

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

## NEVADA SPINE CLINIC

**BARUK CHUNIAN, M.D.**  
Diplomate, American Board of Anesthesiology  
Fellowship Trained Pain Specialist

**KELEY NOEL, PA-C**  
Physician Assistant Certified

**ARLENE CARUNGCONG**  
Physician Assistant Certified

Electronically Filed  
Mar 27 2020 01:19 p.m.  
Elizabeth A. Brown  
Supreme Court

# PHYSICIAN'S PROGRESS REPORT CERTIFICATION OF DISABILITY

Claim Number: **ED 2127190150180**  
Social Security #: **[REDACTED]**  
Date of Injury: **10/16/14**

Patient's Name: <b>Manuel Ibanez - Ramirez</b>		DOB: <b>2/2/76</b>
Employer: <b>Rafael Framing</b>		Name of MCO (if applicable):
Patient's Job Description/Occupation:		
Previous Injuries/Disease/Surgeries Contributing to the Condition:		
Diagnosis: <b>Lumbago</b>		
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"/> Stable <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:		
<b>(1) DISCOGRAPHY L5-S1, L4-S, L3-S1</b>		
<b>(2) RETURN BACK TO WORK SLOWLY</b>		

☐ No Change in Therapy

Patient's Medications:

☐ Medication May Be Used While Working

☐ PT/OT Prescribed ☐ PT/OT Discontinued

☐ Case Management ☐ Consultation

<b>(3) PAIN MED</b>
<b>(4) OUT LIBERTY DUTY</b>

☐ Released to **FULL DUTY** with NO Restrictions on (Date):

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

☐ Released to **RESTRICTED** with MODIFIED Duty on (Date) From: To:

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:

**to 1mo**

Date of this Exam:

**3/10/15**

Physician:

**Christopher Fisher**

Physician Signature:

**[Signature]**

ARMI 126

240

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

03/10/2015

Date: 03/10/15 : 08:51am  
Title: Office Visit

**NEVADA SPINE CLINIC**  
7140 Smoke Ranch Road Suite 130, 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

**History of Present Illness:**  
This patient is a 44 y/o male who presents with low back pain since 10/16/14. He returns for evaluation after epidural steroid injections at L4-5, and L5-S1. He reports that he did not have any improvement and that he continues to have low back pain symptoms as well as right lower extremity radiating pain intermittently. He is currently working light duty status but 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

**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

**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

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ASSOCIATED RISK  
MANAGEMENT, INC

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

03/10/2015

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

**Plan**

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

He has not had any improvement with conservative management including epidural steroid injections. I'd like to perform a discogram at L3-4, L4-5, and L5-S1 for diagnostic purposes. In addition, I'd like to refer him back to Dr. Elkanich for surgical evaluation.

- 2) Pharmacologic management including:  
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.

Christopher Fisher, MD

#Orders: LUMBAR DISCOGRAPHY (Do in Routine days)

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

03/10/2015

#Orders: CT LUMBAR - POST DISCO [Do in Routine days]

# SIGNED BY CHRISTOPHER FISHER, MD (CH) 03/10/2015 08:58AM  
# REVISED BY CHRISTOPHER FISHER, MD (CH) 03/10/2015 09:00AM  
# REVISED BY TRANSCRIPT USER (TU) 03/16/2015 10:21AM

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ASSOCIATED RISK MANAGEMENT, INC.

Medical Authorization

Date of Request: 3/10/15  
Injured Worker: MANUEL IBANEZ  
Claim Number: 6012-1271-2015-0195  
Employer: RAFAEL FRAMERS/RAFAEL CONCRETE  
Date of Injury: October 16, 2014  
Procedure Requested: Discogram L3-S1  
Body Part: Low back  
Location/Facility: \_\_\_\_\_  
Requesting Physician: Dr. Christopher Fisher; Dr. Elkanich  
Phone Number: \_\_\_\_\_  
Fax Number: 702-320-8112; 702-474-0009

\*Approved: xxx Denied: \_\_\_\_\_  
Signature: Jenny Kruger  
Date: March 13, 2015 End Date: 30 Days  
Comments: \_\_\_\_\_  
\_\_\_\_\_

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

Please attach authorization with any billing submitted.

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

ARMI 130

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# BONE & JOINT SPECIALISTS

## Board Certified Orthopaedic Surgeons

3028 Palomino Lane, Suite 200, Las Vegas NV 89106 (702) 474-7200 office  
3680 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 E. Murring M.D.  
Rick T. Mendez, M.D.  
Jocelyn Bagovic, P.A.C.

Patient: Manuel Ibanez-Ramirez  
Date of Birth: 02/02/1970  
SSN (last 4 #): [REDACTED]  
Visit Date: 03/13/2015  
Attending Provider: G. M. ELKANICH MD  
Referring Provider: Management Associated Risk

### Patient Visit Note

#### History of Present Illness

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

Worker's Comp Claim Number  
50212712015195

Employer  
RAFAEL FRAMERS

Occupation  
CARPENTER

Date of Injury  
10-16-14

Body Part  
CERVICAL  
LUMBAR

#### Chief Complaint

Mr. Ibanez-Ramirez presented today. He did have his cervical MRIs and the shoulder MRI which was ordered by Dr. Sanders. We are able to obtain the cervical MRI online to review. He does have cervical pain, he reported, from the accident with right shoulder issues that are being worked up by Dr. Sanders. We have obtained authorization for lumbar discography. He is going to contact Dr. Fisher's office to have that scheduled. He is here with his wife who interprets.

#### Current Medication

- 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.  
Drug Use: Not using drugs.

#### Radiology

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Patient Name: Manuel Ibanez-Ramirez

Date: 03/13/2015

**MRI SCANS:** MRI of the cervical spine from Desert Radiologists revealed C4-5 broad-based disc protrusion. At C4-5 there is a posterolateral right-sided protrusion that may cause some lateral recess narrowing.

**Active Problems**

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

**Therapy**

- Education and instructions.
- Clinical summary provided to patient.

**Counseling/Education**

- Instructions for patient
- Education and counseling

**Plan**

- Transition in care, clinical summary provided

We discussed all treatment options. At this time, he is going to schedule his lumbar discogram with Dr. Fisher. I will see him back when it is completed. We did review the MRI of the cervical spine. At this time, I will let Dr. Sanders evaluate him for the shoulder. We are going to focus on the lumbar spine. At this time, we are going to focus treatment on the lumbar spine and let Dr. Sanders focus on the shoulder and see what its evaluation states. I will see him back in 4 weeks or after the lumbar discogram is completed.

**G. MICHAEL ELKANICH MD**

Electronically signed by: G. MICHAEL ELKANICH MD Date: 03/16/2015 14:48

1800-621-5006

PHYSICIAN'S AND CHIROPRACTOR'S PROGRESS REPORT CERTIFICATION OF DISABILITY		Claim Number: 5012127120150195
Patient's Name: MANUEL IBANEZ-RAMIREZ		Social Security Number:
Employer: RAFAEL FRAMERS		Date of Injury: 10/16/14
Patient's Job Description/Occupation:		Name of MCO (if applicable): ASSOCIATED RISK
Previous Injuries/Diseases/Surgeries Contributing to the Condition:		
Diagnosis: <i>L4/5, Cervical</i>		
Related to the Industrial Injury? Explain:		
Objective Medical Findings: <i>See Rept</i>		
<input type="checkbox"/> None - Discharged      Stable <input type="checkbox"/> Yes <input type="checkbox"/> No      Retable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Generally Improved <input type="checkbox"/> Condition Worsened <input type="checkbox"/> Condition Same May Have Suffered a Permanent Disability <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treatment Plan:		
<i>MPL C-spine reviewed</i> <i>to IV</i> <i>W. Sanders</i> <i>shoulder</i> <i>L3-S1</i> <i>request</i> <i>for notes</i> <i>for Mr. Niskorn</i> <i>- Mr. Arles</i>		
<input type="checkbox"/> No Change in Therapy <input type="checkbox"/> PT/OT Prescribed <input type="checkbox"/> Medication May be Used While Working <input type="checkbox"/> Case Management <input type="checkbox"/> PT/OT Discontinued		
<input type="checkbox"/> Consultation <input type="checkbox"/> Further Diagnostic Studies: <input type="checkbox"/> Prescription(s)		
<input type="checkbox"/> Released to FULL DUTY/No Restrictions on (Date): <input type="checkbox"/> Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: To: <input checked="" type="checkbox"/> Released to RESTRICTED/Modified Duty on (Date): From: <u>3/13/15</u> To: <u>4/13/15</u> Restrictions Are: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
<input type="checkbox"/> No Sitting <input type="checkbox"/> No Standing <input type="checkbox"/> No Pulling <input checked="" type="checkbox"/> Other: <i>light duty</i> <input checked="" type="checkbox"/> No Bending at Waist <input type="checkbox"/> No Stoopng <input type="checkbox"/> No Lifting <i>spring</i> <input type="checkbox"/> No Carrying <input type="checkbox"/> No Walking <input type="checkbox"/> Lifting Restricted to (lbs.): <i>10lb</i> <input type="checkbox"/> No Pushing <input type="checkbox"/> No Climbing <input type="checkbox"/> No Reaching Above Shoulders		
Date of Next Visit: <u>4-7-15</u>	Physician/Chiropractor Signature: <i>Michael Ekanich, MD</i>	

D-39 (Rev. 7/99)

9:10:00am

ARMI 133

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# BONE & JOINT SPECIALISTS

**Board Certified Orthopaedic Surgeons**

2020 Palomino Lane, Suite 200, Las Vegas NV 89106 (702) 474-7200 office  
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James B. Manning M.D.  
Kirk T. Mendez, M.D.  
Jocelyn Segovia, P.A.C.

Patient: Manuel Ibanez-Ramirez  
Date of Birth: 02/02/1970  
SSN (last 4 #): [REDACTED]  
Visit Date: 03/16/2015  
Attending Provider: STEVEN M. SANDERS MD  
Referring Provider: Management Associated Risk

## Patient Visit Note

W/C CLAIM #: 50121271120150195

EMPLOYER: Rafael Framers

OCCUPATION: Carpenter

DATE OF INJURY: 10/16/14

BODY PART: Right shoulder. Low back.

TPA/ADJUSTER: Associated Risk Management/Sandy Belcher

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

**INTERVAL HISTORY:** Manuel Ibanez-Ramirez is a 45 year old male. The patient is seen with and without Spanish translator today. Used as needed. Continues to complain of shoulder pain. States shoulder is worse than his neck. He still complains of pain in various areas, front and back. It can vary in intensity. Worse with reaching or pushing activities. States his neck sometimes is stiff when he wakes up and has difficulty moving but then it improves.

### Current Medication

- 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
- 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 03/16/2015 09:12 am

BP-Sitting R	145/97 mmHg
Pulse Rate-Sitting	89 bpm
Height	68 in
Weight	165 lbs
Body Mass Index	25.1 kg/m2
Body Surface Area	1.88 m2

Therapy • Education and instructions • Clinical summary provided to patient.

Counseling/Education • Instructions for patient • Education and counseling

Health Reminders

- Assess BMI satisfied 03/16/2015.
- Assess Tobacco Use satisfied 03/16/2015.
- Blood Pressure Measurement satisfied 03/16/2015.

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Patient Name: Manuel Ibanez-Ramirez

Date: 03/16/2015

**EXAMINATION:** His right shoulder girdle demonstrates tenderness in various areas that are confusing as to a single anatomic diagnosis but he does state that the most pain is in the anterior glenohumeral region. He has some tenderness at the sternoclavicular joint as well as along the clavicle shaft. He has tenderness at the AC joint. He has some tenderness to the posterior aspect of the shoulder but the number one area repetitively is the anterior glenohumeral region.

His cervical spine he demonstrates pain below the cervical spine to the right of the midline in the trapezius. He notes that is painful but less than the anterior shoulder. He is nontender directly over the cervical spine itself.

**MRI SCAN ARTHROGRAM:** MRI scan arthrogram right shoulder, 03/04/15, Desert Radiology. Films show some fluid suggesting a SLAP tear of the superior labrum but there is no definitive labral cysts.

There is also marked discussion regarding the supraspinatus and infraspinatus regarding some degenerative intrasubstance tearing involving maybe up to 10-15% thickness of the tendon. This can be degenerative in nature as well as posttraumatic. Importantly, the AC joint demonstrates moderate arthrosis and hypertrophy with inferior undersurface spurs approaching the supraspinatus tendon. Also lateral downsloping acromion.

**MRI SCAN:** MRI scan cervical spine, 03/04/15, Desert Radiology. Demonstrates three level broad-based disc osteophyte complex at C4-5, C5-6, and C6-7. At the C5-6 level, it discusses the disc osteophyte complex being eccentric to the right. The estimate this to cause mild to moderate right neuroforaminal stenosis.

**DISCUSSION:** Reviewed the above in detail with the patient. At this particular time, he demonstrates some degenerative changes in the cervical spine at three levels. There is some corresponding eccentricity to the disc osteophyte complex on the C5-6 level that of course could have an outside chance of some right-sided symptoms being related. He persists in that the number one problem is the shoulder and he is tender in the glenohumeral region. It is disturbing that he has tenderness in lots of other spots one would not expect such as the clavicle shaft itself. Always gives one concern regarding potential outcomes of any surgical intervention.

The patient is, however, five months down the road and has not progressed. My thoughts at this time is that he does warrant an arthroscopy of his shoulder. This would involve evaluation of the labrum to see whether or not there is in fact a true tear or detachment. If it is just a simple deep recess, then no surgery on the labrum should be done. He would also have, at that time, a decompression and an evaluation of the distal clavicle for resection given that he does have some measure of symptoms from that part of the shoulder. AC joint pathology and pain can cause localized discomfort but also pain radiating out into the trapezius muscle.

I reviewed the risks and complications of the procedure including infection, neurovascular injury, limitations of outcome, et cetera. The patient states he understands the above and wishes to proceed.

**PLAN:** Right shoulder arthroscopy. Evaluation of labrum for repair. Possible distal clavicle resection.

**DISABILITY STATUS:** The patient is at modified duty. No climbing. Lifting restriction right shoulder 15 pounds.

STEVEN M. SANDERS MD

Electronically signed by: STEVEN M SANDERS MD Date: 03/20/2015 11:41

Cc: Associated Risk Management Workers Comp

ATTN: Sandy Belcher

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

Patient's Name: <b>Manuel Ibanez-Ramirez</b>		Claim Number: <b>6012127120150195</b>																
Employer: <b>Rafael Framing</b>		Date of Injury: <b>10/16/2014</b>																
Patient's Job Description/Occupation:		Name of MCO (if applicable): <b>ASSOCIATED RISK MANAGEMEN</b>																
Previous Injuries/Diseases/Surgeries Contributing to the Condition:																		
Diagnosis: <b>1) SLAP TEAR RIGHT SHOULDER 2) AC JOINT STRAIN</b>																		
Related to the Industrial Injury? Explain:																		
Objective Medical Findings: <b>PAIN WITH RANGE OF MOTION TTP</b>																		
<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>Unstable</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 <input type="checkbox"/> Yes <input type="checkbox"/> No</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	Unstable	<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"/> Yes <input type="checkbox"/> No							
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<input type="checkbox"/> May Have Suffered a Permanent Disability <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Treatment Plan: <b>SURGERY SCOPE RIGHT SHOULDER EVAL LABRUM AC JOINT</b>																		
<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): <b>03/16/15 TO NEXT VISIT</b> RESTRICTIONS ARE: <div style="text-align: right;"> <input type="checkbox"/> Permanent    <input checked="" type="checkbox"/> Temporary         </div>																		
<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> No Sitting</td> <td><input type="checkbox"/> No Standing</td> <td><input type="checkbox"/> No Pulling</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> No Bending at Waist</td> <td><input type="checkbox"/> No Stooping</td> <td><input type="checkbox"/> No Lifting</td> <td></td> </tr> <tr> <td><input type="checkbox"/> No Carrying</td> <td><input type="checkbox"/> No Walking</td> <td><input checked="" type="checkbox"/> Lifting Restricted to (lbs.): <b>15B LBS</b></td> <td></td> </tr> <tr> <td><input type="checkbox"/> No Pushing</td> <td><input checked="" type="checkbox"/> No Climbing</td> <td><input type="checkbox"/> No Reaching Above Shoulders</td> <td></td> </tr> </table>			<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 checked="" type="checkbox"/> Lifting Restricted to (lbs.): <b>15B LBS</b>		<input type="checkbox"/> No Pushing	<input checked="" type="checkbox"/> No Climbing	<input type="checkbox"/> No Reaching Above Shoulders	
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<input type="checkbox"/> No Pushing	<input checked="" type="checkbox"/> No Climbing	<input type="checkbox"/> No Reaching Above Shoulders																
Date of Next Visit: <b>POST OP</b>	Date of this Exam: <b>03/16/2015</b>	Physician/Chiropractor Name:  <b>STEVEN M. SANDERS MD</b> Physician/Chiropractor Signature: 																

BONE & JOINT SPECIALISTS  
2020 PALOMINO LN. STE. 230  
LAS VEGAS, NV 89106  
OFFICE (702) 474-7200  
FAX (702) 474-0809

X Dr. Steven M. Sanders

Dr. Mark J. Rosen

BONE & JOINT SPECIALISTS  
2680 CRIMSON CANYON DR.  
LAS VEGAS, NV 89121  
OFFICE (702) 228-7555  
FAX (702) 228-4499

Dr. Steven M. Sanders

Dr. Mark J. Rosen

Date: 3.16.15  
Patient Manuel Ramirez SSN \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Phone (HM) \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

Diagnosis SLAP TEAR  
AC joint strain ICD9 \_\_\_\_\_ Ref. By \_\_\_\_\_

Procedure Right Shoulder Scope Poss Labral repair Poss  
distal clavicle resection Est. Time \_\_\_\_\_

Special Equipment Table Trimano SCORPION Smith Nephew

Labr None CBC UA Comp. Metabolite TAC HIV Preg EKG PT PTT

Chest X-Ray

Donate \_\_\_\_\_ Units \_\_\_\_\_ Other \_\_\_\_\_

Dr. S. SANDEN Completed by \_\_\_\_\_

Assistant: \_\_\_\_\_ Admit To: \_\_\_\_\_

### SCHEDULING INFORMATION

Place of Procedure/Test SURG CENTER

Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

✓ Out PT \_\_\_\_\_ In PT \_\_\_\_\_ Reason \_\_\_\_\_ # of Days \_\_\_\_\_

Anesthesia CCAC Per \_\_\_\_\_

Procedure/Test Scheduled on \_\_\_\_\_

Spoke with \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Claustrophobic: \_\_\_\_\_ Prior SX: \_\_\_\_\_ Metal: \_\_\_\_\_ Wt: \_\_\_\_\_

ARMI 136

251



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

Claim Number:  
**B012127120150195**

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: **1) SLAP TEAR RIGHT SHOULDER 2) AC JOINT STRAIN**

Related to the Industrial Injury? Explain:

Objective Medical Findings:  
**PAIN WITH RANGE OF MOTION  
TTP**

☐ None - Discharged

Stable  
Ritabile

☐ Yes ☒ No  
☐ Yes ☐ No

☐ Condition Worsened  
☒ Condition Same

☐ Generally Improved

May Have Suffered a Permanent Disability

☐ Yes ☐ No

Treatment Plan:

**SURGERY SCOPE RIGHT SHOULDER EVAL LABRUM AC JOINT**

☐ 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): **03/16/15 TO NEXT VISIT** RESTRICTIONS ARE:  
☐ Permanent ☒ Temporary

☐ No Sitting

☐ No Standing

☐ No Pulling

☐ Other:

☐ No Bending at Waist

☐ No Stooping

☐ No Lifting

☐ No Carrying

☐ No Walking

☒ Lifting Restricted to (lbs.): **15B LBS**

☐ No Pushing

☒ No Climbing

☐ No Reaching Above Shoulders

Date of Next Visit:  
**POST OP**

Date of this Exam:  
**03/16/2015**

Physician/Chiropractor  
Name:

**STEVEN M. SANDERS MD**

*S. Sanders MD*  
Physician/Chiropractor Signature:



*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 18, 2015

Steven Sanders  
2020 Palomino Ln. Ste 200  
Las Vegas, NV 89106

Sent via Fax 702-474-0009

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

Dear Dr. Sanders:

Please see the attached letter we received from Mr. Ibanez. We advised Mr. Ibanez that we would ask you to review the MRI findings as well as your records and provide our office with an updated industrial diagnosis. Thus far, we have only accepted a right shoulder contusion. You may comment below for convenience or you are welcome to generate your own dictation. Either way, you may submit your billing to us for your time.

Industrial findings:

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Non-industrial/Unrelated Findings:

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Dr. Sanders/Date

If you have any questions, please feel free to contact me at 800-935-0640. You may fax your response to me at 800-621-5006.

Sincerely,

*J. Kruger*  
Jenny Kruger  
Claims Examiner

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

ARMI 138

253

# Las Vegas Radiology

TOMORROW'S RADIOLOGY IMAGING... TODAY

7500 Smoke Ranch Road, Suite 100, Las Vegas, Nevada 89128  
8530 W. Sunset Rd, Suite 120, Las Vegas, Nevada 89113  
3175 St. Rose Pkwy, Suite 130, Henderson, Nevada 89052  
3201 S. Maryland Pkwy, Suite 102, Las Vegas, Nevada 89109  
4640 W. Craig Rd, North Las Vegas, Nevada 89032  
Phone: 702-254-5004 Fax: 702-432-4005

Exam Date: March 23, 2015

REFERRED BY  
CHRISTOPHER FISHER,

## PATIENT INFORMATION

Patient: IBANEZ, MANUEL DOB: 02/02/70  
MRN: 87404-1 Accession #: 361045  
Exam: CT LUMBAR W/O

CT lumbar discogram

## Findings:

Noncontrast CT imaging of the lumbar spine was performed following discogram procedure which was performed by the provider. Images were performed using axial 1 mm contiguous cuts with coronal and sagittal reconstructions. Axial 3 mm sections were submitted for review.

Discogram was performed at L3-L4, L4-L5 and L5-S1.

At L3-L4, contrast appears to be confined to the nucleus pulposus and there is no evidence of any tear.

At L4-5, there are grade 5 annular fissure at the 7:00 o'clock position. Contrast is noted in the right subarticular and foraminal aspects. There is a grade 4 annular fissure at the 5:00 o'clock position. Also noted is grade 5 annular fissure at the 11:00 o'clock position and contrast is noted in the anterior paraspinal soft tissues.

At L5-S1, there is grade 5 annular fissure at the 6:00 o'clock position. Contrast and air are noted in the posterior central aspect ventral to the thecal sac. There is grade 5 annular fissure at the 5:00 o'clock position.

RECEIVED

APR 03 2015

IBANEZ, MANUEL, MRN: 87404-1 Exam Date: March 23, 2015 (page 1 of 2)

ASSOCIATED RISK  
MANAGEMENT, INC

ARMI 139

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

03/09/2015

Date: 03/19/15, 11:45am  
Title: RADIOLOGY

**LAS VEGAS RADIOLOGY**  
PHN: (702) 254-5004 - FAX: (702) 432-4005  
7500 SMOKE RANCH RD LAS VEGAS, NV 89128

PATIENT: IBANEZ-RAMIREZ, MANUEL  
DOB: 02/02/70 AGE: 45 year PHONE: (702) 504-9637  
ADDRESS: 5630 EUGENE AVE  
CITY: LAS VEGAS, STATE: NV ZIP: 89108

(PR) INS: Associated Risk Management, INC ID#: 5012127120150195 AUTH: PER SANDY  
BELCHER PH: 775-883-4430  
(2ND) INS: ID# AUTH:

**EXAM INFO**

TEST:  
CT LUMBAR W/O CONTRAST  
SCHEDULED FOR 3/23/15 @ 9:30 AM.

DIAGNOSIS:  
LUMBAR PAIN  
ICD9:  
724.2 - PAIN

REFERRING PHYSICIAN:  
CHRISTOPHER A. FISHER, MD

CONTACT NAME: WENDY

PLEASE DELIVER FILMS AND REPORTS TO

NEVADA SPINE CLINIC  
7140 SMOKE RANCH RD  
LAS VEGAS, NV 89128  
PHN: (702) 320-8111 - FAX: (702) 818-1282

RECEIVED

1	Manuel Ibanez	9:35	9:30			
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APR 08 2015

Printed On: 04/20/2015

ASSOCIATED RISK  
MANAGEMENT, INC

DUPLICATE COPY. SCANNED AT 3/23/2015

ARMI 140

255



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

03/23/2015

Date: 03/23/15 : 09:31am  
Title: OP Note

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

PATIENT NAME: MANUEL IBANEZ-RAMIREZ Date of birth: 02/02/70

DISCOGRAPHY PROCEDURE NOTE

**PRE-PROCEDURE DIAGNOSIS :**

- L4-5 disc protrusion
- L5-S1 disc protrusion
- Right lower extremity radiculopathy
- Intractable low back pain. Rule out internal disc disruption or other disc abnormalities as a cause of the patient's low back and leg pain.
- Failed conservative therapy.
- History of work related injury on 10/16/2014

**POST-PROCEDURE DIAGNOSIS :**

- L3-4 normal architecture and an asymptomatic disc.
- L4-5 severe architectural abnormalities, anterior extravasation of dye, and a concordant pain pattern.
- L5-S1 severe architectural abnormalities, extravasation of dye, and concordant pain pattern.

**PROCEDURE PERFORMED :**

1. L3-4 discogram using fluoroscopic guidance and manometric pressure measurement.
2. L4-5 discogram using fluoroscopic guidance and manometric pressure measurement.
3. L5-S1 discogram using fluoroscopic guidance and manometric pressure measurement.

**PROCEDURE IN DETAIL :**

After written and informed consent was obtained, the patient was informed of the risks of bleeding, infection, discitis, nerve damage, paralysis and death.

After receiving intravenous cefazolin, 1000 mg, the patient was placed in the prone position while being monitored with standard monitors. The skin overlying the lumbosacral spine was prepped and draped in a sterile fashion. Sterile technique was utilized throughout the procedure to decrease any chance of infection.

1000 mg of cefazolin was added to the radiographic contrast for further antibiotic prophylaxis during the procedure. The patient was given intravenous medications for conscious sedation while being monitored by anesthesiology.

A #22 gauge 6 inch spinal needle was easily placed into the center of the L3-4 disc from the right lateral paravertebral approach without paresthesia. This needle was seen to be in adequate central position using multiple views of fluoroscopy. At that point, the L3-4 disc was

Printed On: 03/31/2015

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APR 08 2015

ASSOCIATED RISK  
MANAGEMENT, INC.

Page: 1 of 2

ARMI 141

256

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

03/23/2015

Injected with a mixture of Isovue M-300 dye and antibiotics. The opening pressure was 25 PSI, and at 2 ml of dye and 110 PSI, the patient complained of only mild central low back pressure, unlike his usual pain an asymptomatic pattern. There was no anatomical architectural abnormalities within this disc.

A second #22 gauge 5 inch spinal needle was easily placed into the center of the L4-5 disc from the right lateral paravertebral approach without paresthesia. This needle was seen to be in adequate central position using multiple views of fluoroscopy. At that point, the L4-5 disc was injected with a mixture of Isovue M-300 dye and antibiotics. The opening pressure was 20 PSI, and at 2 ml of dye and 50 PSI, the patient complained of severe central low back pain, just like his usual pain, a concordant pain pattern. The anatomy of the disc revealed moderate disc degeneration and anterior extravasation of dye.

Finally a third #22 gauge 5 inch spinal needle was placed into the center of the L5-S1 disc from the right lateral paravertebral approach without paresthesia. This needle was seen to be in adequate central position using multiple views of fluoroscopy. At that point, the L5-S1 disc was injected with a mixture of Isovue M-300 dye and antibiotics. The opening pressure was 20 PSI, and at 2 ml of dye and 30 PSI, the patient complained severe central low back pressure, like his usual pain, a concordant pain pattern. There were severe architectural anatomical abnormalities within this disc, with extravasation of dye.

The patient was observed for 30 minutes prior to discharge. The patient was discharged home in stable and ambulatory condition.

Dr. Elkanich, thank you for your kind referral. If you have any questions, feel free to contact me.

Christopher Fisher, MD

cc: Dr. Elkanich  
efaxed: 702-474-0009

# SIGNED BY CHRISTOPHER FISHER, MD (CH) 03/23/2015 09:34AM  
# REVISED BY CHRISTOPHER FISHER, MD (CH) 03/23/2015 08:35AM  
# REVISED BY CHRISTOPHER FISHER, MD (CH) 03/31/2015 12:28PM

RECEIVED

APR 03 2015

ASSOCIATED RISK  
MANAGEMENT, INC

Printed On: 03/31/2015

Page: 2 of 2  
ARMI 142

257



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MANAGEMENT, INC.*

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

**FAX COVER SHEET**

<b>To:</b>	Anna H. for Dr. Sanders	<b>From:</b>	Jenny Kruger
<b>Fax:</b>	702-228-4499	<b>Date:</b>	March 30, 2015
<b>Phone:</b>		<b>Pages:</b>	2
<b>Re:</b>	MANUEL IBANEZ	<b>CC:</b>	
	5012-1271-2015-0195		

☐ Urgent   ☐ For Review   ☐ Please Comment   ☐ Please Reply   ☐ Please Recycle

I received your fax with a copy of Dr. Sanders latest dictation hoping the report addressed the questions I posed. The report did not discuss nor address any of my questions.

Please provide my first letter to Dr. Sanders for his review and comment. Thank you.

This communication is confidential and is intended only for the person named above. No one other than the named recipient is authorized to use the information contained herein in any manner. If you have received this communication in error, please contact the sender and destroy the communication.

ARMI 143

258

03/30/2015 09:43

(FAX) 702 474 0280

(FAX)

P.001/008

P.002/002



# 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 18, 2015

Steven Sanders  
2020 Palomino Ln. Ste 200  
Las Vegas, NV 89106

Sent via Fax 702-474-0009

Re:	Claimant:	MANUEL IBANEZ
	Claim No:	3012-1271-2015-0195
	Date of Injury:	October 16, 2014
	Employer:	RAFAEL FRAMERS/RAFAEL CONCRETE

Dear Dr. Sanders:

Please see the attached letter we received from Mr. Ibanez. We advised Mr. Ibanez that we would ask you to review the MRI findings as well as your records and provide our office with an updated industrial diagnosis. Thus far, we have only accepted a right shoulder contusion. You may comment below for convenience or you are welcome to generate your own dictation. Either way, you may submit your billing to us for your time.

## Industrial findings:

*MRI of lumbar spine reveals L4-5 & L5-S1 loss*

*of disc height & disc degeneration & posterior disc protrusion*

*MRI shoulder RT moderate infraspinatus tendinosis & mild*

*Non-Industrial/Unrelated Findings: Full thickness rotator cuff tear of right shoulder joint*

*patient has arthroscopy of shoulder & recommendation to continue off.*

*S. Sanders 3.30.15*

If you have any questions, please feel free to contact me at 800-935-0640. You may fax your response to me at 800-621-5006.

Sincerely,

Jenny Kruger  
Claims Examiner

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

ARMI 144

259

04/01/2015 18:20 Bone & Joint Specialists

09/18/2015 16:57

(FAX) 702-474-0009

P.001/001

(FAX)

P.001/003



**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 18, 2015

Steven Sanders  
2020 Palomino Ln. Ste 200  
Las Vegas, NV 89106

Sent via Fax 702-474-0009

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

Dear Dr. Sanders:

Please see the attached letter we received from Mr. Ibanez. We advised Mr. Ibanez that we would ask you to review the MRI findings as well as your records and provide our office with an updated industrial diagnosis. Thus far, we have only accepted a right shoulder contusion. You may comment below for convenience or you are welcome to generate your own dictation. Either way, you may submit your billing to us for your time.

Industrial Findings:

*Clinical: Painful shoulder*  
*Radiographic: (1) Labrum tear (2) Partial RTZ tear*  
*(3) A-C joint arthritis (4) Humeral head exostosis*

Non-Industrial/Unrelated Findings:

*INDUSTRIAL (1) Labrum (2) RTZ*

Dr. Sanders/Date:

*Non Industrial (3) AC arthritis (4) Exostosis*

If you have any questions, please feel free to contact me at 800-935-0640. You may fax your response to me at 800-621-5006.

Sincerely,

*J. Kruger*  
Jenny Kruger  
Claims Examiner

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

*\* needs scope to confirm  
if real tear is  
present*

ARM 145

200



### Bone & Joint Specialists

2020 Palomino Lane, Suite 220, Las Vegas, NV 89106 (702) 474-7200  
2680 Crimson Canyon Drive, Las Vegas, NV 89128 (702) 228-7355

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

*Specializing in Orthopedic Surgery*

## **SURGERY AUTHORIZATION REQUEST FOR STEVEN SANDERS, M.D.**

Date: 4-3-2015

ATTN: JENNIFER KRUGER

Insurance: ASSOCIATED RISK MANAGEMEN

PH

PH 1-800-621-5006

Patient Name: Manuel Ibanez-Ramirez

Patient Date of Birth: 02/02/1970

Patient Social Security Number: [REDACTED]

Patient DOI: 10/16/2014

Claim #: 5012127120150195

**DX: SLAP TEAR. AC JOINT STRAIN  
PROCEDURE: RIGHT SHOULDER SCOPE**

**DATE SCHEDULED: PEND AUTH  
FACILITY:**

☒ SPECIALTY    ☒ SAHARA SURGERY    ☐ UMC    ☐ VALLEY  
☐ MOUNTAIN VIEW    ☐ SUMMERLIN  
☐ INPATIENT    ☒ OUT PATIENT

**PHYSICIAN: STEVEN M. SANDERS, M.D.**

**THANK YOU**

**LAURA D**

**PLEASE CALL ME IF YOU HAVE QUESTIONS**

PH702-474-7200

FH702-474-0009

2020 Palomino Ln #220  
LV, NV 89106

PH702-228-1355

FH702-228-4499

2680 Crimson Canyon Drive  
LV, NV 89128

ARMI 146

201

Ibanez-Ramirez, Manuel 45y M  
DOB: 02/02/70

Patient Chart Report  
BONE & JOINT SPECIALISTS

04/03/15 3:28 pm

## Patient Information

## Demographics

Patient Number 114884  
Chart Number 114773  
Age/Sex 45y M  
Marital Status Married  
Emp. Status Employed  
Provider ELKANICH, G. MICHAEL MD  
Referring Pr Associated Risk Management

## Additional Information

DATE OF INJURY 10/16/2014

Rel. to Guarantor Self  
Date of Birth 02/02/1970  
Race H  
Language English  
Mother's Maiden  
Social Security #  
Became Patient  
Last Visit 03/16/15  
Home Phone (702) 604-9837  
Work Phone (702) 401-5011  
Mobile Phone  
Address 5520 Eugene Ave

Email

Patient Consent  
Date Set  
Consent Notice  
Las Vegas, NV 89108  
Yes  
12/23/14  
Set During Patient  
Registration.

Recall Method Paper

## Guarantor Information

Guarantor Ibanez-Ramirez, Manuel  
Home Phone (702) 604-9837  
Work Phone (702) 401-5011  
Address 5520 Eugene Ave

City, State & Zip Las Vegas NV 89108  
Date of Birth 02/02/70  
Social Security # 822-28-4235  
Account Date 12/23/14  
Employer Rafael Framing  
Emp. Status E

## Insurance Information

Insurance Plan Name	Insurance ID Group #	Subscriber Name	Relation	Start and End Dates
1 ASSOCIATED RISK MANAGEMENT	5012127120160 105	Ibanez-Ramirez, Manuel	Self	10/16/14 -

04/14/2015 15:49 Bone & Joint Specialists

04/10/2015 15:30

(FAX) 702-474-0009

(FAX)

P.001/001

P.001/001

**ASSOCIATED RISK MANAGEMENT, INC.**

**SURGICAL AUTHORIZATION**

Date of Request: 4/3/15

Injured Worker: MANUEL IBANEZ

Claim Number: 8012-1271-2015-0195

Employer: RAFAEL FRAMERS/RAFAEL CONCRETE

Date of Injury: October 16, 2014

Surgeon: Dr. Sanders

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

CPT Code(s) Requested: (NEED CODES)  
Requested right shoulder scope, poss. SLAP repair - DCE 23170 20815 23120

CPT Codes APPROVED: (NEED CODES)  
right shoulder scope - APPROVED, Poss. SLAP repair - APPROVED  
DCE - APPROVED FOR BEST PRACTICES ONLY ARTHRITIS IS DENIED  
\*\*\*Any anticipated post-operative pain management codes must be pre-authorized\*\*\*

CPT Codes DENIED: \*\*Any denied codes may be reconsidered by sending a letter of justification.

Body Part: Right Shoulder

Location/Facility: Sahara Outpatient Surgery Center

Requesting Physician: Dr. Sanders

Phone Number: \_\_\_\_\_

Fax Number: 702-474-7200 F# 702 474 0009

\*Approved: xxx but need codes Denied: \_\_\_\_\_

Signature: Jennifer Kruger

Date: April 10, 2015 End Date: 60 days

Comments: \_\_\_\_\_

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

Associated Risk Management, Inc.

PO Box 4930, Carson City, NV 89702-4930

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

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

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

ARMI 148

263





ASSOCIATED RISK  
MANAGEMENT, INC.

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

April 6, 2015

MANUEL IBANEZ  
5620 EUGENE  
LAS VEGAS, NV 89108

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

Dear MANUEL IBANEZ:

Your claim was accepted originally for cervical and lumbar spine strains and right shoulder contusion. You requested that we update liability to the findings on the right shoulder MRI. However, we requested Dr. Sanders, your treating physician, to provide us with his medical opinion. He indicated that the MRI shows a labral tear and a rotator cuff tear however, a scope would need to be done to confirm these diagnoses. Should you ever undergo a scope, we will be ask Dr. Sanders once more to review the findings and provide us with an updated medical opinion.

He did, however, indicate that your acromioclavicular (AC) joint arthritis and humeral head osteochondroma are non-industrial and will not be covered under this claim.

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

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

Sincerely,

*Jerry Kruger*  
Jerry Kruger  
Claims Examiner

Enclosures: Request for Hearing Form  
Copy of medical report

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

ARMI 149

264

04/14/2015 08:36 Bone & Joint Specialist

(FAX) 702 228 4499

P.001/003



# BONE & JOINT SPECIALISTS

**Board Certified Orthopaedic Surgeons**

3076 Palomino Lane, Suite 200, Las Vegas NV 89106 (702) 474-7200 office  
3680 Cimarron Canyon Drive, Las Vegas NV 89128 (702) 474-0009 fax

Steven Sanders M.D.  
Mark Rosen M.D.  
D. 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: 04/07/2015  
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.

4/7/15 Pt returns. He is s/p L3-S1 diskogram by dr. fisher. It was positive at L4-S1 with a negative control at L3-4. He is at wits end and unable to live with his symptoms and would like to proceed ahead with surgery. Spanish Interpreter present. He denies and new neurological deficits bilateral LE.

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

ARMI 150

205

Patient Name: Manuel Ibanez-Ramirez

Date: 04/07/2015

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

**Allergies**

• No Known Allergies

**Social History**

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

Alcohol: A social drinker.

Drug Use: Not using drugs.

**Family History**

• Non-Contributory

**Review Of Systems**

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

**Physical Findings**

• Vitals taken: 04/07/2015 11:29 am

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****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.

Patient Name: Manuel Ibanez-Ramirez

Date: 04/07/2015

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.

**MRI SCANS:** MRI of the cervical spine from Desert Radiologists revealed C4-5 broad-based disc protrusion. At C4-5 there is a posterolateral right-sided protrusion that may cause some lateral recess narrowing.

**Active Problems**

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

**Assessment**

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

**Therapy**

- Education and instructions.
- Intervention and counseling on cessation of tobacco use.
- Clinical summary provided to patient.

Discussed benefits, risks and alternatives to treatment.

**Counseling/Education**

• Instructions for patient • Education and counseling • 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 • Referred to primary care physician medical clearance for APL4-S1 reconstruction • Transition in care, clinical summary provided • Follow-up for re-examination one month • Non-operative management failed-needs scheduled for surgery.

I have discussed all treatment options with Mr. Ibanez-Ramirez. We reviewed his discogram positive L4-5/L5-S1 with negative control at L3-4 which is consistent with his MRIs and prior injections. Through a Spanish Interpreter today I explained he has two choices. One is to live with his pain via all nonoperative measures and two, if he is unable to live with his pain would be to consider an AP anterior posterior lumbar reconstruction and decompression at L4-5/L5-S1. All risks, benefits, intraoperative, preoperative, and postoperative course, as well as operative and nonoperative treatment were explained to the patient. At no time were any guarantees given or implied in regards to the outcome of surgery. In fact, I stated the patient may be worse following surgery and may continue to have chronic pain and may require future surgery. All risks and benefits were explained to the patient. The patient understands and wishes to proceed ahead. We will work on medical authorization.

He apparently saw Dr. Sanders who recommended arthroscopy of the shoulder. He had explained, depending on how he would like to set these up, we could do his back and within a week to a couple weeks he could do his shoulder. However, his shoulder is completed and there is a labral repair and there may be some limitation to when he can have his back repaired based on restrictions with potentially positioning of the shoulder intraoperatively. We will coordinate with Dr. Sanders and his team as well. He will require medical clearance and authorization as well as to be off all nonsteroidal anti-inflammatories, aspirin, Motrin, Advil 10 days prior to surgery.

**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: 04/08/2015 13:35

1800-621-5006

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

Patient's Name: <b>MANUEL IBANEZ-RAMIREZ</b>		Claim Number: <b>6012127120150196</b>
Employer: <b>RAFAEL FRAMERS</b>		Social Security Number:
Patient's Job Description/Occupation:		Date of Injury: <b>10/16/14</b>
Previous Injuries/Diseases/Surgeries Contributing to the Condition:		Name of MCO (if applicable): <b>ASSOCIATED RISK</b>
Diagnosis: <b>L4-S1 I005, Lumbago</b>		
Related to the Industrial Injury? Explain:		
Objective Medical Findings: <b>See Report</b>		
<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: <b>L4-S1 AP Lumbal Reconstruction I stayed a few wks later Shoulder Surgery by Dr. Sanders medical clearance - I</b>		
<input type="checkbox"/> No Change in Therapy <input type="checkbox"/> PT/OT Prescribed <input type="checkbox"/> Medication May be Used While Working <input type="checkbox"/> Case Management <input type="checkbox"/> PT/OT Discontinued		
<input type="checkbox"/> Consultation <input type="checkbox"/> Further Diagnostic Studies: <input type="checkbox"/> Prescription(s)		
<input type="checkbox"/> Released to FULL DUTY/No Restrictions on (Date): <input type="checkbox"/> Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: To: <input checked="" type="checkbox"/> Released to RESTRICTED/Modified Duty on (Date): From: <b>4/2/15</b> To: <b>5/2/15</b> Restrictions Are: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
<input type="checkbox"/> No Sitting <input type="checkbox"/> No Standing <input type="checkbox"/> No Pulling <input type="checkbox"/> Other: <b>light duty spine only</b> <input checked="" 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 checked="" type="checkbox"/> Lifting Restricted to (lbs.): <b>10 lbs</b> <input type="checkbox"/> No Pushing <input type="checkbox"/> No Climbing <input type="checkbox"/> No Reaching Above Shoulders		
Date of Next Visit: <b>5-5-15</b>	Physician/Chiropractor Name: <b>Dr. Michael Elkanich, MD</b>	Physician/Chiropractor Signature: <i>[Signature]</i>

09:30am

D-39 (Rev. 7/98)

ARMI 153

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## ASSOCIATED RISK MANAGEMENT, INC.

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

April 10, 2015

MANUEL IBANEZ  
5620 EUGENE  
LAS VEGAS, NV 89108

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

### **SURGERY AUTHORIZATION/LIMITED LIABILITY/RESERVATION OF RIGHTS** **SENT WITH CERTIFICATE OF MAILING**

Dear MANUEL IBANEZ:

As a courtesy, we would like to make you aware that we received and approved a request for surgery on your right shoulder from Dr. Sanders.

As you know, to date your claim has been accepted for a right shoulder strain only. Your treating physician advised that you had symptoms that began specifically with the industrial event and even suggested they may be a tear but needed to confirm this in surgery. As you are also aware, we already denied liability for your acromioclavicular (AC) joint arthritis and humeral head enchondroma are non-industrial and will not be covered under this claim. Therefore, we will be approving the arthroscopic surgery on a rule out basis as a diagnostic tool to determine if the industrial injury caused any acute internal damage to the shoulder. We are not changing the scope of liability with this authorization. However, please feel secure that the authorization for the payment of surgery will not be retracted if there are no acute findings noted when the doctor performs the surgery.

Once we have received the operative report and post-surgical findings, we will re-review the claim to determine if the scope of liability needs to be updated. We will provide you with a new determination with appeal rights if there are acute findings of internal derangement that the surgeon specifically states were caused by the industrial injury. If there are no such findings, there will be no change in the liability and this determination will become final.

Degenerative/non-industrial changes in the shoulder may be addressed in surgery and in post-operative recovery care on a best practice basis. For example, the surgeon may repair what is described on the MRI report as moderate acromioclavicular osteoarthritis with inferior spurring and type II acromion, or he may perform a distal clavicle resection or excision for arthritis in the AC joint. However, these conditions are excluded from coverage as pre-existing and non-industrial. Authorization for surgery and post-operative care is on a best practice/rule out basis and does not extend liability for these pre-existing conditions/procedures beyond the rule-out authorization of payment for the surgery and post-op care.

Despite these degenerative findings, as noted above, your described industrial injury included the left shoulder strain and left rotator cuff strain at the very least, and we have determined that surgery will be a valuable tool to help us better understand the extent of acute damage that may have occurred within your shoulder as a result of your accident, then treat it surgically at the same time.

Your treating physician's office will contact you once the authorization is received and the surgery is scheduled, and his office will provide the details about the surgery scheduling.

ARM 154

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If you do not hear from your treating physician's office shortly about surgery scheduling, or if you have any questions, please contact us and we would be happy to assist you.

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

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

Sincerely,

*J. Kruger*  
Jenny Kruger  
Claims Examiner

Enclosures: Request for Hearing Form

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

ARMI 155

270



ASSOCIATED RISK  
MANAGEMENT, INC.

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

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

April 14, 2015

MANUEL IBANEZ  
5620 EUGENE  
LAS VEGAS, NV 89108

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

Dear MANUEL IBANEZ:

On April 14, 2015, we received information that you are using the social security number of a deceased individual. Based on this information it appears you may not be legally eligible to work in the United States. As you are aware, Federal laws prohibit you from working in the United States and, therefore, prohibit us from compensating you for lost wages from work. As a result, we will be unable to initiate any compensation benefits to you except in certain circumstances. You will continue to receive all eligible medical benefits. If you believe this information is incorrect, please provide our office with certified copies of documentation supporting your eligibility to work in the United States.

Supreme Court Ruling of Tarango v. SHS, 117 Nev. 444, 25 P.3d 175 (2001) - Nevada ruling requiring termination of compensation upon assignment of restrictions.

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

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

Sincerely,

*Jenny Kruger*  
Jenny Kruger  
Claims Examiner

Enclosures: Request for Hearing Form

cc: Builders Association of Western Nevada  
RAFAEL FRAMERS/RAFAEL CONCRETE  
STEVEN HANDELIN, ESQ.

ARMI 156

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**ASSOCIATED RISK MANAGEMENT, INC.**

**SURGICAL AUTHORIZATION**

Date of Request: 4/14/15

Injured Worker: MANUEL IBANEZ

Claim Number: 5012-1271-2015-0195

Employer: RAFAEL FRAMERS/RAFAEL CONCRETE

Date of Injury: October 16, 2014

Surgeon: Dr. Elkanich

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

CPT Code(s) Requested: 22558, 22585, 63091, 22845, 22851x2, 22614, 63048x2, 20930, 20936, 38220, 78001, 69990, 95941

CPT Codes APPROVED: 22558, 22585, 63091, 22845, 22851x2, 22614, 63048x2, 20930, 20936, 38220, 78001, 69990  
\*\*\*Any anticipated post-operative pain management codes must be pre-authorized\*\*\*

CPT Codes DENIED: 95941 - need justification  
\*\*Any denied codes may be reconsidered by sending a letter of justification.

Body Part: L4-5, L5-S1

Location/Facility: Mountain View Hospital

Requesting Physician: Michael Elkanich MD

Phone Number: 702-474-7200

Fax Number: 702-474-0009

\*Approved: \_\_\_\_\_ Denied: XXX

Signature: Jenny Kruger

Date: April 20, 2015 End Date: \_\_\_\_\_

Denied pending investigation

Comments: \_\_\_\_\_

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

Associated Risk Management, Inc.  
PO Box 4930, Carson City, NV 89702-4930  
Phone (775) 883-4440 or (800) 935-0640  
Fax (775) 883-3360 or (800) 621-5006

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

ARM-157

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05/20/2015 07:36 Bone & Joint Specialist

FAK702 228 4499

P.001/003



# BONE & JOINT SPECIALISTS

Board Certified Orthopaedic Surgeons

2028 Palomino Lane, Suite 200, Las Vegas NV 89106 (702) 474-7236 office  
3680 Crimson Canyon Drive, Las Vegas NV 89128 (702) 474-0009 fax

Steven Sanders M.D.  
Mark Rosen M.D.  
C. Michael Elkanich M.D.  
James B. Murring M.D.  
Kirk T. Mendes, M.D.  
Joseph Bagovia, P.A.C.

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

Visit Date: 05/05/2015  
Attending Provider: G. M. ELKANICH MD  
Referring Provider: Management Associated Risk

## Patient Visit Note

### Reason For Visit

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

### History of Present Illness

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

Worker's Comp Claim Number  
5012127120150195

Employer  
RAFAEL FRAMERS

Occupation  
CARPENTER

Date of Injury  
10-16-14

Body Part  
LUMBAR

### Chief Complaint

Mr. Ibanez-Ramirez returns. Through a Spanish interpreter he states he has not heard anything about his AP lumbar reconstruction. He is still having severe debilitating pain, unable to live with his pain and he wishes to proceed ahead with surgery. He is at wits' end.

Past Medical/Surgical History  
- NONE

Allergies  
• No Known Allergies

### Social History

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

Family History - Non-Contributory

ARMI 158

273

Patient Name: Manuel Ibanez-Ramirez

Date: 05/05/2015

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

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

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

**Neurological:** • Oriented to time, place, and person.**Sensation:** • No decreased response to tactile stimulation of the entire leg.**Motor (Strength):** • Elbow weakness was observed. • Muscle bulk was normal. • Intrinsic muscles of the neck showed no weakness. • No weakness of the right wrist was observed. • No weakness of the left wrist was observed. • No finger weakness was observed. • No ankle weakness was observed.**Gait And Stance:** • No antalgic gait was observed.**Reflexes:** • Knee jerk was normal. • Ankle jerk reflex was normal. • No clonus of the ankle/knee.

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

**Radiology****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 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.**MRI of the cervical spine** from Desert Radiologists revealed C4-5 broad-based disc protrusion. At C4-5 there is a posterolateral right-sided protrusion that may cause some lateral recess narrowing.**Active Problems**

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

**Assessment**

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

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

- **THORACIC OR LUMBAOSACRAL NEURITIS OR RADICULI**

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

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

- Intervention and counseling on cessation of tobacco use, 3-10 minutes
- Referred to primary care physician medical clearance for APL4-S1 reconstruction

05/20/2015 07:46 Bone & Joint Specialist

(FAX) 702 228 4489

P.003/003

Patient Name: Manuel Ibanez-Ramirez

Date: 05/05/2015

- Transition in care, clinical summary provided
- Follow-up for re-examination one month

Non-operative management failed-needs scheduled for surgery.

I have discussed all treatment options with Mr. Ibanez-Ramirez. We reviewed his discogram positive L4-5/L5-S1 with negative control at L3-4 which is consistent with his MRIs and prior injections. Through a Spanish Interpreter today I explained he has two choices. One is to live with his pain via all nonoperative measures and two, if he is unable to live with his pain would be to consider an AP anterior posterior lumbar reconstruction and decompression at L4-5/L5-S1. All risks, benefits, intraoperative, preoperative, and postoperative course, as well as operative and nonoperative treatment were explained to the patient. At no time were any guarantees given or implied in regards to the outcome of surgery. In fact, I stated the patient may be worse following surgery and may continue to have chronic pain and may require future surgery. All risks and benefits were explained to the patient. The patient understands and wishes to proceed ahead. We will work on medical authorization.

He apparently saw Dr. Sanders who recommended arthroscopy of the shoulder. He had explained, depending on how he would like to set these up, we could do his back and within a week to a couple weeks he could do his shoulder. However, his shoulder is completed and there is a labral repair and there may be some limitation to when he can have his back repaired based on restrictions with potentially positioning of the shoulder intraoperatively. We will coordinate with Dr. Sanders and his team as well. He will require medical clearance and authorization as well as to be off all nonsteroidal anti-inflammatories, aspirin, Motrin, Advil 10 days prior to surgery.

We again discussed all treatment options. I do feel he is a candidate for a 2-level anterior and posterior lumbar reconstruction. Apparently we were informed that his case is under investigation. I explained to the patient that I have no idea what that means; however, we have not received a formal authorization nor denial and, therefore, we have to wait to hear a response from his insurance carrier. We will continue his current work status and I will see him back in 4 weeks or sooner if we hear a response from his insurance carrier.

#### 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: 05/07/2015 17:12

05/20/2015 07:41 Bone & Joint Specialist

Patient Name: Manuel Ibanez-Ramirez

- Transition in care, clinical summary provided
- Follow-up for re-examination one month

Non-operative management failed-needs scheduled for surgery.

FLX702 228 4099

Date: 05/05/2015

P.0031003

ARMI 161

276

1800-621-5008

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

Patient's Name: <b>MANUEL IBANEZ-RAMIREZ</b>		Claim Number: <b>5012127120150195</b>
Employer: <b>RAFAEL FRAMERS</b>		Social Security Number:
Patient's Job Description/Occupation:		Date of Injury: <b>10/16/14</b>
Previous Injuries/Diseases/Surgeries Contributing to the Condition:		Name of MCO (if applicable): <b>ASSOCIATED RISK</b>
Diagnosis: <i>L4-L5</i>		
Related to the Industrial Injury? Explain:		
Objective Medical Findings: <i>see report</i>		
<input type="checkbox"/> None - Discharged      Stable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      Rateable <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: <i>L4-L5, AT Lumbar Restructure &amp; stop a form water</i> <i>later shoulder surgery by Dr. Sadler</i> <i>medical clearance</i>		
<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): <i>Nuprin</i> <i>1/10/15</i>		
<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: <i>5/5/15</i> To: <i>6/5/15</i> Restrictions Are: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
<input type="checkbox"/> No Sitting <input type="checkbox"/> No Standing <input type="checkbox"/> No Pulling <input type="checkbox"/> Other: <i>1-5/2/15</i> <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.): <i>10/15</i> <input type="checkbox"/> No Pushing <input type="checkbox"/> No Climbing <input type="checkbox"/> No Reaching Above Shoulders		
Date of Next Visit: <i>6-2-15</i>	Date of this Exam: <i>MAY 05 2015</i>	Physician/Chiropractor Name: <i>G. Michael Elkanich, MD</i>

@ 9:00am

SCANNED 162

277



*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

May 7, 2015

S&C Claims Services Inc.  
9075 W. Diablo Dr. Ste. 140  
Las Vegas, NV 89148

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]

2nd Request

To whom it may concern:

It has come to our attention that the person referenced above has a claim with your company. 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 claims with you. We have enclosed a copy of his current C-4, which serves as release for this request.

Your claim#: 770744

Your Date of Loss: 04/01/2006 10:00

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,

Jenny Kruger  
Claims Examiner

cc: File

ARM 163

278



ASSOCIATED RISK  
MANAGEMENT, INC.

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

May 7, 2015

MANUEL IBANEZ  
5620 EUGENE  
LAS VEGAS, NV 89108

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

Dear MANUEL IBANEZ:

Your physician, Dr. Elkanich, requested low back surgery which was denied pending receipt of your prior medical records. Once these records are received, we will make a new decision about your surgery. We thank you in advance for your patience.

We have, however, approved your shoulder surgery.

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

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

Sincerely,

*J. Kruger*  
Jenny Kruger  
Claims Examiner

Enclosures: Request for Hearing Form

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

ARM 164

279





**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

May 7, 2015

Dr. Kong  
501 S. Rancho Ste. A-5  
Las Vegas, NV 89106

*No record of  
patient*

*5/12/15  
Records  
destroyed  
More than  
5 yrs old.*

RE: Employer:  
Enterprise:  
Our Claim Number:

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

Claimant:  
DOB:  
SSN:

MANUEL IRANZ  
February 2, 1970  
[REDACTED]

2nd Request

To whom it may concern:

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,

Jenny Kruger  
Claims Examiner

cc: File

1800-621-5008

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

Patient's Name: <b>MANUEL IBANEZ-RAMIREZ</b>		Claim Number: <b>5012127120150196</b>
Employer: <b>RAFAEL FRAMERS</b>		Social Security Number:
Patient's Job Description/Occupation:		Date of Injury: <b>10/16/14</b>
Name of MCO (if applicable): <b>ASSOCIATED RISK</b>		
Previous Injuries/Diseases/Surgeries Contributing to the Condition:		
Diagnosis: <b>L5/S1 radiculopathy</b>		
Related to the Industrial Injury/Exposure:		
Objective Medical Findings: <b>new m/s defects</b>		
<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 checked="" 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: <b>L5/S1 AP Lumbar Reconstruction &amp; staged a few weeks later shoulder surgery by Dr. Sanders medical clearance</b>		
<input type="checkbox"/> No Change in Therapy <input type="checkbox"/> PT/OT Prescribed <input type="checkbox"/> Medication May be Used While Working <input type="checkbox"/> Case Management <input type="checkbox"/> PT/OT Discontinued		
<input type="checkbox"/> Consultation <input type="checkbox"/> Further Diagnostic Studies: <input type="checkbox"/> Prescription(s)		
<input type="checkbox"/> Released to FULL DUTY/No Restrictions on (Date): <input type="checkbox"/> Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: To: <input checked="" type="checkbox"/> Released to RESTRICTED/Modified Duty on (Date): From: <b>6/2/15</b> To: <b>7/2/15</b> Restrictions Are: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
<input type="checkbox"/> No Sitting <input type="checkbox"/> No Standing <input type="checkbox"/> No Pulling <input checked="" type="checkbox"/> No Bending at Waist <input type="checkbox"/> No Stopping <input type="checkbox"/> No Lifting <input type="checkbox"/> No Carrying <input type="checkbox"/> No Walking <input checked="" type="checkbox"/> Lifting Restricted to (lbs.) <input type="checkbox"/> No Pushing <input type="checkbox"/> No Climbing <input type="checkbox"/> No Reaching Above Shoulders		
Date of Next Visit: <b>06/30/15</b>	Date of this Exam: <b>JUN 02 2015</b>	Physician/Chiropractor Name: <b>NO Kirk. Mendez</b>
		Physician/Chiropractor Signature: <i>[Signature]</i>

D-3D (Rev. 7/99)

@ 9100

ARMI 166

281

1800-621-5006

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

Patient's Name: <b>MANUEL IBANEZ-RAMIREZ</b>		Claims Number: <b>5012127120160195</b>
Employer: <b>RAFAEL FRAMERS</b>		Social Security Number:
Name of MCO (if applicable): <b>ASSOCIATED RISK</b>		Date of Injury: <b>10/16/14</b>
Patient's Job Description/Occupation:		
Previous Injuries/Diseases/Surgeries Contributing to the Condition:		
Diagnosis: <b>Lumbago, radiculopathy</b>		
Related to the Industrial Injury/Event:		
Objective Medical Findings: <b>2 new m/s defects</b>		
<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 checked="" 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: <b>Ly-S, AP Lumbar Reconstruction &amp; staged a few weeks later shoulder surgery by Dr. Sanders medical clearance</b>		

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

☐ Consultation

☐ Further Diagnostic Studies:

☐ Prescription(s)

- ☐ Released to FULL DUTY/No Restrictions on (Date):  
☐ Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: To:  
☒ Released to RESTRICTED/Modified Duty on (Date): From: **6/2/15** To: **7/2/15**

 Restrictions Are: ☐ Permanent ☐ Temporary

- ☐ No Sitting      ☐ No Standing      ☐ No Pulling      ☒ Other: **light duty**  
☒ **limited** No Bending at Waist      ☐ No Stopping      ☐ No Lifting  
☐ No Carrying      ☐ No Walking      ☒ Lifting Restricted to (lbs.): **12 lbs.**  
☐ No Pushing      ☐ No Climbing      ☐ No Reaching Above Shoulders

Date of Next Visit: <b>06/30/15</b>	Date of this Exam: <b>JUN 02 2015</b>	Physician/Chiropractor Name: <b>G. Michael Elkanich, MD</b>	Physician/Chiropractor Signature:
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D-30 (Rev. 7/09)

@ 9:00

ARMI 167

282



# BONE & JOINT SPECIALISTS

**Board Certified Orthopaedic Surgeons**

2020 Palomino Lane, Suite 200, Las Vegas NV 89106 (702) 474-7200 office  
2620 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: 06/02/2015  
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.

Mr. Ibanez-Ramirez returns. He received a denial letter stating more investigation is needed prior to AP lumbar reconstruction. He is still having severe debilitating pain, unable to live with his pain and he wishes to proceed ahead with surgery. He is at wits' end.

Worker's Comp Claim Number  
5012127120150195

Employer  
RAFAEL FRAMERS

Occupation  
CARPENTER

Date of Injury  
10-16-14

Body Part  
LUMBAR

Past Medical/Surgical History  
- NONE

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

Allergies  
• No Known Allergies

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

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JUN 11 2015

ASSOCIATED RISK  
MANAGEMENT, INC

ARMI 168

283

Patient Name: Manuel Ibanez-Ramirez

Date: 06/02/2015

**Family History**

- Non-Contributory

**Review Of Systems**

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

**Physical Findings**

• Vitals taken 06/02/2015 08:49 am

BP-Sitting L	129/78 mmHg
BP Cuff Size	Regular
Pulse Rate-Sitting	91 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**

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 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 interior 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.

MRI of the cervical spine from Desert Radiologists revealed C4-5 broad-based disc protrusion. At C4-5 there is a posterolateral right-sided protrusion that may cause some lateral recess narrowing. JUN 11 2015

**Active Problems**

• Cervicalgia

284

Patient Name: Manuel Ibanez-Ramirez

Date: 06/02/2015

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

#### Assessment

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

#### Therapy

- Education and instructions.
- Intervention and counseling on cessation of tobacco use.
- Clinical summary provided to patient.

Discussed benefits, risks and alternatives to treatment.

#### Counseling/Education

- Instructions for patient
- Education and counseling
- 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
- Referred to primary care physician medical clearance for APL4-S1 reconstruction
- Transition in care, clinical summary provided
- Follow-up for re-examination one month

Non-operative management failed-needs scheduled for surgery.

We again discussed all treatment options. I do feel he is a candidate for a 2-level anterior and posterior lumbar reconstruction. Apparently we were informed that his case is under investigation. I explained to the patient that I have no idea what that means; however, we have not received a formal authorization nor denial and, therefore, we have to wait to hear a response from his insurance carrier. We will continue his current work status and I will see him back in 4 weeks or sooner if we hear a response from his insurance carrier.

I have discussed all treatment options with Mr. Ibanez-Ramirez. We reviewed his discogram positive L4-5/L5-S1 with negative control at L3-4 which is consistent with his MRIs and prior injections. Through a Spanish interpreter today I explained he has two choices. One is to live with his pain via all nonoperative measures and two, if he is unable to live with his pain would be to consider an AP anterior posterior lumbar reconstruction and decompression at L4-5/L5-S1. All risks, benefits, intraoperative, preoperative, and postoperative course, as well as operative and nonoperative treatment were explained to the patient. At no time were any guarantees given or implied in regards to the outcome of surgery. In fact, I stated the patient may be worse following surgery and may continue to have chronic pain and may require future surgery. All risks and benefits were explained to the patient. The patient understands and wishes to proceed ahead. We will work on medical authorization.

He apparently saw Dr. Sanders who recommended arthroscopy of the shoulder. He had explained, depending on how he would like to set these up, we could do his back and within a week to a couple weeks he could do his shoulder. However, his shoulder is completed and there is a labral repair and there may be some limitation to when he can have his back repaired based on restrictions with potentially positioning of the shoulder intraoperatively. We will coordinate with Dr. Sanders and his team as well. He will require medical clearance and authorization as well as to be off all nonsteroidal anti-inflammatories, aspirin, Motrin, Advil 10 days prior to surgery.

#### Notes

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

#### Practice Management

JUN 11 2015

ASSOCIATED RISK  
MANAGEMENT, INC.

ARMI 170

Page 3 of 4

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Patient Name: Manuel Ibanez-Ramirez

Date: 06/02/2015

No pharmacologic therapy for cessation of tobacco use.

**ADDENDUM**

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

**G. MICHAEL ELKANICH MD**

Electronically signed by: G. MICHAEL ELKANICH MD Date: 06/04/2015 15:25

RECEIVED

JUN 11 2015

ASSOCIATED RISK  
MANAGEMENT, INC

ARMI 171 Page 4 of 4

2800



ASSOCIATED RISK  
MANAGEMENT, INC.

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

June 23, 2015

MANUEL IBANEZ  
5620 EUGENE  
LAS VEGAS, NV 89108

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

Dear MANUEL IBANEZ:

Dr. Elkanich requested low back surgery which was denied pending receipt of your prior medical reporting. We have finally received your prior records from S & C Claims regarding your prior low back injuries. You are being scheduled for an Independent Medical Evaluation to address your prior conditions versus your current conditions and recommended treatment plan. You will be notified under separate cover of the date and time of your evaluation. Once the report is received, we will make a new decision regarding the requested surgery.

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

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

Sincerely,

*J. Kruger*  
Jenny Kruger  
Claims Examiner

Enclosures: Request for Hearing Form

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

ARM 172

287



1800-621-5006

<b>PHYSICIAN'S AND CHIROPRACTOR'S PROGRESS REPORT CERTIFICATION OF DISABILITY</b>		Claim Number: <b>5012127120150195</b>
Patient's Name: <b>MANUEL IBANEZ-RAMIREZ</b>		Social Security Number:
Employer: <b>RAFAEL FRAMERS</b>		Date of Injury: <b>10/16/14</b>
Patient's Job Description/Occupation:		Name of MCO (if applicable): <b>ASSOCIATED RISK</b>
Previous Injuries/Diseases/Surgeries Contributing to the Condition:		
Diagnosis: <i>Low back, instability</i>		
Related to the Industrial Injury? Explain:		
Objective Medical Findings: <i>See Report</i>		
<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: <i>Request Authorization for 24-5, AP Lumbar Reconstruction → being scheduled for DHS E.M. Long Medical Clearance</i>		

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

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

- ☐ Released to FULL DUTY/No Restrictions on (Date):  
☐ Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: To:  
☒ Released to RESTRICTED/Modified Duty on (Date): From: 6/30/15 To: 7/30/15  
 Restrictions Are: ☐ Permanent ☐ Temporary

- ☐ No Sitting  
☒ No Bending at Waist  
☐ No Carrying  
☐ No Pushing

- ☐ No Standing  
☐ No Stooling  
☐ No Walking  
☐ No Climbing

- ☐ No Pulling  
☐ No Lifting  
☒ Lifting Restricted to (lbs.): 10 lbs  
☐ No Reaching Above Shoulders

☒ Other: *light duty*

Date of Next Visit:

7/28/15

Date of this Exam:

6/30/2015Physician/Chiropractor Signature: *G. Michael Espartero, MD*

Physician/Chiropractor Signature:

D-39 (Rev. 7/99)

*eq:15am.*

ARMI 173

288

07/01/2015 16:01 Bone & Joint Specialist

(FAX) 702 228 4499

P.001/003



# BONE & JOINT SPECIALISTS

**Board Certified Orthopaedic Surgeons**

3028 Palomina Lane, Suite 200, Las Vegas NV 89106 (702) 474-7203 office  
3680 Canton Canyon Drive, Las Vegas NV 89128 (702) 474-6009 fax

Steven Sanders M.D.  
Mark Rosen M.D.  
G. Michael Elkanich, M.D.  
James B. Muzzing M.D.  
Kirk T. Murdez, M.D.  
Jacelyn Begovic, P.A.C.

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

Visit Date: 06/30/2015  
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.

Mr. Ibanez-Ramirez returns. He received a denial letter stating more investigation is needed prior to AP lumbar reconstruction. He is still having severe debilitating pain, unable to live with his pain and he wishes to proceed ahead with surgery. He is at wits' end.

6/30/15 Pt returns today with continued severe debilitating LBP and RT. LE radiculopathy. He is at wits end and unable to live with his symptoms. Awaiting on surgical authorization. He is being scheduled for an IME with dr. perry we have been informed. no new motor deficits bilateral LE.

**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**

**Allergies**  
• No Known Allergies

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

ARMI 174

289

Patient Name: Manuel Ibanez-Ramirez

Date: 06/30/2015

Family History - Non-Contributory

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

**Physical Findings • Vitals taken 06/30/2015 09:42 am**

BP-Sitting L	149/84 mmHg
BP Cuff Size	Regular
Pulse Rate-Sitting	80 bpm
Height	68 in
Weight	164 lbs
Body Mass Index	24.9 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****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 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.**MRI of the cervical spine** from Desert Radiologists revealed C4-5 broad-based disc protrusion. At C4-5 there is a posterolateral right-sided protrusion that may cause some lateral recess narrowing.**Active Problems**

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

**Assessment**

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

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

Patient Name: Manuel Ibanez-Ramirez

Date: 06/30/2015

**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**• **THORACIC OR LUMBAOSACRAL NEURITIS OR RADICULI**

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

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

Non-operative management failed-needs scheduled for surgery.

We again discussed all treatment options. I do feel he is a candidate for a 2-level anterior and posterior lumbar reconstruction. Apparently we were informed that his case is under investigation. I explained to the patient that I have no idea what that means; however, we have not received a formal authorization nor denial and, therefore, we have to wait to hear a response from his insurance carrier. We will continue his current work status and I will see him back in 4 weeks or sooner if we hear a response from his insurance carrier.

I have discussed all treatment options with Mr. Ibanez-Ramirez. We reviewed his discogram positive L4-5/L5-S1 with negative control at L3-4 which is consistent with his MRIs and prior injections. Through a Spanish interpreter today I explained he has two choices. One is to live with his pain via all nonoperative measures and two, if he is unable to live with his pain would be to consider an AP anterior posterior lumbar reconstruction and decompression at L4-5/L5-S1. All risks, benefits, intraoperative, preoperative, and postoperative course, as well as operative and nonoperative treatment were explained to the patient. At no time were any guarantees given or implied in regards to the outcome of surgery. In fact, I stated the patient may be worse following surgery and may continue to have chronic pain and may require future surgery. All risks and benefits were explained to the patient. The patient understands and wishes to proceed ahead. We will work on medical authorization.

He apparently saw Dr. Sanders who recommended arthroscopy of the shoulder. He had explained, depending on how he would like to set these up, we could do his back and within a week to a couple weeks he could do his shoulder. However, his shoulder is completed and there is a labral repair and there may be some limitation to when he can have his back repaired based on restrictions with potentially positioning of the shoulder intraoperatively. We will coordinate with Dr. Sanders and his team as well. He will require medical clearance and authorization as well as to be off all nonsteroidal anti-inflammatories, aspirin, Motrin, Advil 10 days prior to surgery.

Await IME by Dr. Perry - pt to return in 4 weeks or after IME.

**ADDENDUM**

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

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

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

G. MICHAEL ELKANICH MD

Electronically signed by: G. MICHAEL ELKANICH MD Date: 07/01/2015 14:45



**DESERT ORTHOPAEDIC CENTER**

1970 40th 2010  
ANNIVERSARY

**Central Office**

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

**Northwest Office**

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

**Green Valley Office**

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

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*Reconstructive Surgery and Sports Medicine*

**Mark A. Barry, M.D.**

*Podiatric Orthopedics and Scoliosis Surgery*

**Hugh L. Bastewitz, M.D.**

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**Patrick J. Bräddner, M.D., F.A.C.S.**

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**Sharon Marchitti**

*Director of Operations*

**James P. Washer II, CMA, CFM**

*Director of Finance*

All Appointments (702) 731-4088

www.doclv.com

July 8, 2015

VIA FACSIMILE: [jenniferkruger@nvarmi.com](mailto:jenniferkruger@nvarmi.com)

[jenclaussen@nvarmi.com](mailto:jenclaussen@nvarmi.com)

COMPANY: Associated Risk Mngmt

Re: Manuel Ibanez

Acct #: 2942613

Claim #: 5012-1271-2015-0195 ✓

An appointment for an Independent Medical Evaluation has been scheduled, per your request, for the above referenced patient.

**Please instruct the patient to bring any and all MRI/x-ray films related to this injury and valid ID. Appointments will be cancelled if radiology is not present at examination.**

Please note: Any MRI/x-ray films to be delivered from your office via courier or U.S. mail should be directed to our radiology department.

RECEIVED

Appointment Date: August 7, 2015

Time: 8:00am (7:30am arrival)

Physician: Dr. Archie Perry

Location: 2800 E. Desert Inn Rd. #100

Las Vegas, NV 89121

(702) 731-1616

JUL 09 2015

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**Please note we charge \$1500 for IMEs and the code is 99199. \*This fee is a set fee and is not to be discounted\***  
**Tax Identification Number: 91-0858192**

Should any additional charges result due to organization of records, review of excessive records, additional dictation required, x-rays and/or transcription fees, they will be billed to your office.

**Please forward all records to my attention at the Desert Inn address at least two (2) weeks prior to the appointment.**

If you have any questions, please call me at 702-697-7297.

Thank you,

Sonya Dupree

Medical Legal Coordinator / Workers' Compensation Liaison

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

July 15, 2015

MANUEL IBANEZ  
5620 EUGENE  
LAS VEGAS, NV 89108

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

Dear MANUEL IBANEZ:

An appointment for an Independent Medical Evaluation (IME) has been scheduled for you with Dr. Perry for Friday, 8/7/2015 at 800 am with a 7:30 am arrival time. His office is located at:

**Desert Orthopedic Center  
2800 E. Desert Inn Rd. Ste. 100  
Las Vegas, NV 89121**

Please contact the doctor's office at 702-731-1616 to confirm your appointment.

Please bring copies of your x-rays, MRI's or other films with you to this appointment. You will also be required to show photo I.D.

NRS 616C.140(5) states, "If the employee refuses to submit to an examination ordered or requested pursuant to subsection 1 or 2 or obstructs the examination, his right to compensation is suspended until the examination has taken place, and no compensation is payable during or for the period of suspension."

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

Sincerely,

*J. Kruger*  
Jonny Kruger  
Claims Examiner

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

ARMI 178

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# BONE & JOINT SPECIALISTS

**Board Certified Orthopaedic Surgeons**

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

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

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

Visit Date: 07/28/2015  
Attending Provider: G. M. ELKANICH MD  
Referring Provider: Management Associated Risk

## Patient Visit Note

### Reason For Visit

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

### History of Present Illness

Manuel Ibanez-Ramirez is a 45 year old male.

- Medication list reviewed.

Mr. Ibanez-Ramirez returns today with continued severe debilitating LBP and right LE radiculopathy. He is at wits end and unable to live with his symptoms. Awaiting on surgical authorization. He is being scheduled for an IME with Dr. Perry on August 7 we have been informed. No new motor deficits bilateral LE.

Worker's Comp Claim Number  
5012127120150195

Employer  
RAFAEL FRAMERS

Occupation  
CARPENTER

Date of Injury  
10-16-14

Body Part  
LUMBAR

Past Medical/Surgical History - NONE

### Current Medication

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

### Allergies

- No Known Allergies

### Social History

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

Alcohol: A social drinker.

Drug Use: Not using drugs.

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Patient Name: Manuel Ibanez-Ramirez

Date: 07/28/2015

Family History - Non-Contributory

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

**Physical Findings • Vitals taken 07/28/2015 01:15 pm**

BP-Sitting L	169/94 mmHg
BP Cuff Size	Regular
Pulse Rate-Sitting	85 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):** • Biceps 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 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 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.**MRI of the cervical spine** from Desert Radiologists revealed C4-5 broad-based disc protrusion. At C4-5 there is a posterolateral right-sided protrusion that may cause some lateral recess narrowing.**Active Problems**

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

**Assessment**

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

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



Patient Name: Manuel Ibanez-Ramirez

Date: 07/28/2015

**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
- Referred to primary care physician medical clearance for APL4-S1 reconstruction
- Transition in care, clinical summary provided
- Follow-up for re-examination one month

Non-operative management failed-needs scheduled for surgery.

We again discussed all treatment options. I do feel he is a candidate for a 2-level anterior and posterior lumbar reconstruction. Apparently we were informed that his case is under investigation. I explained to the patient that I have no idea what that means; however, we have not received a formal authorization nor denial and, therefore, we have to wait to hear a response from his insurance carrier. We will continue his current work status and I will see him back in 4 weeks or sooner if we hear a response from his insurance carrier.

I have discussed all treatment options with Mr. Ibanez-Ramirez. We reviewed his discogram positive L4-S/L5-S1 with negative control at L3-4 which is consistent with his MRIs and prior injections. Through a Spanish Interpreter today I explained he has two choices. One is to live with his pain via all nonoperative measures and two, if he is unable to live with his pain would be to consider an AP anterior posterior lumbar reconstruction and decompression at L4-S/L5-S1. All risks, benefits, intraoperative, preoperative, and postoperative course, as well as operative and nonoperative treatment were explained to the patient. At no time were any guarantees given or implied in regards to the outcome of surgery. In fact, I stated the patient may be worse following surgery and may continue to have chronic pain and may require future surgery. All risks and benefits were explained to the patient. The patient understands and wishes to proceed ahead. We will work on medical authorization.

He apparently saw Dr. Sanders who recommended arthroscopy of the shoulder. He had explained, depending on how he would like to set these up, we could do his back and within a week to a couple weeks he could do his shoulder. However, his shoulder is complicated and there is a labral repair and there may be some limitation to when he can have his back repaired based on restrictions with potentially positioning of the shoulder intraoperatively. We will coordinate with Dr. Sanders and his team as well. He will require medical clearance and authorization as well as to be off all nonsteroidal anti-inflammatories, aspirin, Motrin, Advil 10 days prior to surgery.

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

Await IME by Dr. Perry - pt to return in 4 weeks or after IME.

**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: 07/29/2015 13:24

1(800) 621-5006

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

Patient's Name: <b>Manuel Ibanez-Ramirez</b>		Claim Number: <b>5012127120150195</b>
Employer: <b>Rafael Framers</b>		Social Security Number: [REDACTED]
Patient's Job Description/Occupation:		Date of Injury: <b>10/16/14</b>
Previous Injuries/Diseases/Surgeries Contributing to the Condition:		Name of MCO (if applicable): <b>Associated Risk Management</b>
Diagnosis: <b>Lumbago, radiculopathy</b>		
Related to the Industrial Injury/Explain:		
Objective Medical Findings: <b>see report</b>		
<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: <b>Requesting Authorization for L4-S1 AP Lumbar Reconstruction - 1st scheduled to Dr. Perry on Aug-7</b> <b>Will require medical clearance for surgery</b>		
<input type="checkbox"/> No Change in Therapy <input type="checkbox"/> PT/OT Prescribed <input type="checkbox"/> Medication May be Used While Working <input type="checkbox"/> Case Management <input type="checkbox"/> PT/OT Discontinued		
<input type="checkbox"/> Consultation <input type="checkbox"/> Further Diagnostic Studies: <input type="checkbox"/> Prescription(s)		
<input type="checkbox"/> Released to FULL DUTY/No Restrictions on (Date): <input type="checkbox"/> Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: To: <input checked="" type="checkbox"/> Released to RESTRICTED/Modified Duty on (Date): From: <b>7/28/15</b> To: <b>8/28/15</b> Restrictions Are: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
<input type="checkbox"/> No Sitting <input checked="" type="checkbox"/> No Bending at Waist <input type="checkbox"/> No Carrying <input type="checkbox"/> No Pushing <input type="checkbox"/> No Standing <input type="checkbox"/> No Stooping <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.): <b>10/61</b> <input type="checkbox"/> No Reaching Above Shoulders		
Date of Next Visit: <b>8/28/15</b>	Date of this Exam: <b>JUL 28 2015</b>	Physician/Chiropractor Name: <b>Michael Elkanich, MD.</b>
Physician/Chiropractor Signature: [Signature]		

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

August 6, 2015

Dr. Archie Perry  
2800 E. Desert Inn Rd. Ste. 100  
Las Vegas, NV 89121

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

Dear Dr. Perry:

Thank you for agreeing to see Manuel Ibanez for an Independent Medical Evaluation (IME) on August 7, 2015. Medical records have been provided for your review; they include reports of medical treatment that pre-date the above-noted industrial injury.

In the Grover Dills vs. Menditto Supreme Court Decision, the court opined that physicians often use the terms 'recurrence' and 'aggravation' interchangeably in diagnosis. The court states, "...when determining whether a claimant with an ongoing condition suffered an "aggravation" under the last injurious exposure rule, the fact-finder should be concerned with whether the subsequent incident caused the original condition to worsen physically, not merely whether it merely caused additional pain to manifest itself." The courts go on to indicate that the subsequent incident producing no physical worsening, but merely additional pain or subjective symptoms, would be considered a "recurrence" for legal purposes. Only those injuries with actual objective documentation of physical worsening would be regarded as "aggravations".

Upon evaluation of the patient and review of the records, your response to the following questions would be greatly appreciated. Please respond to a reasonable degree of medical probability:

1. Please describe the mechanism of injury. Is there a specific traumatic event?
2. Is there objective evidence on exam, x-ray, MRI or other diagnostic testing that the industrial event actually produced a new injury or physically worsened the existing condition and qualifies for the court defined term of "aggravation"?

3. Did the industrial event change the natural progression of the underlying condition? If so, how? If not, would you agree that the injury more closely resembles the court defined definition of a "recurrence"?
4. What is the claimant's acute industrial diagnosis?
5. Based on your review of the records, your evaluation of the claimant, and the mechanism of injury, what is the most probable cause for the need for the lumbar spine surgery as recommended by Dr. Elkanich? Please explain.
6. What treatment do you recommend, if any, for the industrial diagnosis as indicated in question #4?

Thank you for your time and consideration. Please do not hesitate to contact me if you have any questions and fax your report to my attention at 1-800-621-5006.

Sincerely,

*J. Kruger*  
Jenny Kruger  
Claims Examiner

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

WOP

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5012127180150195

U/K

08/11/2015 - Office Visit: Independent Medical Evaluation  
Provider: Archie C Perry MD  
Location of Care: Desert Orthopaedic Center

**MANUEL IBANEZ**  
Male DOB: 02/02/1970

**Clinical List(s) Reviewed**

- The allergy list was reviewed and updated as appropriate.
- The problem list was reviewed and updated as appropriate.
- The medication list was reviewed and updated as appropriate.

**Chief Complaint** low back pain

**History of Present Illness**

Referred by: Archie Perry  
Previous Studies: MRI

The patient is a 45 year old male who comes in an independent medical evaluation. He presents for evaluation of his chief complaint of low back pain as well as intermittent right leg pain. He relates this to an industrial related injury. He states that he was working in construction at which point a 2 x 4 fell from up above and struck him directly onto his right shoulder. He notes that he had immediate onset of right shoulder pain in addition to neck pain as well as low back pain. The date of injury is 10/16/2014. He states that he's had persistent symptoms since the injury. He has been seen by Dr. Elkanich for evaluation of his neck and back symptoms. He is also been seen by Dr. Sanders for evaluation of his right shoulder.

He describes a midline lumbar paraspinal pain. He also describes occasional pain into the right gluteal region and thigh. He describes his pain as sharp, throbbing, burning, stabbing and severe. His pain is continuous, and since acknowledging the onset, his pain level has worsened. On a scale of 0-10, with 0 being no pain and 10 being the worst pain imaginable, his pain level today is a 8. At its least, his pain is a 5, and at its worst it is a 10. His average pain is 8. Overall, he feels his pain is 70% low back and 30% leg. He is also experiencing stiffness, numbness, and radiating pain down right leg. His symptoms are worse when standing, driving, sitting, bending, lying supine, walking, and lifting.

In addition, he describes right-sided cervical paraspinal pain that he rates from a 0 up to a 7 on a scale of 0-10. He also describes right shoulder pain that he rates from a 6 to an 8 on a scale of 0-10.

The patient was originally seen and evaluated at Concentra. His initial treatment included medications as well as physical therapy. He was subsequently then seen by a spinal surgeon who recommended lumbar injections. He underwent right-sided injections at L4-5 and L5-S1 with minimal relief of symptoms. He then underwent provocative lumbar discography. Since then, his been recommended that he consider proceed with surgical treatment.

It is reported that the patient had a prior lumbar injury and approximate 2006. He states that he was treated with medication and subsequent lumbar injections. He notes that he had resolution of his symptoms. Since that injury, he states that he's had intermittent episodes of low back pain predominantly associated with long car rides and prolonged sitting. He rates his pre-injury symptoms from a 0 up to a 4 or 5 on a scale of 0-10. He states that he was able to sustain employment at full duty without restrictions. He did not require any treatment or pain medication prior to this more recent injury. He denies having any history of right-sided neck pain or shoulder pain prior to this more recent injury.

**Allergies**

No known allergies.

**Medications**

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www.doclv.com Las Vegas, NV  
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Page 2  
Office Visit

Manuel Ibanez  
Male DOB: 02/02/1970

Home: (702)504-9637  
Patient ID: 219984-2854001

NAPROSYN TABS (NAPROXEN TABS)  
NORCO TABS (HYDROCODONE-ACETAMINOPHEN TABS)

#### Past Medical History

Patient denies any significant past medical history

#### Past Surgical History

Patient denies any problems related to previous surgery

#### Family Medical History

There is a reported family history of diabetes

Mother (biol.): Alive and Well

Father (biol.): Deceased

Information obtained by patient via web portal; diabetes

#### Social History

Tobacco use: current every day smoker

Year started: 1989

Cigarettes: 1 packs per day pack(s) per day

Alcohol Use: (occasional (weekly 1-8 drinks))

Does patient live alone: no

Drug Use: (no)

Marital Status: married

Number of children: four or more

#### Review of Systems

Musculoskeletal: back pain

#### Physical Exam

Vital Signs

Height: 68 in Weight: 165 lb Pulse rate: 89 Rhythm: regular

SpO2: 99% BP: 118/83 Body Mass Index: 25.18

Constitutional:

General appearance: well nourished, well hydrated, no acute distress

Eyes:

External: conjunctivae and lids normal

Pupils: equal and round

Neck:

Neck: supple, no masses, trachea midline

Cardiovascular:

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Page 3  
Office Visit

Manuel Ibanez  
Male DOB: 02/02/1970

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

Pedal pulses: pulses 2+, symmetric  
Periph. circulation: no cyanosis, clubbing or edema

Lymphatic:  
Misc. lymph nodes: no adenopathy in area of examination

Skin:  
Skin inspection: no rashes, lesions in area of examination  
Skin Palpation: no subcutaneous nodules or induration in area of examination

Neurologic:  
Reflexes grossly intact, symmetric  
Sensation: intact to touch

Psychiatric:  
Orientation: oriented to person, place and time  
Memory: intact  
Mood and affect: no depression, anxiety

Lumbar Spine Exam  
Coordination/balance: normal  
Posture: normal  
Assistive Device: none  
Tenderness to palpation: bilateral at level lower lumbar paraspinal muscles  
Radiates down: right gluteal region  
Facet tenderness: none  
Spasms: mild  
Pain to straight leg raise: none  
Femoral stretch test: none  
Weakness: no  
Heel Walk: yes  
Toe Walk: yes  
Faber Test: negative  
Babinski: negative  
Clonus: negative  
Lumbar ROM  
Flexion: able to touch his proximal shins limited by back pain  
Extension: 20° past neutral

Waddell Incongruency signs 0/5. No gross motor or sensory deficit in his lower extremities

Magnetic Resonance Imaging - lumbar spine was performed on 11/20/2014  
L4-5: Lumbar disc desiccation broad-based disc protrusion no significant neurologic impingement  
L5-S1: Disc desiccation with small disc extrusion that abuts the S1 nerve roots bilaterally. Early Modic inflammatory endplate changes. Mild neural foraminal narrowing.

Discogram was performed on 03/23/2015  
L3-4: Normal disc morphology. Opening pressure of 25 psi. Maximum pressure of 110 PSI associated with mild central low back pressure.

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AUG 28 2015

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www.dociv.com Las Vegas, NV  
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Page 4  
Office Visit

Manuel Ibanez  
Male DOB: 02/02/1970

Home: (702)504-9637  
Patient ID: 219984-2854001

L4-S1: Moderate disc degeneration. Concordant reproduction of pain at 30 psi above opening pressure.  
L5-S1: Abnormal morphology with concordant reproduction of pain at 10 psi above opening pressure

#### Lumbar Spine X-ray

CR Spine; Lumbar AP Uprht Lat Flex & Ext (CR-spalle)

Osseous structures appear skeletally mature.

There is mild disc space narrowing noted at L5-S1. No acute fracture. Mild diminished disc height at L5-S1. Otherwise disc height well-maintained. No significant listhesis or instability noted.

#### Impression

1. Right shoulder pain with internal derangement
2. Neck pain
3. Low back pain with radiation to right lower extremity
4. Lumbar disc derangement L4-S1 and L5-S1.
5. History of prior low back pain episode

#### Plan

I discussed with the patient the nature of his symptoms as well as the details of his injury and treatment to date. We've also discussed his pre-injury symptoms. The patient's chief complaint is his back and leg symptoms and thus the focus of the treatment and opinions are geared towards addressing his lumbar and leg complaints.

It appears that the patient has a prior history of injury and admitted that he has some mild residual symptoms even prior to this most recent injury. He states that he had mild low back pain intermittently but denies adamantly had any history of leg pain prior to this more recent injury. He states that his back pain is now significantly more severe and constant in addition to the new onset of leg symptoms.

I believe that the patient's treatment has been appropriate and that he has had several months of conservative/nonoperative treatment including physical therapy, medications, as well as a trial of lumbar injections. Given the patient's persistent subjective symptoms the patient then underwent a provocative lumbar discography which identified the L4-S1 and L5-S1 levels as pain generators. I do believe the testing was appropriate as well. Given the patient's symptoms, he is now being recommended to consider and proceed with surgery which I also do believe to be appropriate. I have advised the patient that even with surgery there is no guarantee of symptomatic relief and the patient understands.

The main question for pertain to the element of his pre-existing symptoms and the degree of injury sustained on 10/16/2014. I'm not privileged any prior records that even documented lumbar complaints as the prior records that have been forwarded are secondary to a fall with only lower extremity complaints and no spinal complaints mentioned. I would assume that there is prior imaging related to his prior episode of back pain particularly since he describes having lumbar injections. In light of that, it is my opinion that the above injury was the sentinel event leading to his need for physical therapy, lumbar injections, and the recent recommendation of spinal surgery. Given the patient's prior injury, mild intermittent symptoms, and Modic inflammatory endplate changes, I do believe apportionment is reasonable, however. I would apportionment that 30% of the patient's current symptoms, leading to additional treatment, is related to his pre-existing degeneration; and 70% of the patient's problem is related to the more recent industrial injury.

ARM 188

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Desert Orthopaedic Center  
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(702)731-1616 Fax: (702)734-4900

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Office Visit

Manuel Ibanez  
Male DOB: 02/02/1970

Home: (702)504-9637  
Patient ID: 210984-2854001

**MEDICAL RECORD REVIEW**  
PERFORMED BY: Archie Perry, MD

DATE: August 11, 2015

RE:  
CLAIMANT: IBANEZ, MANUEL  
LOSS DATE: 10/16/2014  
BODY PART CLAIMED: Low back pain.

**PRE ACCIDENT RECORD REVIEW:**

- 02/29/08 Form C-4, handwritten. Notes "plywood slipped and employee fell twisting left leg."
- 02/29/08 Fremont Medical Center/Timothy Eichenlaub, DO. History of present illness: W.C. injury to left ankle, left lower leg, and left knee due to fall. Physical examination was performed. Assessment: Pain in limb (order x-rays of ankle and knee), ankle sprain/strain, sprain of knee and leg NOS (ACE wrap), and contusion of hip. Treatment/recommendations: Work restrictions, ice, has own pain meds. Return in 3 days.
- 02/29/08 Radiology 24/7 interpreted by Margaret Montana, MD. Left ankle x-ray report noting normal study.
- Left knee x-ray report noting normal study.
- 03/08/08 Fremont Medical Center/Timothy Eichenlaub, DO. History of present illness: Follow up for left ankle, knee, and hip injury due to fall. Physical examination was performed. Assessment: Sprain of knee and leg NOS, ankle sprain/strain, contusion of hip. Treatment/recommendations: Work restrictions, RICE, patient has own pain meds. Return in 1 week.
- 03/19/08 Fremont Medical Center/Timothy Eichenlaub, DO. History of present illness: Follow up for left ankle sprain. Back to full-duty and starting to have a little more pain and swelling. Physical examination was performed.
- Assessment: Ankle sprain/strain. Treatment and recommendations: Continue full-duty, RICE, pain meds p.r.n. Return in 2 weeks.

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04/02/08 Fremont Medical Center/Timothy Eichenlaub, DO. History of present illness: Follow up for left ankle sprain. Still having pain but working full-duty. Not much change. Physical examination was performed. Assessment: Ankle sprain/strain. Treatment/recommendations: RICE, continue full-duty, pain meds p.r.n. Return in 2 weeks.

**POST ACCIDENT RECORD REVIEW:**

10/16/14 Form C-4, handwritten. "2x4 fell through the truss's and hit me on the second floor." The patient was putting a block on the stake of the first floor at the time. Parts of body injured: Head, right shoulder, low back.

10/16/14 Concentra/Robert D. Lewis, MD. The patient suffered a direct blow to the right shoulder. Pain began abruptly at work today. It is located on the top of the right shoulder, neck and the lumbar. Pain intensity level is 7/10. No prior history of shoulder injury. The pain did not radiate. No numbness in the arm.

Physical examination was performed. X-rays were obtained. Assessment: (1) Shoulder contusion. (2) Cervical strain. (3) Lumbar strain. Plan: Medications: Written prescription given for and Ibuprofen Injectables. Off work rest of shift then begin modified activity. Return for re-evaluation in 5 days. Discussed ice/elevation and home exercise program.

10/16/14 Concentra/Walter Uyesugi, DO. Radiographic report of the lumbar spine noting an impression of spondylitic changes of the lumbar spine with degenerative disk disease worst at L5-S1.

Radiographic report of the right scapula notes an impression of normal scapula.

Radiographic report of the right shoulder noting an impression of normal shoulder series.

Radiographic report of the cervical spine noting an impression of normal cervical spine series.

10/28/14 Concentra Medical Centers/Mitulkumar Patel, MD. The patient presents today with pain on R shoulder and back, pins and needles pain. No PT yet. The patient is currently on light-duty as a carpenter. Pain is located in the right posterior shoulder and scapular spine. It is rated at

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