMIREZ, MANUEL

Date of Birth: 02/02/70

Chief Complaint: Low back pain

Dear Dr. Eikanich, thank you very much for referring this patient for initial evaluation and consultation.

History of Present Illness:

This patient is a 44 y/o male who presents with low back pain since 10/16/14. He reports that he was at work and a 2x4 wooden beam dropped from the 2nd floor onto his right shoulder. He has had treatment including patches and topical medications, as well as PT. He reports minimal improvement so far. Regarding his shoulder, he will be seeing Ortho for further evaluation. He reports a previous lumbar injury in 2006 for which he had injections with some improvement which was temporary. He reports that his current lumbar pain symptoms are different than his previous lumbar pain, in that he now has right lower extremity numbness with walking, as well as the increased severity of the pain currently. He is currently working light duty status but is not working due to being terminated due to his work permit being expired.

Pain Assessment:

The patient describes the pain as a sharp mid lumbar pain "like nails", constant, with numbness in the right lower extremity

Review of systems

14-point review of systems reviewed and in chart

Past/Family/Social History

PMH - Denies

PSH - Denies

ALL - NKDA

SH - + tobacco, + ETOH

FH - NC

Physical Exam

General - Normally developed, well nourished, well groomed, with average body habitus

MSK - Normal Gait/station

Spine/Back

Inspection - no tenderness to palpation over the thoracic paraspinal muscles, no tenderness over the lumbar paraspinal muscles, no asymmetry, no masses or effusions

Assessment of ROM - no pain with ROM, no crepitation or contracture

Assessment of stability - no dislocation, subluxation or laxity

Assessment of muscle strength and tone - Normal

Muscle strength 5/5 in lumbar paraspinal muscles

No atrophy or abnormal movements

RECEIVED

FEB 24 2015

ASSOCIATED RISK
MANAGEMENT, INC.

Printed On: 02/19/2015

ARM 99 Page 1 of 3

212

Progress Notes
IBANEZ-RAMIREZ, MANUEL
Patient ID: IBANMA02WC
DOB: 02/02/1970
Age: 45 years Gender: M

01/27/2015

Left lower extremity

Inspection - no tenderness to palpation over the soft tissues, no asymmetry, no masses or effusions
Assessment of ROM - no pain with ROM, no crepitation or contracture
Assessment of stability - no dislocation, subluxation or laxity
Assessment of muscle strength and tone - normal
Muscle strength 5/5 in knee flexors/extensors
Muscle strength 5/5 in ankle dorsiflexors/plantarflexors
No atrophy or abnormal movements

Right lower extremity

Inspection - no tenderness to palpation over the soft tissues, no asymmetry, no masses or effusions
Assessment of ROM - no pain with ROM, no crepitation or contracture
Assessment of stability - no dislocation, subluxation or laxity
Assessment of muscle strength and tone - normal
Muscle strength 5/5 in knee flexors/extensors
Muscle strength 5/5 in ankle dorsiflexors/plantarflexors
No atrophy or abnormal movements

Skin

Head and neck - normal to inspection
Spine/Thoracic - normal to inspection
Right lower extremity - normal to inspection
Left lower extremity - normal to inspection

Neurologic

Coordination - Normal gait
Exam of DTR/nerve stretch test - negative
2+ bilateral biceps
2+ bilateral brachioradialis
2+ bilateral patellar
2+ bilateral Achilles
UMN signs: none
Exam of sensation - light touch intact in bilateral upper and lower extremities
Mental status - a/o x 3, normal mood and affect

Diagnostic studies/Labs

Lumbar MRI per records showed decreased disc height at L4-5, L5-S1 with protrusions present

Impression

- 1) Ongoing lumbar pain with right lower extremity paresthesias and disc protrusions L4-5, L5-S1
- 2) Lumbar sprain/strain with myofascial pain
- 3) Right shoulder contusion with SLAP tear and partial thickness tear of the supraspinatus

RECEIVED

Plan

- 1) This patient has had moderate to severe lumbar pain limiting activities of daily living, work duties, and recreational activities.

For his current lumbar and radicular symptoms, I'd like to offer right L4-5 and L5-S1 TFESI to hopefully return him to baseline status.

- 2) Pharmacologic management including:

Printed On: 02/19/2015

ARMI 100 of 3

23

Progress Notes
IBANEZ-RAMIREZ, MANUEL
Patient ID: IBANMA02WC
DOB: 02/02/1970
Age: 45 years Gender: M

01/27/2015

a. NSAIDS

- 3) Adjunctive therapy including ice/heat therapy, stress and weight reduction, and light stretching.
- 4) Home exercise regimen including: Stretching, gentle range of motion activities, physical modalities
- 5) Work/Activity restrictions: Light duty status 20 lbs lift/push/pull
- 6) Follow up: We'll have this patient follow up in 1 month to review the results, progress, and to discuss any further treatment options.

Dr. Elkanich thank you for your kind referral and for allowing me to participate in the care of this patient.

Christopher Fisher, MD

#Orders: LUMBAR TFESI [Do in Routine days]

SIGNED BY CHRISTOPHER FISHER, MD (CH) 01/27/2015 09:11AM
REVISED BY TRANSCRIPT USER (TU) 02/06/2015 01:52PM
REVISED BY CHRISTOPHER FISHER, MD (CH) 02/06/2015 02:26PM

RECEIVED

FEB 24 2015

ASSOCIATED RISK
MANAGEMENT, INC.

214

JASWINDER GROVER, M.D.
Diplomate, American Board of Orthopaedic Surgery
Fellowship Trained Spinal Surgeon

NEVADA SPINE CLINIC

BABUK GHUMAN, M.D.
Diplomate, American Board of Anesthesiology
Fellowship Trained Pain Specialist

KELLY NOEL PA-C
Physician Assistant Certified

CHRISTOPHER A. FISHER MD
Physical Medicine Rehabilitation
Pain Management

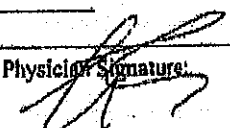
PHYSICIAN'S PROGRESS REPORT CERTIFICATION OF DISABILITY

Claim Number: 5012 1271 20150195
Social Security #: [REDACTED]
Date of Injury: 10/16/14

Patient's Name: <u>Manuel Ibanez-Ramirez</u>		DOB: <u>2/2/70</u>
Employer: <u>Rafael Framing</u>	(Name of MCO (if applicable))	
Patient's Job Description/Occupation:		
Previous Injuries/Disease/Surgeries Contributing to the Condition:		
Diagnosis: <u>Lumbago</u>		
Related Injury? Explain:		
Objective Medical Findings:		
<input type="checkbox"/> None - Discharged	<input type="checkbox"/> Stable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ratable <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Generally Improves	<input type="checkbox"/> Condition Worsened	<input type="checkbox"/> Condition Same
May Have Suffered a Permanent Disability <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treatment Plan:		
<u>(1) LA-5, LS-S1 TFEI</u>		
<u>(2) LIFT/DUM STATUS - 2010s LIFT/PUSH/PULLING</u>		
<input type="checkbox"/> No Change in Therapy		
<input type="checkbox"/> Medication May Be Used While Working		
<input type="checkbox"/> PT/OT Prescribed	<input type="checkbox"/> PT/OT Discontinued	
<input type="checkbox"/> Case Management	<input type="checkbox"/> Consultation	
Patient's Medications:		

☐ Released to **FULL DUTY** with NO Restrictions on (Date):
☐ Certified **TOTALLY TEMPORARILY DISABLED** (Indicate Dates) From: 1/27/15 To: Next
☐ Released to **RESTRICTED** with MODIFIED Duty on (Date): From: 1/27/15 To: Next

Restrictions Are: ☐ Permanent ☐ Temporary

<input type="checkbox"/> No Sitting	<input type="checkbox"/> No Standing	<input type="checkbox"/> No Pulling	<input type="checkbox"/> Other: _____
<input type="checkbox"/> No Bending at Waist	<input type="checkbox"/> No Stooping	<input type="checkbox"/> No Lifting	
<input type="checkbox"/> No Carrying	<input type="checkbox"/> No Walking	<input type="checkbox"/> Lifting Restricted to (LBS) _____	
<input type="checkbox"/> No Pushing	<input type="checkbox"/> No Climbing	<input type="checkbox"/> No Reaching Above Shoulders	
Date of Next Visit: <u>1 MO</u>	Date of this Exam: <u>1/27/15</u>	Physician: <u>Christopher Fisher MD</u>	Physician Signature: 

ARMI 102

25



BONE & JOINT SPECIALISTS

Board Certified Orthopaedic Surgeons

3028 Palomino Lane, Suite 200, Las Vegas NV 89136 (702) 474-7203 office
 2680 Cimarron Canyon Drive, Las Vegas NV 89128 (702) 474-2009 fax

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

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

Patient Visit Note

W/C CLAIM #: 50121271120150195

EMPLOYER: Rafael Framers

Length of employment 3 yrs

OCCUPATION: Carpenter

DATE OF INJURY: 10/16/14

BODY PART: Right shoulder. Low back.

TPA/ADJUSTER: Associated Risk Management/Sandy Belcher 775-883-4440 (F) 800-621-5006

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

Current Medication

- Hydrocodone-Acetaminophen 5-325 MG TABS, , 0 days, 0 refills
- Naproxen 500 MG TABS, , 0 days, 0 refills
- Medication list reviewed

Allergies • No Known Allergies

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

Alcohol: A social drinker.

Physical Findings

- Vitals taken 02/02/2015 11:27 am

BP-Sitting R	155/102 mmHg
Pulse Rate-Sitting	78 bpm
Height	68 in
Weight	165 lbs
Body Mass Index	25.1 kg/m2
Body Surface Area	1.88 m2

Review Of Systems

Systemic: No night sweats.

Cardiovascular: No chest pain or discomfort, no palpitations, and the heart rate was not fast.

Pulmonary: Dyspnea and cough. No hemoptysis and no wheezing.

Gastrointestinal: No dysphagia and no heartburn. No nausea, no vomiting, no abdominal pain, and no diarrhea.

Endocrine: No polydipsia and no excessive sweating.

Hematologic: No easy bleeding and no tendency for easy bruising.

Psychological: No anxiety, no depression, and no sleep disturbances.

Skin: No pruritus. No skin lesions and no rash.

Therapy • Intervention and counseling on cessation of tobacco use.

Patient Name: Manuel Ibanez-Ramirez

Date: 02/02/2015

Health Reminders • Assess BMI satisfied 02/02/2015.**• Assess Tobacco Use satisfied 02/02/2015.****• Blood Pressure Measurement satisfied 02/02/2015.****• Smoking & Tobacco Cessation Intervention and Counseling satisfied 02/02/2015.****Plan • Intervention and counseling on cessation of tobacco use, 3-10 minutes**

HISTORY OF PRESENT ILLNESS: Manuel Ibanez-Ramirez is a 45 year old male Spanish-speaking male seen with translator. The patient is under care for his back with Dr. Elkanich. The patient describes his injury working as a carpenter. States while working, a truss or a 2 x 6 fell down hitting him on the top and posterior aspect of his right shoulder. States this fell from a height of about ten feet. States this cut his skin but did not require any sutures. As a result of this injury, he states he has right shoulder pain. He describes it on the top of the shoulder and to the superior posterior aspect of the scapula. He states the symptoms are worse with any sort of motion of his shoulder. He describes it as hurting more when using a stick shift while driving. Hurts more with getting dressed. He states at times at rest there is tingling in the area. It can wake him at night from sleep. Attempting to reach forward or overhead causes even more pain.

TREATMENT: Treatment has involved physical therapy 12 sessions by his history. He has had no injections. He states that he takes Norco and Naprosyn which do help but finds he has to take them for relief.

WORK STATUS: The patient states after being injured, he was fired.

CURRENT MEDICATIONS: Norco and naproxen.

ALLERGIES: NKDA.

PAST SURGICAL HISTORY: None.

PAST MEDICAL HISTORY: None.

SOCIAL HISTORY: Smokes at least a quarter-pack of cigarettes a day. Nondrinker.

EXAMINATION: Height is 5'8" tall, weight is 165 pounds. Right-handed.

His forearm on the right measures 29 cm in circumference. His left measures 27 cm. His biceps bilaterally measure 31 cm in circumference. Interesting when examining the patient multiple times throughout the course of the process, I had to remind him to simply relax his right shoulder. Most of the time he kept it tensed and tight. His reflexes were intact in the upper extremities. Sensation testing with pinwheel reveals subjective decrease on the radial side of the right forearm and the dorsal aspect of his right hand. On palpation, there was no pain over the clavicle or the sternoclavicular joint. The number one area of pain seemed to be the AC joint with some discomfort in the lateral subacromial space. Posterior aspect of his shoulder, the number one area of tenderness was actually diffusely in the trapezius muscle. Active range of motion, he complained of pain. Forward flexed to 150 degrees, abduction to 120 degrees. Internal rotation to L3 midline but complaining of pain. External rotation, hand to the back of his neck, complaining of pain. There was no gross crepitus to the shoulder with passive range of motion.

RADIOGRAPHS: X-rays right shoulder demonstrated no evidence of acute bony trauma. Marked degenerative changes at the acromioclavicular joint with superior osteophyte formation.

MRI SCAN: MRI scan right shoulder, 12/10/14, Desert Radiology. Moderate tendinosis of the infraspinatus tendon. Mild tendinosis subscapularis tendon. No rotator cuff muscle atrophy. Signal changes superior labrum, possible SLAP tear. No significant bone marrow edema. No significant arthritis. Moderate to severe degenerative changes acromioclavicular joint.

DIAGNOSIS: Contusion right shoulder girdle. Rule out internal derangement.

DISCUSSION: Reviewed the above in detail with the patient. The MRI scan discusses multiple changes within the shoulder that could be found in a carpenter without necessarily having clinical correlation. The signal change in the superior labrum, on a noncontrast MRI scan, is of limited value. The signal change within the rotator cuff could be on an acute or a chronic basis. There is no evidence of any bone marrow edema in the humeral head which one might think would attend a direct blow to the humeral head, causing a tear of the rotator cuff. Clinically the number one areas of pain are actually the trapezius muscle which would have nothing to do with a labral tear as well as his AC joint which has little to do with a rotator cuff tear or a labral tear.

It might be interesting to have this gentleman undergo an MRI scan of the opposite shoulder to see whether or not there are some diffuse changes as can be expected in a carpenter, though the left side is asymptomatic. I did discuss with him that contusion to the trapezius muscle might take some time to resolve. The patient mentioned having had neck films done. I discussed that that would be under the guidance of Dr. Elkanich. On examination today, in terms of bony or joint symptoms, the number one areas seemed to be the AC joint. I discussed with him that a logical approach at this point might be to try to rule in or rule out particular areas as pain generators. He stated that he agreed. I recommended a cortisone injection to the AC joint.

PROCEDURE: Under sterile technique, right shoulder AC joint injected with Depo-Medrol and Marcaine.

PLAN: He will follow up with me in approximately two weeks to review outcome injection to the AC joint. The patient requested a Norco prescription. He has received Norco from Dr. Elkanich. We will leave it as only one doctor writing those prescriptions.

02/09/2015 08:14 Bone & Joint Specialist

(FAX) 702 228 4499

P.003/003

Patient Name: Manuel Ibanez-Ramirez

Date: 02/02/2015

DISABILITY STATUS: From the shoulder perspective, we have him doing no climbing, no reaching above shoulder height right arm, and lifting restriction right shoulder at this point at ten pounds.

STEVEN M. SANDERS MD

Electronically signed by: STEVEN M SANDERS MD Date: 02/04/2015 14:51

Cc: Associated Risk Management Workers Comp

ATTN: Sandy Belcher



FAXED
FEB 02 2015
BY: _____

**Physician's & Chiropractors
Progress Report**

Certification of Disability

Claim Number:

5012127120160196

Social Security Number:

Date of Injury:

10/16/2014

Patient's Name: Manuel Ibanez-Ramirez

Employer:

Rafael Framing

Name of MCO (if applicable)

ASSOCIATED RISK MANAGEMEN

Patient's Job Description/Occupation:

Previous Injuries/Diseases/Surgeries Contributing to the Condition:

Diagnosis: CONTUSION/STRAIN RIGHT SHOULDER

Related to the Industrial Injury? Explain:

Objective Medical Findings:

PAIN WITH RANGE OF MOTION DECREASED RANGE OF MOTION

☐ None - Discharged

Stable

☐ Yes

☒ No

☐ Condition Worsened

☐ Generally Improved

Rotable

☐ Yes

☐ No

☒ Condition Same

May Have Suffered a Permanent Disability

☐ Yes

☐ No

Treatment Plan:

RECEIVED INJECTION INTO THE RIGHT SHOULDER: A-C JOINT

NORCO PRESCRIPTION PER SPINE CARE

☐ No Change in Therapy

☐ PT/OT Prescribed

☐ Medication May be Used While Working

☐ Case Management

☐ PT/OT Discontinued

☐ Consultation: _____

☐ Further Diagnostic Studies: _____

☐ Prescription(s): _____

☐ Released to FULL DUTY/No Restrictions on (Date): _____

☐ Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: _____ To: _____

☒ Released to RESTRICTED/Modified Duty on (Date): 02/02/15 TO 02/16/15 RESTRICTIONS ARE: ☐ Permanent ☒ Temporary

☐ No Sitting

☐ No Standing

☐ No Pulling

☒ Other: RT SHOULDER

☐ No Bending at Waist

☐ No Stooping

☐ No Lifting

☐ No Carrying

☐ No Walking

☒ Lifting Restricted to (lbs.): 10 POUNDS

☐ No Pushing

☒ No Climbing

☒ No Reaching Above Shoulders

Date of Next Visit:

02/16/15
08:45A.M.

Date of this Exam:

02/02/2015

Physician/Chiropractor
Name:

STEVEN M. SANDERS MD

Physician/Chiropractor Signature:

S. Sanders MD

D-39 (Rev.)



BONE & JOINT SPECIALISTS

Board Certified Orthopaedic Surgeons

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

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

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

Visit Date: 02/03/2015 Amended 02/04/2015 13:42 by G. MICHAEL ELKANICH MD
Attending Provider: G. M. ELKANICH MD
Referring Provider: Management Associated Risk

Patient Visit Note

Reason For Visit

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

History of Present Illness

Manuel Ibanez-Ramirez is a 45 year old male.

- Medication list reviewed.

On 10/16/14 Mr. Ibanez was employed as a carpenter for Rafael Framers. He was standing on the first floor when a 2 x 4 wooden plank fell onto his right shoulder. It did not cause him to fall or lose consciousness. However, he immediately reported pain into his right shoulder and low back. He also had pain shooting down his right arm up to his elbow. He reports right leg pain with numbness. He had noticed a laceration and swelling into his right shoulder region. He sought medical attention at Concentra and was released home with light duty work restrictions. He is currently not employed as he was apparently laid off from his job. He has completed physical therapy without relief. No recent injections. Mr. Ibanez reports having history of industrial low back pain in 2006 and had undergone lumbar injections. His claim was closed after about 5 months of treatment.

2/3/15 - No new motor/sensory deficits. Norco was helping with his pain.

Worker's Comp Claim Number
5012127120150195

Employer
RAFAEL FRAMERS

Occupation
CARPENTER

Date of Injury
10-16-14

Body Part
LUMBAR

Past Medical/Surgical History - NONE

Current Medication

- Hydrocodone-Acetaminophen 5-325 MG TABS, , 0 days, 0 refills
- Naproxen 500 MG TABS, , 0 days, 0 refills

Allergies

RECEIVED

FEB 13 2015

ASSOCIATED CLERK
CLERK

ARMI 106

220

Patient Name: Manuel Ibanez-Ramirez
• No Known Allergies

Date: 02/03/2015

Social History

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

Family History - Non-Contributory

Review Of Systems - 14 Point Review of Systems were reviewed and were Negative.

Physical Findings • Vitals taken 02/03/2015 09:40 am
Height 68 in

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

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

Musculoskeletal System:

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

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

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

Lumbar / Lumbosacral Spine: General/bilateral: • Lumbosacral spine exhibited tenderness on palpation. • Lumbosacral spine motion was abnormal. • Lumbosacral spine pain was elicited by motion. • A straight-leg raising test of the right leg was positive. • A straight-leg raising test of the left leg was negative.

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

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

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

Gait And Stance: • No antalgic gait was observed.

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

Radiology

MRI of the lumbar spine reveals L4-5 and L5-S1 loss of disc height, disc degeneration, and posterior disc protrusion. There are endplate modic changes more prominently at L5-S1. There is some foraminal narrowing and some central narrowing at these 2 levels.

MRI of the shoulder on the right was read as: 1) Moderate Infraspinatus tendinosis with low grade intrasubstance partial thickness tear extending from the junction of the supraspinatus/infraspinatus tendons into the inferior fibers of the infraspinatus tendon overall measuring 9 mm of width. 2) Mild subscapular tendinosis with low grade intrasubstance partial thickening tear measuring 3 mm or less. 3) Type II SLAP tear involving the superior and posterior superior labrum. 4) Moderate to severe acromioclavicular joint osteoarthritis.

X-rays of the cervical spine reveal some mild cervical spondylosis, some slight narrowing at 4-5 and 5-1 and no obvious evidence of instability in flexion and extension views.

X-rays of the lumbar spine reveal some mild lumbar spondylosis, loss of disc height at L5-S1, and no obvious evidence of instability in flexion and extension views.

Active Problems

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

RECEIVED

Assessment

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

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

ARM 107

Date: 02/03/2015

Plan

• OTHER

- Intervention and counseling on cessation of tobacco use, 3-10 minutes
- Transition in care, clinical summary provided
- Follow-up for re-examination one month
- Consult services Lumbar Injections - Dr. Fisher requesting auth for injections

G. MICHAEL ELKANICH MD

RECEIVED

FFB 1 2 2015

SECRET

ARMI 108

222



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

Claim Number:
5012127120150195

Social Security Number:
[REDACTED]

Patient's Name: Manuel Ibanez-Ramirez		Date of Injury: 10/18/2014												
Employer: Rafael Framing	Name of MCO (if applicable): ASSOCIATED RISK MANAGEMENT													
Patient's Job Description/Occupation:														
Previous Injuries/Diseases/Surgeries Contributing to the Condition:														
Diagnosis: CONTUSION/STRAIN RIGHT SHOULDER														
Related to the Industrial Injury? Explain:														
Objective Medical Findings: PAIN WITH RANGE OF MOTION DECREASED RANGE OF MOTION														
<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> None - Discharged</td> <td>Stable</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Condition Worsened</td> </tr> <tr> <td><input type="checkbox"/> Generally Improved</td> <td>Notable</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Condition Same</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> May Have Suffered a Permanent Disability</td> </tr> </table>			<input type="checkbox"/> None - Discharged	Stable	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Condition Worsened	<input type="checkbox"/> Generally Improved	Notable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Condition Same	<input type="checkbox"/> May Have Suffered a Permanent Disability			
<input type="checkbox"/> None - Discharged	Stable	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Condition Worsened											
<input type="checkbox"/> Generally Improved	Notable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Condition Same											
<input type="checkbox"/> May Have Suffered a Permanent Disability														
Treatment Plan: RECEIVED INJECTION INTO THE RIGHT SHOULDER: A-C JOINT														
NORCO PRESCRIPTION PER SPINE CARE														
<input type="checkbox"/> No Change in Therapy <input type="checkbox"/> PT/OT Prescribed <input type="checkbox"/> Medication May be Used While Working <input type="checkbox"/> Case Management <input type="checkbox"/> PT/OT Discontinued														
<input type="checkbox"/> Consultation: _____														
<input type="checkbox"/> Further Diagnostic Studies: _____														
<input type="checkbox"/> Prescription(s): _____														

<input type="checkbox"/> Released to FULL DUTY/No Restrictions on (Date): _____			
<input type="checkbox"/> Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: _____ To: _____			
<input checked="" type="checkbox"/> Released to RESTRICTED/Modified Duty on (Date): 02/02/15 TO 02/18/15 RESTRICTIONS ARE: <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Temporary			
<input type="checkbox"/> No Sitting <input type="checkbox"/> No Bending at Waist <input type="checkbox"/> No Carrying <input type="checkbox"/> No Pushing	<input type="checkbox"/> No Standing <input type="checkbox"/> No Stooping <input type="checkbox"/> No Walking <input checked="" type="checkbox"/> No Climbing	<input type="checkbox"/> No Pulling <input type="checkbox"/> No Lifting <input checked="" type="checkbox"/> Lifting Restricted to (lbs.): 10 POUNDS <input checked="" type="checkbox"/> No Reaching Above Shoulders	<input checked="" type="checkbox"/> Other: RT SHOULDER
Date of Next Visit: 02/18/15 08:45A.M.	Date of this Exam: 02/02/2015	Physician/Chiropractor Name: STEVEN M. SANDERS MD	Physician/Chiropractor Signature: <i>S. Sanders MD</i>

D-39 (Rev. 7)

ARMI 109

223

800-621-8006

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

Patient's Name: <u>Manuel, Ibanez, Ramirez</u>		Claim Number: <u>501227120150195</u>
Employer: <u>Rafael Franes</u>		Social Security Number:
Patient's Job Description/Occupation: <u>Associated Risk Management</u>		Date of Injury: <u>10/16/14</u>
Previous Injuries/Diseases/Surgeries Contributing to the Condition:		
Diagnosis: <u>Lumbago, @ L5 radiology</u>		
Related to the Industrial Injury? Explain:		
Objective Medical Findings: <u>no new m/s deficits</u>		
<input type="checkbox"/> None - Discharged Stable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Ratable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Generally Improved <input type="checkbox"/> Condition Worsened <input checked="" type="checkbox"/> Condition Same May Have Suffered a Permanent Disability <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treatment Plan: <u>PT & Dr. Fisher for Lumbago injections</u>		
<u>Dr. Sanderson for @ shoulder</u>		
<u>PT 1 month</u>		

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

☐ Consultation

☐ Further Diagnostic Studies:

☐ Prescription(s)

Notes 10/3/25 #90, Nguyen 5007 #60

<input type="checkbox"/> Released to FULL DUTY/No Restrictions on (Date): _____		
<input type="checkbox"/> Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: _____ To: _____		
<input checked="" type="checkbox"/> Released to RESTRICTED/Modified Duty on (Date): From: <u>2/3/15</u> To: <u>3/3/15</u>		
Restrictions Are: <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Temporary		
<input type="checkbox"/> No Sitting <input checked="" type="checkbox"/> No Bending at Waist <input type="checkbox"/> No Carrying <input type="checkbox"/> No Pushing	<input type="checkbox"/> No Standing <input type="checkbox"/> No Stopping <input type="checkbox"/> No Walking <input type="checkbox"/> No Climbing	<input type="checkbox"/> No Pulling <input type="checkbox"/> No Lifting <input checked="" type="checkbox"/> Lifting Restricted to (lbs.): <u>10 lbs</u> spine only <input type="checkbox"/> No Reaching Above Shoulders
Date of Next Visit: <u>3-3-15</u>	Date of this Exam: <u>FEB 03 2015</u>	Physician/Chiropractor Signature: <u>G. Michael Ekanich, MD</u>

69: Sam

ARMI 110

D-39 (Rev. 7/99)

224

To: SANDY BELCHER

From: Wendy

2/9/2015 9:59:58 AM (Page 2 of 5)

Authorizations
IBANEZ-RAMIREZ, MANUEL
Patient ID: IBANMA02WC
DOB: 02/02/1970
Age: 45 years Gender: M

02/09/2015

Date: 02/09/15 : 09:52am
Title: AUTH REQUEST

NEVADA SPINE CLINIC

Phone 702-320-8111 • Fax 702-839-4843

COMPANY: ASSOCIATED RISK MGMT

ADJ: SANDY BELCHER

CLM#: 5012127120150195

PATIENT NAME: IBANEZ-RAMIREZ, MANUEL

D.O.B: 02/02/70 SSN: [REDACTED] DOI: 10/16/2014

ADDRESS: 5620 EUGENE AVE LAS VEGAS, NV 89108

PRI INS: Risk Management ID#: 775-883-4440

PHN#: 1-775-883-4440

FAX#: 1-800-621-5006

REQUESTING PHYSICIAN:

CHRISTOPHER A. FISHER, MD - NPI: 1396944740 - TAXID: 880366031

7140 SMOKE RANCH RD LAS VEGAS, NV 89128

CONTACT: WENDY PHN: (702) 839-4816 - FAX: (702) 839-4843

DOS: NOT SCHEDULED AT THIS TIME

PROCEDURE:

(1)

ICD-9: 724.2 - PAIN, 724.4 - RADICULOPATHY

CPT: 64483 x2,

RIGHT L4-5 L5-S1

TRANSFORAMINAL EPIDURAL STEROID INJECTION

FACILITY: IN-OFFICE / NEVADA SPINE CLINIC - TAX ID: 880366031

ELECTRONICALLY SIGNED BY CHRISTOPHER A. FISHER, MD - NPI: 1396944740 - TAXID: 880366031

XXX APPROVED _____ DENIED

Sandy Belcher

SIGNATURE DATE 2-9-15

Printed On: 02/09/2015

ARMI 111 of 1

225



BONE & JOINT SPECIALISTS

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

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

Patient: Manuel Ibanez-Ramirez
Date of Birth: 02/02/1970
SSN (last 4 #): [REDACTED]
Visit Date: 02/16/2015
Attending Provider: STEVEN M. SANDERS MD
Referring Provider: Management Associated Risk

Patient Visit Note

W/C CLAIM #: 50121271120150195

EMPLOYER: Rafael Framers

OCCUPATION: Carpenter

Length of employment 3 yrs

DATE OF INJURY: 10/16/14

BODY PART: Right shoulder. Low back.

TPA/ADJUSTER: Associated Risk Management/Sandy Belcher

INTERVAL HISTORY: The patient follows up on work-related injury right shoulder. The patient states cortisone injection to the AC joint might have been trace minimal help temporarily but has worn off. Regarding where his pain is, he initially points more to the front and back of his shoulder and on top.

Past Medical/Surgical History NONE

Current Medication

- Hydrocodone-Acetaminophen 5-325 MG TABS, , 0 days, 0 refills
- Naproxen 500 MG TABS, twice a day, 30 days, 0 refills
- Norco 10-325 MG TABS, 1 every 4 - 6 hours as needed, 30 days, 0 refills

Allergies • No Known Allergies

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

Alcohol: A social drinker.

Physical Findings

- Vitals taken 02/16/2015 08:45 am

BP-Sitting L

164/96 mmHg

Pulse Rate-Sitting

84 bpm

Height

68 in

Weight

165 lbs

Body Mass Index

25.1 kg/m2

Body Surface Area

1.88 m2

Review Of Systems

Systemic: No night sweats.

Cardiovascular: No chest pain or discomfort, no palpitations, and the heart rate was not fast.

Pulmonary: Dyspnea and cough. No hemoptysis and no wheezing.

Gastrointestinal: No dysphagia and no heartburn. No nausea, no vomiting, no abdominal pain, and no diarrhea.

Endocrine: No polydipsia and no excessive sweating.

Hematologic: No easy bleeding and no tendency for easy bruising.

Psychological: No anxiety, no depression, and no sleep disturbances.

Skin: No pruritus. No skin lesions and no rash.

RECEIVED
FEB 23 2015

ARM112

Patient Name: Manuel Ibanez-Ramirez

Date: 02/16/2015

Health Reminders

- Assess BMI satisfied 02/16/2015.
- Assess Tobacco Use satisfied 02/16/2015.
- Blood Pressure Measurement satisfied 02/16/2015.

EXAMINATION: To palpation, the number one area of tenderness is actually posterior to the shoulder in the area of the supraspinatus muscle. He is also sensitive to touch over the clavicle shaft, the acromion itself, and the lateral subacromial space. He complains of pain in the shoulder with range of motion of his head to the right but less so to the left. With range of motion of his shoulder, he complains of pain in that same posterosuperior aspect of his shoulder in the area of the supraspinatus and trapezius muscle.

His active range of motion is about 125 degrees of elevation and then complaining of some pain.

DISCUSSION: Reviewed the above in detail with the patient. The patient gives history of direct trauma to the shoulder and then a fall. His MRI scan, which was noncontrast, suggested some internal derangements.

Clinically when evaluated on examination, his symptoms are posterolaterally which could be extraarticular or could be representative of potential intraarticular pathology such as labral issues.

The patient also demonstrates pain that seems to be outside the joint in the supraspinatus muscle and also demonstrates more pain there with head rotation. That could be related to some trapezius spasm. It could also be potential cervical spine pathology.

In order to workup any patient with this complex set of symptoms, one would want as much anatomy defined as possible by imaging.

PLAN: The patient will undergo an MRI scan arthrogram of the right shoulder for further evaluation of potential labral tears. He would also undergo an MRI scan of his cervical spine to see if there is specific anatomic finding that would correlate with pain to the right shoulder.

He will follow up posttesting.

DISABILITY STATUS: Regarding right shoulder; limited duty. No reaching above right shoulder. Lifting restriction 10 to 15 pounds.

STEVEN M. SANDERS MD

Electronically signed by: STEVEN M SANDERS MD Date: 02/17/2015 15:57

Cc: Associated Risk Management Workers Comp

ATTN: Sandy Belcher

RECEIVED
SCANNED FEB 18 2015

227



Physician's & Chiropractors
Progress Report
Certification of Disability

800-621-5006

Patient's Name: Manuel Ibanez-Ramirez		Claim Number: 5012127120150196
Employer: Rafael Framing		Social Security Number: [REDACTED]
Name of MCO (if applicable): ASSOCIATED RISK MANAGEMEN		Date of Injury: 10/16/2014
Patient's Job Description/Occupation:		
Previous Injuries/Diseases/Surgeries Contributing to the Condition:		
Diagnosis: INTERNAL DERANGEMENT RT SHOULDER		
Related to the Industrial Injury? Explain:		
OBJECTIVE MEDICAL FINDING: PAIN W/ RANGE OF MOTION		
<input type="checkbox"/> None - Discharged	<input type="checkbox"/> Stable	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Generally Improved	<input type="checkbox"/> Rateable	<input type="checkbox"/> Yes <input type="checkbox"/> No
May Have Suffered a Permanent Disability		<input type="checkbox"/> Condition Worsened
		<input checked="" type="checkbox"/> Condition Same
Treatment Plan: MRI ARTHROGRAM RT SHOULDER / MRI CERVICAL SPINE		
<input type="checkbox"/> No Change in Therapy	<input type="checkbox"/> PT/OT Prescribed	<input type="checkbox"/> Medication May be Used While Working
<input type="checkbox"/> Case Management	<input type="checkbox"/> PT/OT Discontinued	

☐ Consultation: _____

☐ Further Diagnostic Studies: _____

☐ Prescription(s): _____

RECEIVED

FEB 17 2015

<input type="checkbox"/> Released to FULL DUTY/No Restrictions on (Date): _____	
<input type="checkbox"/> Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: _____	
<input checked="" type="checkbox"/> Released to RESTRICTED/Modified Duty on (Date): 2/16/15 TO NEXT VISIT	
ARE: <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Temporary	
<input type="checkbox"/> No Sitting	<input type="checkbox"/> No Standing
<input type="checkbox"/> No Bending at Waist	<input type="checkbox"/> No Stopping
<input type="checkbox"/> No Carrying	<input type="checkbox"/> No Walking
<input type="checkbox"/> No Pushing	<input type="checkbox"/> No Climbing
<input type="checkbox"/> No Pulling	<input type="checkbox"/> Other: _____
<input type="checkbox"/> No Lifting	<input checked="" type="checkbox"/> Lifting Restricted to (lbs.): 10-15 lbs.
<input checked="" type="checkbox"/> No Reaching Above Shoulders	

Date of Next Visit: POST TEST	Date of this Exam: 02/16/2015	Physician/Chiropractor Name: STEVEN M. SANDERS MD	Physician/Chiropractor Signature: <i>S. Sanders MD</i>
---	---	---	---

800-621-5006

FEB 16 2015

ARM114

0-39 (Rev.)

218

Procedures/Hospitalization
IBANEZ-RAMIREZ, MANUEL
Patient ID: IBANMA02WC
DOB: 02/02/1970
Age: 45 years Gender: M

02/23/2015

Date: 02/23/15: 01:41pm
Title: OP Note

Smoke Ranch Surgery Center
7180 Smoke Ranch Road
Las Vegas, NV 89128
702-483-2270

PATIENT NAME: MANUEL IBANEZ-RAMIREZ
DOS: 02/23/15

Date of birth: 02/02/70

OPERATIVE REPORT

PREOPERATIVE DIAGNOSIS:
• Lumbar radiculitis.

POSTOPERATIVE DIAGNOSIS:
• Same.

PROCEDURES:
• Right L4-5 and L5-S1 transforaminal epidural steroid injections.

PROCEDURE IN DETAIL: Informed consent was obtained. Risks, benefits and alternatives were discussed with the patient prior to injection and he verbalized understanding of these.

This patient was taken to the fluoroscopy suite and placed in the prone position on the fluoroscopy table with a pillow under his midsection. The bony landmarks of L4-5 and L5-S1 were identified via fluoroscopy. His lower back was prepped and draped in a sterile fashion using Hibiclens. Sterile technique was used throughout the entire procedure. Anesthesia was present for conscious sedation.

Then 22 gauge needles were directed down towards the right L4-5 and L5-S1 transforaminal spaces. Upon reaching proper placement contrast 0.25 cc was injected under fluoroscopy. Midline epidural spread was noted without any intrathecal or intravascular spread. Dexamethasone 10 mg along with 2 cc of 2% Lidocaine was then injected at each level. The needles were withdrawn without any obvious bleeding or hematomas noted.

The patient tolerated the procedure well without any immediate adverse effects. We will have the patient follow up in clinic in two weeks to evaluate the response and to discuss any further treatment options.

The risks of opioid medications were explained to the patient. The patient understands and agrees to use these medications only as prescribed. The patient agrees to obtain pain medications from this practice only. We have fully discussed the potential side effects of the medication with the patient, which include but are not limited to, constipation, drowsiness, addiction, impaired judgement and the risk of fatal overdose if not taken as prescribed. We have warned the patient that sharing medications is a felony. We have warned the patient against driving while taking sedating medications.

CHRISTOPHER FISHER, M.D.
Physical Medicine & Rehabilitation
Interventional Pain Specialist

CF:jmh/lk
DT: 02/25/2015

RECEIVED

SIGNED BY CHRISTOPHER FISHER, MD (CH) 02/26/2015 01:42PM

PHYSICIAN SIGNATURE
DATE OF SIGNATURE

Printed On: 03/04/2015

ARM 115
Page 1 of 1

229

Feb. 27, 2016

I, Manuel Ibanez, am writing this letter for my case to be recognized for the diagnosis I have received, not just as a bruise on my shoulder.

I have copies of all my MRI's if they are needed. Here are the diagnosis that I want to be recognized. The first ones will be from my shoulder.

- a) moderate tendinosis of the distal infraspinatus tendon, associated with a low-grade intrasubstance partial thickness tear at the footprint of the junction of the supraspinatus and infraspinatus tendons, extending to the anterior fibers of the infraspinatus tendon measuring approx. 9mm in anteroposterior width.
- b) mild subscapular tendinosis w/ a low-grade intrasubstance partial thickness tear at the footprint measuring 3mm in craniocaudal width.
- c) contour irregularity of the superior and posterosuperior labrum, consistent w/ a type 2 SLAP tear
- d) moderate to severe acromioclavicular joint osteoarthritis.

This next section will be my results for my back that I would like to be recognized.

- a) mild levoscoliosis of the lumbosacral spine with degenerative changes
- b) T11-12 intervertebral disc bulge

RECEIVED

MAR 14 2016

ASSOCIATED IN
MANAGEMENT

ARM1 116

C) L5-S1 intervertebral disc bulge with moderate bilateral neural foraminal narrowing.

D) multilevel facet arthropathy.

These are the diagnosis given to me for my shoulder and back and I would like them to be recognized and be in my case.

If you have any questions or concerns do not hesitate to call me to (702) 504-9637.

Thank you.

Att: Manuel Ibañez.

Claimant Manuel Ibañez.

Claim No: 5012-1271-2015-0195

Date of injury: October 16-2014

RECEIVED

MAR 04 2015

ASSOCIATED RISK
MANAGEMENT INC

ARMI 117



BONE & JOINT SPECIALISTS

Board Certified Orthopaedic Surgeons

3020 Pecos Lane, Suite 200, Las Vegas NV 89106 (702) 474-7208 office
3680 Cimarron Canyon Drive, Las Vegas NV 89128 (702) 474-0009 fax

Steven Sanders M.D.
Mark Rosen M.D.
O. Michael Elkanich, M.D.
James B. Murring, M.D.
Kirk T. Mendes, M.D.
Jacelyn Sogovia, P.A.C

Patient: Manuel Ibanez-Ramirez
Date of Birth: 02/02/1970
SSN (last 4 #): [REDACTED]
Visit Date: 03/03/2015
Attending Provider: G. M. ELKANICH MD
Referring Provider: Management Associated Risk

Patient Visit Note

Reason For Visit

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

History of Present Illness

Manuel Ibanez-Ramirez is a 45 year old male.

• Medication list reviewed.

On 10/16/14 Mr. Ibanez was employed as a carpenter for Rafael Framers. He was standing on the first floor when a 2 x 4 wooden plank fell onto his right shoulder. It did not cause him to fall or lose consciousness. However, he immediately reported pain into his right shoulder and low back. He also had pain shooting down his right arm up to his elbow. He reports right leg pain with numbness. He had noticed a laceration and swelling into his right shoulder region. He sought medical attention at Concentra and was released home with light duty work restrictions. He is currently not employed as he was apparently laid off from his job. He has completed physical therapy without relief. No recent injections. Mr. Ibanez reports having history of industrial low back pain in 2006 and had undergone lumbar injections. His claim was closed after about 5 months of treatment.

2/3/15 - No new motor/sensory deficits. Norco was helping with his pain.

3/3/15 Pt returns for f/u. He had injections to the lumbar spine by Dr. Fisher 8 days ago (last monday). He states he had a horrible pain when the injection occurred and had no short or long term improvement.

Worker's Comp Claim Number
5012127120150195

Employer
RAFAEL FRAMERS

Occupation
CARPENTER

Date of Injury
10-16-14

Body Part
LUMBAR

Past Medical/Surgical History - NONE

Current Medication
• Hydrocodone-Acetaminophen 5-325 MG TABS, , 0 days, 0 refills

ARM1118

232

Patient Name: Manuel Ibanez-Ramirez

Date: 03/03/2015

Allergies

- No Known Allergies

Social History

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

Alcohol: A social drinker.

Drug Use: Not using drugs.

Family History - Non-Contributory**Review Of Systems** - 14 Point Review of Systems were reviewed and were Negative.**Physical Findings • Vitals taken 03/03/2015 08:58 am**

BP-Sitting L	146/97 mmHg
Pulse Rate-Sitting	83 bpm
Height	68 in
Weight	165 lbs
Body Mass Index	25.1 kg/m2
Body Surface Area	1.88 m2

General Appearance: • Well developed. • In no acute distress.**Cardiovascular:** Arterial Pulses: • Posterior tibialis pulses were normal. • Dorsalis pedis pulses were normal.**Musculoskeletal System:****Hands:** Right Hand: • No weakness. Left Hand: • No weakness.**Shoulder:** Right Shoulder: • Motion was abnormal. Left Shoulder: • Motion was normal.**Cervical Spine:** General/bilateral: • Right trapezius muscle was tender on palpation. • Cervical spine motion was abnormal. • Cervical spine pain was elicited by right-sided motion.**Lumbar / Lumbosacral Spine:**

General/bilateral: • Lumbosacral spine exhibited tenderness on palpation. • Lumbosacral spine motion was abnormal. • Lumbosacral spine pain was elicited by motion. • A straight-leg raising test of the right leg was positive. • A straight-leg raising test of the left leg was negative.

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

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

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

Gait And Stance: • No antalgic gait was observed.

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

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

Radiology**MRI of the lumbar spine** reveals L4-5 and L5-S1 loss of disc height, disc degeneration, and posterior disc protrusion. There are endplate modic changes more prominently at L5-S1. There is some foraminal narrowing and some central narrowing at these 2 levels.**MRI of the shoulder** on the right was read as: 1) Moderate infraspinatus tendinosis with low grade intrasubstance partial thickness tear extending from the junction of the supraspinatus/infraspinatus tendons into the inferior fibers of the infraspinatus tendon overall measuring 9 mm of width. 2) Mild subscapular tendinosis with low grade intrasubstance partial thickening tear measuring 3 mm or less. 3) Type II SLAP tear involving the superior and posterior superior labrum. 4) Moderate to severe acromioclavicular joint osteoarthritis.**X-rays of the cervical spine** reveal some mild cervical spondylosis, some slight narrowing at 4-5 and 5-1 and no obvious evidence of instability in flexion and extension views.**X-rays of the lumbar spine** reveal some mild lumbar spondylosis, loss of disc height at L5-S1, and no obvious evidence of instability in flexion and extension views.**Active Problems**

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

Patient Name: Manuel Ibanez-Ramirez

Date: 03/03/2015

Assessment

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

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

Counseling/Education • Instructions for patient • Education and counseling • Discussed concerns about tobacco use • Patient education about orthopedic activities • No health seminar on smoking cessation • Self-help group - smoking cessation

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

Plan**• THORACIC OR LUMBOSACRAL NEURITIS OR RADICULI**

Naproxen 500 MG TABS, twice a day, 30 days, 0 refills

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

- Intervention and counseling on cessation of tobacco use, 3-10 minutes
- Transition in care, clinical summary provided
- Follow-up for re-examination one month
- Consult services Lumbar injections - Dr. Fisher requesting auth for injections

I have discussed all treatment options with Mr. Ibanez-Ramirez through a Spanish Interpreter the entire visit. He did have an injection with really no short or long-term improvement. He states he is at wits' end. He is unable to live with his pain and he would like to consider other treatment options. He has severe debilitating low back and lower extremity radiculopathy. His choices are one, living with his pain via nonoperative measures and consider repeat injection and other modalities, and two, would be to consider surgery. At this point in time, he is unable to live with his pain and would like to consider surgery. I do believe he is a candidate for a lumbar discogram from L3 to S1. We will refer him and set this up. He is seeing Dr. Sanders for his shoulder. He had an injection apparently and he had ordered an MRI of his shoulder and cervical. I will see him back in 1 month or after the discogram is completed.

Notes - Majority of visit was spent in counseling regarding diagnosis & treatment options.

Practice Management - No pharmacologic therapy for cessation of tobacco use.

G. MICHAEL ELKANICH MD

Electronically signed by: G. MICHAEL ELKANICH MD Date: 03/04/2015 11:35

800-621-5006

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

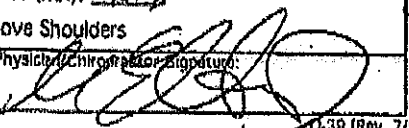
Patient's Name: MANUEL IBANE - RAMIREZ		Claim Number: 60121271120150195
Employer: RAFAEL FRAMERS		Social Security Number:
Patient's Job Description/Occupation:		Date of Injury: 10/16/2014
Previous Injuries/Diseases/Surgeries Contributing to the Condition:		Name of MCO (if applicable): ASSOCIATED RISK MANAGEMENT
Diagnosis: Lumbaro, Radiculopathy		
Related to the Industrial Injury? Explain:		
Objective Medical Findings: See Request		
<input type="checkbox"/> None - Discharged Stable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Retable: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Generally Improved <input type="checkbox"/> Condition Worsened <input type="checkbox"/> Condition Same May Have Suffered a Permanent Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treatment Plan: Lumbar Diskogram → L3-S1 PT & Diskogram		

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

☐ Consultation☐ Further Diagnostic Studies:☐ Prescription(s)**Norco 10, Naprosyn 500**

☐ Released to FULL DUTY/No Restrictions on (Date): _____
☐ Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: _____ To: _____
☒ Released to RESTRICTED/Modified Duty on (Date): From: **3/3/15** To: **4/3/15**
 Restrictions Are: ☐ Permanent ☒ Temporary

<input type="checkbox"/> No Sitting	<input type="checkbox"/> No Standing	<input type="checkbox"/> No Pulling	Other: light duty spring of
<input checked="" type="checkbox"/> No Bending at Waist	<input type="checkbox"/> No Stoopng	<input type="checkbox"/> No Lifting	
<input type="checkbox"/> No Carrying	<input type="checkbox"/> No Walking	<input checked="" type="checkbox"/> Lifting Restricted to (lbs.): 10/15	
<input type="checkbox"/> No Pushing	<input type="checkbox"/> No Climbing	<input type="checkbox"/> No Reaching Above Shoulders	

Date of Next Visit: 3-31-15	Date of this Exam: 3-3-15	Physician/Chiropractor Name: Michael Hikanich	Physician/Chiropractor Signature: 
------------------------------------	----------------------------------	--	--

69:30am

ARMI 121

235



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

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

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

REQUEST

3-4-2015

From: Kimberly (702) 228-7355

Pages _____

Dear SANDY BELCHER

Fax#: 800-621-5006 Phone#:

Patient: Manuel Ibanez-Ramirez

DOB: 02/02/1970

Patient Phone #: (702) 504-9637

Patient Cell #:

Primary Insurance: ASSOCIATED RISK MANAGEMEN Primary ID#:

5012127120150195

Diagnosis:

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

* Authorized
DISCOGRAM L3-S1
Sandy Belcher
3-10-15
PLEASE DISREGARD
PRIOR FAX

ORDERS/COMMENTS:***PLEASE AUTH A DISCOGRAM L3-S1.
2.ADVISE WHERE TO GO THANK YOU *******

Please call patient to schedule above procedure.

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

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

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

Thank You.

G. Michael Elkanich M.D.

ARMI 122

230

Patient Name: IBANEZ RAMIREZ, MANUEL
Patient Date of Birth: 2/2/1970 12:00:00 AM
Medical Record Number: 000333865
Location: CRK
Rendering Physician: SCHULZ, BRIAN
Referring Physician: SANDERS, STEVIN
Accession Number: 2334899
Date of Service: 3/4/2015 3:24:00 PM
Exam: MR ARTHROGRAM SHOULDER

MRI ARTHROGRAM RIGHT SHOULDER

HISTORY: Right shoulder pain.

COMPARISON STUDY: None.

TECHNIQUE: Multisequence, multiplanar MR imaging was performed through the right shoulder after a dilute mixture of iodinated contrast and gadolinium was administered into the right shoulder.

FINDINGS:

Labrum and biceps labral complex: There is a SLAP tear involving the superior labrum. This does not appear to involve the biceps anchor proper. The remaining portions of the labrum appear normal.

Joint capsule structures: Normal including axillary pouch and glenohumeral ligaments.

Supraspinatus/infraspinatus: There is an intrasubstance low-grade tear of the supraspinatus tendon posteriorly that appears to be confluent with intrasubstance tearing of the infraspinatus tendon as well. This tear extends from approximately the 10:30 position of the rotator cuff where it involves the anterior superior fibers of the infraspinatus through the 11:30 position of the rotator cuff where it involves the supraspinatus insertion fibers. There is surrounding mild tendinopathy. The tear is approximately 10-15% of the thickness of the tendon (series 6 images 11 through 14 and series 7 image 18) and 12 mm in AP diameter. There is also a tiny intrasubstance tear near the rotator interval (series 6 image 7) that is about 1 mm in AP diameter, 3-10% of the thickness of the tendon. There is also mild diffuse supraspinatus and infraspinatus tendinopathy of the majority of the diameters of the tendons.

Teres minor: Normal.

Subscapularis: Normal.

Biceps tendon: Normal.

Acromioclavicular arch: There is moderate acromioclavicular joint arthrosis and hypertrophy. Undersurface spurring causes direct effacement of the bursal surface of the supraspinatus tendon. There is also moderate lateral downsloping of the acromion on coronal oblique images. The acromion follows the contour of the humeral head on sagittal oblique images. The narrowest acromiohumeral distance laterally measures 7 mm. Narrowing of the acromiohumeral space in the setting of rotator cuff disease raises question of subacromial impingement syndrome in the appropriate clinical setting.

Bones and marrow signal: There is mild reactive edema or an enchondroma identified in the posterior aspect of the greater tuberosity (series 6 image 14) disease. Otherwise, normal.

Articular cartilage: Normal.

Other comments: None.

IMPRESSION:

1. SLAP tear.
2. Low-grade intrasubstance tear of the supraspinatus and infraspinatus tendons that is confluent, involving the anterior superior most fibers of supraspinatus tendon and the posterior fibers of the supraspinatus tendon. This is 10-15% of the thickness of the tendons and is approximately 12 mm in AP diameter.
3. There is a tiny 1 mm thick intrasubstance tear of the supraspinatus tendon that is only about 3-10% of the thickness of the tendon.
4. Diffuse mild infraspinatus and supraspinatus tendinopathy.
5. Moderate acromioclavicular joint arthrosis and hypertrophy spurring off the undersurface of the joint causing effacement of the bursal surface of the supraspinatus tendon. There is also moderate lateral downsloping of the acromion narrowing the acromiohumeral space. These findings, in the setting of rotator cuff disease, raises the question of subacromial impingement syndrome in the appropriate clinical setting.
6. Otherwise, normal.

MR Electronically Signed By: BRIAN SCHULZ 3/4/2015 16:53

RECEIVED

APR 13 2015

ASSOCIATED TECH
MANAGEMENT

Page:

1

Patient Name: IBANEZ RAMIREZ, MANUEL
Patient Date of Birth: 2/2/1970 12:00:00 AM
Medical Record Number: 000333865
Location: CRK
Rendering Physician: SCHULZ, BRIAN
Referring Physician: SANDERS, STEVEN
Accession Number: 2334900
Date of Service: 3/4/2015 3:01:00 PM
Exam: FL SHOULDER ARTHROGRAM

SHOULDER ARTHROGRAM:

HISTORY: Right shoulder pain.

TECHNIQUE: Full written and oral informed consent was obtained from the patient prior to the procedure. Under the usual sterile drape conditions a point over the right shoulder was marked for percutaneous puncture under fluoroscopic guidance. A 25-gauge spinal needle was utilized to puncture the shoulder joint under fluoroscopic guidance. 0.15 milliliters of Gadavist gadolinium was administered into the joint. A total of 5 cc of gadolinium was utilized because the dose was drawn from a single dose vial that had to be discarded. Seven milliliters of Optiray 320 iodinated contrast was administered into the joint. A total of 20 cc of Optiray 320 was utilized because the injected dose was drawn out of a single dose vial the remaining portion of which had to be discarded. Michelle Bland, RT, performed the procedure with direct personal supervision by Dr. Schulz. Dr. Schulz was in the room for the entire study. 0.2 minutes of fluoroscopic time was utilized. **FINDING:** The injection was intraarticular. There is no evidence of a full-thickness rotator cuff tear.

IMPRESSION:

Successful fluoroscopically-guided arthrogram of the right shoulder. Electronically Signed By: BRIAN SCHULZ
3/5/2015 7:54

RECEIVED

APR 13 2015

ASSOCIATED RISK
MANAGEMENT, INC

Page: 1

MS9-00170

4 of 8

***** THIS REPORT CONTAINS UNCLASSIFIED INFORMATION *****

113241-134

ARMI 124

238



*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

March 9, 2015

Dr. Terry Akers
2931 N. Tenaya Way #106
Las Vegas, NV 89128

RE: Employer:
Enterprise:
Our Claim Number:

RAFAEL FRAMERS/RAFAEL CONCRETE
Builders Association of Western Nevada
5012-1271-2015-0195

Claimant:
DOB:
SSN:

MANUEL IBANEZ
February 2, 1970
[REDACTED]

To Whom It May Concern:

It has come to our attention that the person referenced above has received prior treatment from you. This individual has also filed a workers compensation claim with the employer listed above and we are requesting a copy of his records for all treatment with you. We have enclosed a copy of his current C-4, which serves as release for this request.

Thank you for your prompt attention to this matter. If you have any questions, feel free to contact me at (775) 883-4440 or toll free (800) 621-5006.

Sincerely,

Sandy Belcher

Sandy L. S Belcher
Claims Examiner

cc: File

ARM 125

239