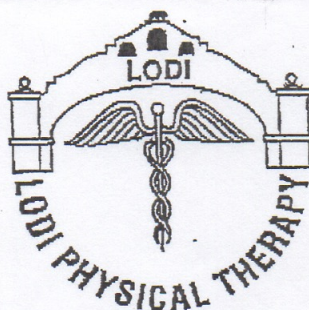


ORTHOPAEDIC MANUAL THERAPY  
INDUSTRIAL REHABILITATION  
SPORTS MEDICINE



631 SOUTH HAM LANE

LODI, CA 95242

(209) 368-7433

Fax (209) 368-4219

www.lodipt.com

# Authorization Request

4/15/10

TO ADJUSTER: <i>MacKenzie Dawson</i>	RE: <i>Tiffany Anderson</i>
PHONE:	FAX: <i>916 563 1919</i>
INSURANCE: <i>Aims</i>	DATE OF INJURY: <i>6/19/8</i>
DATE OF RX: <i>4/13/10</i>	CLAIM #: <i>VE0700184</i>
DIAGNOSIS: <i>Knee Surg.</i>	REFERRING PHYSICIAN: <i>Dr. G. Murata</i>
NUMBER OF VISITS REQUESTING: <i>2x4 = 8</i>	COMMENTS:

☐ Urgent    ☐ For Your Review    ☐ Reply ASAP    ☐ Please Comment

Please sign and return if authorizing any physical therapy visits. If you have any questions or need additional information please feel free to call (209) 368-7433.

Thank you for your time.

Authorization #:
Number of Visits Authorized:
Authorized By:

Number of Pages       

Sincerely,

*Gerena*



GARY T. MURATA, M.D.  
ALPINE ORTHOPAEDIC MED GRP, INC  
2488 N. CALIFORNIA STREET  
STOCKTON CA 95204-5508

DATE: 04/14/10

(209) 948-3333

ACCT D1168478	CODE	ATTN G	DBS # 00193604	DED	BALANCE 4,919.00
PAT ANDERSON, TIFFANY		SSN #####			
DOB 08/22/1970	SEX F	DR 9	1STINS	SUB O REL 8	COPAY CURRENT 13.00
TELE (209) 263-7132			DOI	06/19/08	30 DAYS 13.00
GUAR A.I.M.S.			CLAIM	VE0700184	60 DAYS 4,880.00
ADDR PO BOX 269120			EMPLR	SJ MOSQUITO CONTRL	90 DAYS .00
CITY SACRAMENTO	STATE CA	ADJUST			OVER 90 13.00
ZIP 95826	A/C 060910				CHARGE 04/13/10
REF BY DAMERON OCCUPATIONAL HDHO	WK/CEL 982-4675/329-9523				CREDIT 29 04/14/10
POB RIGHT KNEE	EMP SJ CO MOSQUITO CONTROL				R/C DATE /
					R/C CODE

PAT ADDR 2 NORTH AVENA AVE  
PAT CITY LODI CA 95240  
PAT TELE ( )  
OTHER SUB SJ MOSQUITO & VECTOR;  
OTHER SUB DOB / / SEX  
OTHER SUB ADDR 7759 S AIRPORT WAY  
OTHER SUB CITY STOCKTON CA 95206  
OTHER SUB TELE ( )  
GUAR DOB / / SEX

MARITAL  
STUDENT  
WORK STATUS  
ETHNIC CODE  
LEGAL STATUS

LAST SEEN DR / /  
DATE OF DEATH / /  
DL#/ST

GUARANTOR CODE

INSURANCE 1  
DAMERON INDUSTRIAL

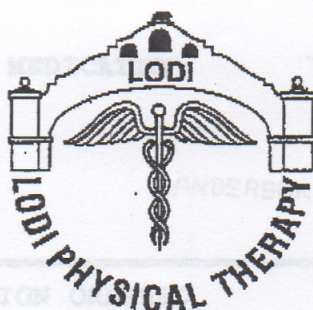
A.I.M.S. ITMS  
PO BOX 269120 916 563-1900  
SACRAMENTO CA 95826

SIMILAR SYMPTOMS N	AUTO ACC N	EMPLOYMENT Y	WHY 2
DATE ONSET 06/19/08	PARTIAL DISABILITY		
DATE CONSULT 08/07/08	TOTAL DISABILITY		
DATE RETURN WORK	HOSPITALIZATION	03/08/10 TO	

REFERRING DR DAMERON OCCUPATIONAL H DHO FACILITY AMBUL SURG CTR OF STKN ASC



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### Authorization Request

5/1/9

TO ADJUSTER: Mackenzie Dawson	RE: Tiffany Anderson
PHONE: (916) 563-1900	FAX: (916) 563-1919
INSURANCE: AIMS	DATE OF INJURY: 6-19-08
DATE OF RX: 4/28/9.	CLAIM #: VE0700184.
DIAGNOSIS: LMT (2)	REFERRING PHYSICIAN: Gary Murata MD
NUMBER OF VISITS REQUESTING: 1X4 4 visits	COMMENTS:

☐ Urgent ☐ For Your Review ☐ Reply ASAP ☐ Please Comment

Please sign and return if authorizing any physical therapy visits. If you have any questions or need additional information please feel free to call (209) 368-7433.

Thank you for your time.

Authorization #:
Number of Visits Authorized:
Authorized By:

Sincerely,

Cindy

Number of Pages 3



8/4/2008

## Injury Management Report

Page 2

Name: Anderson, Tiffany Injury ID: 1  
Patient ID: 549-23-5133 D.O.B.: 08/22/1970 Injury Date: 6/19/2008  
Injury: 719.06 Knee effusion, Right

Treatments

None.

CURRENT MEDICATIONS: Ibuprofen and Birth Control Pills

ALLERGIES: None Known

VITAL SIGNS: Weight: 145 pounds. Blood Pressure: 137/89 Sitting. Pulse: 85/minute and Regular.  
Respirations: 16/minute.

## PHYSICAL EXAMINATION:

General: Gait is antalgic. There are signs of mild discomfort while at rest. She appears to have moderate pain with movement.

Right Knee: Bruising is absent. Deformity of the knee is not present. Iliotibial band palpation causes no pain. Joint effusion is present. Movement of the knee causes pain. Range of motion is limited. Tenderness to palpation is present posteriorly.

DIAGNOSIS: 1. Knee effusion, Right (719.06). 2. Anterior Cruciate Ligament Sprain, Right (844.2).

MEDICAL DECISION MAKING: This is the initial visit for this medical condition. Current treatment includes medications, splint and a home exercise program. RTC 2-3 days. Modified duty.

PRESCRIPTIONS: Tiffany has been prescribed the following: (RX1) Propoxyphene/APAP Dosage: 100 mg./650 mg. Dispense: 10 Instructions: One tablet every four hours as needed for pain. Refills: None. She has been instructed in medication use and side effects. She has been instructed of the impact medication (Propoxyphene/APAP) has on driving and machine operation.

WORK STATUS: MODIFIED work duties.

WORK RESTRICTIONS: No squatting, kneeling or crawling. No climbing ladders. Wear splint/brace as directed. No prolonged standing or walking.

Mike Dixon, PA-C  
Donald Rossman, M.D.

6/23/2008 07:00

WCR Time In: 07:20 Time Out: 07:59 Appt. Type Code: WCR  
Practitioner: Mike Dixon, PA-C  
Treatment: Work Comp Follow-up Visit Pain Level (0-10): 5-

CHIEF COMPLAINT: Tiffany states that on June 19, 2008, while working for SJ Mosquito &amp; Vector Control, she injured the right leg while she was climbing up and down the bed of the truck for two days.

HISTORY OF PRESENT ILLNESS: This is a follow-up visit for Tiffany Anderson, a 37 year-old Pesticide Applicator, whose primary complaint is pain, stiffness and swelling located in the right leg. She describes it as a "shooting" pain and "pressure". She considers it to be moderate. Tiffany says that it

O:\REPORTS\INJURY\INJURY MANAGEMENT REPORT\_v7.23-#0168



8/4/2008

## Injury Management Report

Page 3

Name: Anderson, Tiffany

Injury ID: 1

Patient ID: 549-23-5133

D.O.B.: 08/22/1970

Injury Date: 6/19/2008

Injury: 719.06

Knee effusion, Right

Treatments (continued)

seems to be present on a constant basis and varies with her activity levels. She has noticed that it is made worse by walking. It is improved with nothing. She feels it is Rest 5/10 with activity 7/10. Her pain level is 5-7/10.

REVIEW OF SYSTEMS: General Health: Good. Constitutional: Negative for fever, malaise. Eyes: Negative for recent change in vision. Cardiovascular: Negative for chest pain, heart trouble. Respiratory: Negative for cough, shortness of breath, wheezing. Gastrointestinal: Negative for abdominal pain, diarrhea, heartburn, nausea. Genitourinary: Negative for kidney disease. Musculoskeletal: Negative for joint pain, joint stiffness, joint swelling. Neurological: Negative for headache. Psychiatric: Negative for anxiety, depression, difficulty sleeping. Hematologic: Negative for blood disorder, anemia.

PAST, FAMILY AND SOCIAL HISTORY: Major Surgery: None. Marital Status: She is currently not married. Employment Status: She is currently employed in a full time position. Other Employment: None.

CURRENT MEDICATIONS: Ibuprofen and Birth Control Pills

ALLERGIES: None Known

VITAL SIGNS: Weight: 145 pounds. Blood Pressure: 137/89. Pulse: 85/minute.

PHYSICAL EXAMINATION:

General: Gait is antalgic. There are signs of mild discomfort while at rest. She appears to have moderate pain with movement.

Right Knee: Bruising is absent. Deformity of the knee is not present. Iliotibial band palpation causes no pain. Joint effusion is present. Movement of the knee causes pain. Range of motion is limited. Tenderness to palpation is present posteriorly.

DIAGNOSIS: 1 Knee effusion, Right (719.06) 2 Anterior Cruciate Ligament Sprain, Right (84.12)

MEDICAL DECISION MAKING: This is a follow up visit for this medical condition. Overall, the patient's condition remains unchanged. Current treatment includes medications, splint and a home exercise program. I've directed Tiffany to begin physical therapy at this time. I have prescribed the therapist to provide evaluation and treatment. I expect the duration of this therapy to be two weeks. The frequency of therapy treatments should be three times a week. RTC 1 week.

MEDICAL CAUSATION: Based on the available information, this appears to be a work-related condition.

WORK STATUS: MODIFIED work duties.

WORK RESTRICTIONS: No squatting, kneeling or crawling. No climbing ladders. Wear splint/brace as directed. No prolonged standing or walking.