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7-12-11

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)
James B. Shaw, M.D.
MD Pain Specialists

[X] Periodic Report (required 45 days after last report) [ ] Change in treatment plan [ ] Released from care

[ ] Change in work status [ ] Need for referral or consultation [ ] Response to request for information

[ ] Change in patient's condition [ ] Need for surgery or hospitalization [X] Request for authorization

[X] Other: Transfer of Care Request

Patient:
Last: Anderson First: Tiffany MI: Sex: Female
Address: 2 N. Avena Avenue City: Lodi State: CA Zip: 95240
DOI: 06/19/2008 DOB: 08/22/1970
Occupation: Mosquito Control Technician SSN: 549-23-5133 Phone: 209-329-9523
Claims Administrator:
Name: McKenzie Dawson, AIMS Claim Number: VE0700184
Address: P.O. Box 28100 City: Fresno State: CA Zip: 93729
Phone: 916-563-1900 x 242 Fax: 916-563-1919

Employer name: San Joaquin County Mosquito and Vector Control District

Subjective Complaints:

Tiffany Anderson is a 40-year-old, right-handed female with an industrial knee injury. The patient was not pleased with her outcome. She is very dis-satisfied with ongoing issues that are difficult to assess. Also, she reports re-injuring herself June 29, 2011 and going to US Healthworks.

The patient most recently is wanting another round of massage and stronger pain medication although we have never endorsed opioid analgesics in her case. She is already on a moderate to high dose from another non-industrial physician.

The patient has been unable to develop a good self sufficiency program. She has contacted our office on several occasions since our last meeting.

She also has been informed that we do not conduct medical practice or care activities over the Internet. On occasion in the past there has been minimal correspondence for appointment scheduling.

The patient treated with Dr. Murata on June 19, 2008 with an arthroscopic lateral meniscectomy. Dr. Murata performed surgery for a tear of the anterior horn of the lateral meniscus and it was found to have complex radial and lateral tears, there was also chondromalacia of the medial femoral condyle which was trimmed. At the time of that surgery he respected 30% of the meniscus down to a stable base.

The patient had a second MRI that showed a horizontal cleavage tear which was nearly circumferential and there was an old Baker Cysts 6x7 cm of the posterolateral aspect of the knee. The patient continued to experience lateral knee, patellofemoral and lateral joint line pain that continues. The pain has continued to have

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significant pain despite two surgeries the last by Dr. Murata, March 9, 2010. She was found to have garde IV chondromalacia of the medial femoral condyle and a recurrent lateral meniscus tear, and had a microfracture of the condyle and a partial menisectomy.

The patient saw a Qualified Medical Evaluator and future medical care with analgesics and antiinflammatories was recommended. The patient has wanted an independent gym membership, and asked that we request authorization. The patient's long term management admittedly are better with the patient taking a proactive role in their care.

Since her last appointment she has a list of services she is demanding. There appears to be a disconnect between her request for services and her educational lack of understanding of California Workers Compensation System.

Current Symptoms:

The patient has drawn her symptoms on a diagram outlining the human body. The body parts reported are knee.

The patient was asked to describe his pain based on the McGill Pain Questionnaire short form. The character of the pain is described as ache.

The patient's present pain intensity on a numeric rating scale (NMRS) is 10/10.

The patient reports frustration over his injury and the ongoing pain and consequences.

The cause of the pain is from residual mechanical issues.

The impact of the pain is problematic because the persistent symptoms have effected the quality of life (QOL) and activities of daily living. He is much more limited in social and recreational activities, and it has affected his outlook and mood.

Objective Findings: *(Include significant physical examination, laboratory, imaging, or other diagnostic findings)*

GENERAL APPEARANCE:
The patient is well developed, well-nourished, and in no distress. The patient is alert and oriented x3.

LUMBAR SPINE:
Gait is normal.
Normal Lumbar flexion.
Straight leg raise is negative.
Spasm and guarding is noted lumbar spine mild soreness/ no spasm/ guarding.

FABER TEST	Negative
PATRICK TEST	Negative
GAENSLENS TEST	Negative

MUSCULOSKELETAL:
Mild tenderness- pes anserine bursa right knee. Also has palpatory tenderness over the joint line, and Gerdy's tubercle. No fluid today. No erythema. ROM- extension 0 degrees, flexion 130 degrees. There is no evidence of bony tenderness, joint effusion, enlargement or abnormal motion. No muscle fasciculations, atrophy, muscle weakness, asymmetry or reduced range of motion is noted.

NEUROLOGIC:
Cranial nerves II-XII grossly intact. Strength 5/5 in all muscle groups. Sensation intact to light touch and pinprick. Reflexes are equal and symmetric bilaterally in the upper- 2+/2+ and lower extremities- 2+/2+. Babinski is negative. Cerebellar function grossly intact. Finger-to-nose testing within normal limits. Gait normal.

Diagnosis:

1.	717.9	INT DERANGEMENT KNEE NOS
2.	716.96	ARTHROPATHY NOS-L/LEG
3.	729.1	MYALGIA AND MYOSITIS NOS

Treatment Plan: *(include treatment rendered to date. List methods, frequency and duration of planned treatments(s). Specify consultation/referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation, acupuncture). Use of CPT codes is encouraged. Have there been any changes in treatment plan? If so, why?*

The patient continues to be quite challenged by her work injury. While she has chosen our practice to assist her coordinating her care, we respectfully resign from Primary Treating Physician responsibilities. Although the patient reports an interval change since her last appointment with an aggravation of her prior knee injury I can not tell there is any change. The latest issue has been the patient's continued insistence of communicating by e-mail.

She has been instructed not to do so on multiple occasions.

The patient is quite frustrated by her injury and other aspects of her care with a number of complaints that likely pertain more to non medical issues regarding her employer.We do not feel we can adequately address her needs, and multiple requests for services.

Our overall goals would be to focus on teaching the patient to better manage their own pain.

The patient initially presented in a straightforward manner simply being satisfied with basic medication refills for reasonable medications such as oral NSAID's.

We also felt that she wanted to make use of a GYM Membership.

She has presented me today with over one thousand dollars worth of bills that she would like to recover that started with massage. She is aware of the rules of the workers compensation system. She now appears to be wanting additional services of massage, chiropractic and feels she is entitled to these services.

She needs to find herself a Primary Treating Physician such as a local MPN chiropractor. We are simply are unwilling to act as the go between regarding her request for services.

The services below were her latest requests. We were informed that she re-in injured her right knee and was seen at US Healthworks and was not satisfied. She would appear to have improved some but incompletely and wants a referral to her orthopedic surgeon regarding her right knee.

She wants to craft her own care plan and despite my efforts to re-focus her energies to self management she continues to pursue a litany of treatment requests.

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We have decided to formally recommending that she locate a provider that can address her needs.

Treatment Requests by Patient:

1) Massage therapy, PT and gait training- ideally by PTP - chiropractor.
2) Referral to Dr. Murata for an Orthopedic Re- evaluation.

Re commend referral to a new MPN pain specialist that can meet her needs. We formally resign from duties as her treating physician.
(Patient to be notified regarding a 30 day release letter).

If there are any questions please do not hesitate to contact us, thank you for your attention on the matter.

The patient was provided prescription today for:
1 Ibuprofen 800 Mg Tablet SIG: Take 0-1 tablet a day QTY: 90.00

Work Status: This patient has been instructed to: Modified work is recommended. The patient is precluded from jumping and running as per QME Supplemental Report.

[ ] Remain off-work until _____

[ ] Return to modified work on _____ **with the following limitations**
(List all specific restrictions re: standing, sitting, bending, use of hands etc.)

[ ] Return to full duty on _____ **with no limitations.**

Primary Treating Physician: *(original signature, do not stamp)* Date of Exam: July 12, 2011

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3

Signature: James Shaw MD CA License# A45657
Executed at: 2027 Grand Canal Blvd. Ste. 29 Stockton, CA 95207 Date: July 12, 2011
Name: James B. Shaw, M.D. Specialty: Pain Management
Address: 2027 Grand Canal Blvd. Ste. 29 Stockton, CA 95207 Phone: 760-734-1800