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AMENDMENT TO

Document Title OBJECTION TO DECLARATION OF READINESS TO PROCEED

Document Date 09/19/2011
MM/DD/YYYY

Author STOCKWELL HARRIS SACRAMENTO

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1 **STOCKWELL, HARRIS, WOOLVERTON & MUEHL**

2 **A Professional Corporation**

3 1545 River Park Drive, Suite 330

4 Sacramento, California 95815-4616

(916) 924-1862

(916) 924-3541 Fax

5 Attorneys for Defendant

RECEIVED
STOCKTON
2011 SEP 19 PM 1:13
DEPT OF INDUST RELATIONS
DWC/MCAB

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7
8 **BEFORE THE WORKERS' COMPENSATION APPEALS BOARD**
9 **OF THE STATE OF CALIFORNIA**

10
11 Ms. Tiffany Anderson

12
13 Applicant,

14 vs.

15 San Joaquin County MVCD; AIMS
16 Insurance (Sacramento)

17 Defendant.

) WCAB No.: 1) ✓ADJ7004221; 2)
) ✓ADJ7004227; 3) ✓ADJ7010682; 4)
) ✓ADJ7976768 (DOI: 6/29/11)

) **AMENDMENT TO DEFENDANT'S**
) **OBJECTION TO DECLARATION**
) **OF READINESS TO PROCEED**

18
19 COMES NOW, Defendant, San Joaquin County MVCD; administered
20 by AIMS Insurance, by and through their attorney of record, Stockwell,
21 Harris, Woolverton & Muehl and hereby amends the Objection to
22 Declaration of Readiness to Proceed based on the following:

23 First, the undersigned understands that AIMS has agreed to provide
24 benefits, including temporary disability flowing from the 2008 date of
25 injury. This is based in part that the Applicant has seen a number of medical
26 providers in 2011 regarding right knee complaints, prior to the June 29, 2011
27 date of injury. Specifically, she has seen Dr. Murata in January 2011, and
28 then she changed treaters to Dr. Shaw and began treating in April 2011, with

1 follow up visits in May and July 2011. Dr. Shaw resigned from treatment in
2 2011 (please see report of July 12, 2011 which outlines the basis for Dr.
3 Shaw resigning). Regardless, in January, April and May, the Applicant had
4 ongoing knee complaints. These reports also seem to suggest that the
5 Applicant may have been obtaining pain narcotic medication for orthopedic
6 knee complaints from another doctor, possibly Kaiser.

7 Then, following the June 29, 2011 date of injury, the Applicant was
8 treated by Dr. Eck who noted as a first-aid/contusion claim initially and then
9 released her to full-duty on July 18, 2011.

10 The Applicant continued to work full-duty from the June 29, 2011
11 date of injury through August 16, 2011.

12 At the time of this dictation, the Applicant has not returned to work.
13 Dr. Murata did perform an MRI, and issued a report after reviewing the MRI
14 noting that there were findings on the MRI of a recurrent tear of the body
15 and anterior horn, no definite medial meniscus tear, possible tear of the
16 superior meniscocapsular ligament and trace joint fluid and possible mild
17 pes anserine tendiopathy; yet, they **did not** correlate the Applicant's physical
18 complaints.

19 As previously noted, Defendant set a re-examination with the Panel
20 QME Dr. Tabaddor with the earliest date being available of November 1,
21 2011. Defendant is also seeking clarification from both Dr. Eck and Dr.
22 Murata regarding the treatment in January, April and May 2011
23 juxtaposition with the June 29, 2011 date of injury.

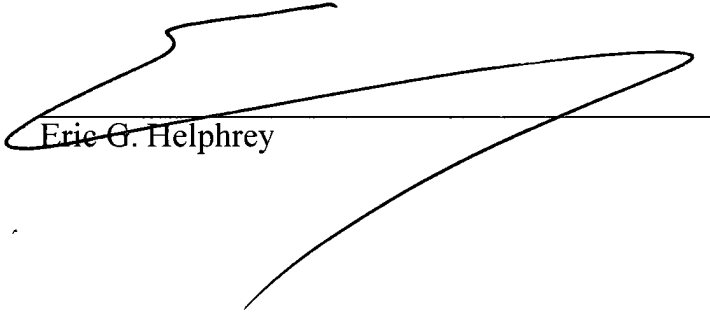
24 Defendant acknowledges that based on the current medical evidence if
25 Dr. Eck is followed temporary disability would not be owed. However, in
26 good faith Defendant is making advances of temporary disability until
27 further clarification is received from Dr. Eck, Dr. Murata, and the Panel
28 QME Dr. Tabaddor.

1 I declare under penalty of perjury the foregoing information is true
2 and correct to the best of my knowledge.
3

4 Dated: September 19, 2011

5 Respectfully submitted,

6 **STOCKWELL, HARRIS, WOOLVERTON & MUEHL**
7 A Professional Corporation

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9 
10 Eric G. Helphrey
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ALPINE ORTHOPAEDIC MEDICAL GROUP, INC.

PETER B. SALAMON, M.D.
EDWARD L. CAHILL, M.D.
VINCENT C. LEUNG, M.D.
GEORGE W. WESTIN, JR., M.D.
GARY T. MURATA, M.D.
STEVEN B. EAGER, M.D.
ROLAND H. WINTER, M.D.
ANIL K. LE, M.D.
ALAN T. KAWAGUCHI, M.D.
GARY M. ALEGRE, M.D.
MICHAEL P. HAHN, M.D.

VANESSA BEEMAN, PA-C
TONYA L. SMITH, PA-C

JAMES V. ROCHE, M.D.
1924-2001

EMERITUS
ROBERT M. HERMANN, M.D.
W. PAUL MOUCHON, M.D.

ANNE McCUNE, MS, HSA
ADMINISTRATOR

August 26, 2011

Mckenzie Dawson
Senior Claims Examiner
A.I.M.S.
Po Box 269120
Sacramento, CA 95826

RE: Tiffany Anderson
EMP: Sj Co Mosquito Control
DOI: 06/29/11
CLM: VE090000198

Dear Ms. Dawson:

I read your letter dated August 26, 2011. Thank you for your information in regard to treatment Ms. Anderson received at U.S. Healthworks on July 6, 2011. From your letter it stated that she sustained a contusion on June 29th and was released to full duty and discharged as of July 18, 2011.

There is no doubt that she sustained a contusion to her right knee when she was walking in a field and struck what she describes as a very large metal T-post. See my PR2 note of July 26, 2011. She had a small wound and she noted severe medial joint pain and catching. She was off work for four days, treated at U.S. Healthworks.

I believe this type of injury could also have caused an injury to her meniscus as she has had anterior medial joint pain with catching. This is a new injury rather than a flare-up of her injury especially since her symptoms are in a new area along the anterior medial joint line. Her prior injury involved the lateral joint line with the lateral meniscal tear. It would be helpful to rule out internal derangement such as a meniscal tear.

RECEIVED

It is unusual for a contusion alone to cause persistent symptoms along the medial joint line, almost two months after her injury.

WAS SACRAMENTO

*Team Physicians for the University of the Pacific Tigers
and the Stockton Ports*



2488 North California Street • STOCKTON, CA 95204-5508 • TELEPHONE (209) 948-3333





ALPINE
ORTHOPAEDIC
MEDICAL
GROUP, INC.

RE: Tiffany Anderson

2

August 26, 2011

I have not violated Labor Code 139.3, and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury. Dated 8/29/11, at San Joaquin County, California.

Sincerely,

Gary T. Murata, M.D.

GTM/sh

D: 08/26/11

T: 08/29/11

RECEIVED

AUG 31 2011

AMERICAN SACRAMENTO



LODI PHYSICAL THERAPY 631 SOUTH HAM LANE Lodi CA, 95242
 PHONE (209) 368-7433 FAX (209) 368-4219
 www.Lodipt.com

AUTHORIZATION REQUEST

DATE: 8/19/11

TO ADJUSTER: McKenzie / Nieves	RE: Tiffany Anderson
PHONE: 916-563-1900 x 242	FAX: 916-563-1919
INSURANCE: A.I.M.S	Date of Injury: 6/19/08
DATE OF RX: 8/16/11	CLAIM #: VE090000198
DIAGNOSIS: Lat Meniscus tear	Referring Physician: Gary Murata, MD
Number of visits requesting: 2x4 = 8	

☐ 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 Auth: _____

Authorized By: _____

NUMBER OF PAGES 4

Sincerely,

Wendy

ALPINE ORTHOPAEDIC PR-2 FORM
(209) 948-3333
Patient: Tiffany Anderson

2488 N. CALIFORNIA STREET
STOCKTON, CA 95204
Account#: WC 168478

<input checked="" type="checkbox"/> Periodic report	<input type="checkbox"/> Change in treatment
<input type="checkbox"/> Change in work status	<input type="checkbox"/> Info requested by:
<input type="checkbox"/> Change in patient's condition	<input type="checkbox"/> Released from care
<input type="checkbox"/> Need surgery/hospitalization	<input type="checkbox"/> Request for authorization
<input type="checkbox"/> Need consultation/referral	<input checked="" type="checkbox"/> Other: Need therapy.

PATIENT

Account: WC 168478
Tiffany Anderson
2 North Avena Ave
SS#: 549-23-5133

Doctor: Gary T Murata M.D.
Sex: female DOB: 08/22/1970
Lodi Ca 95240
Phone: 209 329-9523

CLAIM ADMINISTRATOR

A.I.M.S. Claim #: VE090000198 DOI: 06/29/11
Po Box 269120 Sacramento, CA 95826
Employer: Sj Co Mosquito Control

DIAGNOSIS

1. 836.1 /717.7 /

WORK STATUS: Modified work. No squatting. Standing and walking occasional.
No climbing or lifting to 20 lbs.

☐ Remain off work until:
☐ Return to modified work with the following limitations and restrictions:
☐ Return to full duty with no limitations or restrictions.
Continue with: ☐ Modified Work ☐ Full Duty

Date of Exam: August 16, 2011 Part of Body: New Doi 062911 Rt Knee

Subjective: Ms. Anderson underwent an MRI of her knee. She continues to have mostly anterior as well as anterior medial joint pain.

Objective: Slight amount of swelling over the anterior medial joint line. No warmth or erythema. Good active range of motion of the knee and slight effusion.

I reviewed the MRI which shows no internal derangement about the medial side. There is a possible recurrent tear of the lateral meniscus.

Assessment: Recurrent tear, lateral meniscus, however, her symptoms are located anterior medial. This occurred after a new injury to her knee June 29, 2011, when she struck a large metal post.

Plan: Since her symptoms do not specifically correlate with the MRI findings, I believe she is a candidate for physical therapy. She would benefit from eight physical therapy sessions including modalities and strengthening exercises.

She was given a note for modified work. No squatting. Standing and walking occasional. No climbing or lifting to 20 lbs. I also wrote a prescription for Motrin 800 mg tid #90. Follow-up in the office in four weeks.

I have not violated Labor Code 139.3, and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury. Dated 8/17/11, at San Joaquin County, California.
Gary T. Murata, M.D./sh



MAGNETIC RESONANCE IMAGING OF RIGHT KNEE

PATIENT: ANDERSON, TIFFANY K

DATE: 08/09/2011

DOB: 08/22/1970

MR#: 579139.0

REFERRING

GARY T MURATA MD

PHYSICIAN:

(W/C NETWORK) COAST 2 COAST DIAGNOSTICS

CLINICAL HISTORY: 40-year-old female complains of right knee pain and swelling since she walked into a metal bar on 06/29/11.

COMPARISON: Comparison is made with previous right knee MRI from 04/07/09 and 07/28/08.

SEQUENCES: Right knee MRI includes sagittal T1, proton density fat saturation, high-resolution proton density, coronal gradient echo and axial proton density fat saturation. This examination was performed on a Signa 1.5 Tesla.

FINDINGS: Lateral Compartment: There is apparent prior surgical truncation of the lateral meniscus. There is a recurrent horizontal superior surface tear of the lateral meniscus body extending into the anterior horn where it becomes an interstitial tear and subsequently exits the undersurface near the meniscal root. There is minimal marginal spurring and articular cartilage appears intact.

Patellofemoral Compartment: There is suggestion for mild lateral subluxation of the patellar apex relative to the trochlear groove. Articular cartilage intact.

Medial Compartment: There is no definite meniscal tear, but there may be a tear in the superior meniscocapsular ligament adjacent to the peripheral superior surface of the posterior horn. Articular cartilage intact.

Ligaments and Tendons: Cruciate, collateral, and patellar ligaments intact.

Miscellaneous: Trace joint fluid may be slightly greater than normal physiologic fluid, seen primarily within the suprapatellar recesses. No definite loose joint body. No Baker's cyst. Signal alteration tracking inferiorly along the pes anserine tendons may represent a mild pes anserine tendinopathy.

CONCLUSION:

1. Prior surgical truncation of the lateral meniscus with recurrent tear of the body and anterior horn described above.

(Continued)

MRI of Right Knee
RE: ANDERSON, Tiffany K.
Page 2 of 2
August 9, 2011

CONCLUSION – CONTINUED:

2. No definite medial meniscus tear. However, there may be a tear of the superior meniscocapsular ligament adjacent to the periphery of the posterior horn.
3. Trace joint fluid and possible mild posterior anserine tendinopathy.

DANIEL DIETRICH MD

DD: tc - D/T: Tue Aug 9 13:51:42 2011 #1225

The PHI (Personal Health Information) contained in this FAX/Email is **HIGHLY CONFIDENTIAL**. It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific healthcare services to this patient. Any other use is a violation of Federal Law (HIPAA) and will be reported as such.

This document has been electronically signed and approved by DANIEL DIETRICH MD

Jul 27, 2011 12:26

ALPINE ORTHOPAEDIC PR-2 FORM
(209) 948-3333
Patient: Tiffany Anderson

2488 N. CALIFORNIA STREET
STOCKTON, CA 95204
Account#: DI 168478

☒ Periodic report
☐ Change in work status
☐ Change in patient's condition
☐ Need surgery/hospitalization
authorization
☐ Need consultation/referral

☐ Change in treatment
☐ Info requested by:
☐ Released from care
☐ Request for
[X] Other: Needs MRI

PATIENT

Account: DI 168478
Tiffany Anderson
2 North Avena Ave
SS#: 549-23-5133

Doctor: Gary T Murata M.D.
Sex: female DOB: 08/22/1970
Lodi Ca 95240
Phone: 209 329-9523

CLAIM ADMINISTRATOR

A. I. M. S.
Po Box 269120
Employer: Sj Co Mosquito Control

Claim #: VE0700184
Sacramento, CA 95826

DOI: 06/19/08

DIAGNOSIS

1. 836.1 /717.7 /

WORK STATUS:

☐ Remain off work until:
☐ Return to modified work with the following limitations and restrictions:
☐ Return to full duty with no limitations or restrictions.
Continue with: ☐ Modified Work ☒ Full Duty

Date of Exam: July 26, 2011

Part of Body: Right Knee

Subjective: Tiffany reinjured her right knee 1 month ago. She was walking in a field and struck what she describes as a large metal T-post. This gave her a small wound. She continues to have very severe medial joint pain and catching. She was off work for 4 days and treated at U.S. HealthWorks. She is now back to full duty. She is convinced that she has another meniscal tear, as she has had increasing anterior medial joint pain with catching.

Objective: Physical examination reveals good range of motion of her knee, mild soft tissue swelling over the anterior medial joint line, as well as a healed laceration just distal to the anterior medial joint line. No swelling about her calf, no effusion, good range of motion.

ASSESSMENT: Possible meniscal tear, although her mechanism of trauma appears to be more direct, rather than a twisting injury. Since symptoms have not improved, it is reasonable to order an MRI of her knee to rule out internal derangement such as a meniscal tear. She will continue full duty, and I will see her in the office after the MRI of the right knee.

I have not violated Labor Code Section 139.3, and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury in San Joaquin County, CA, dated 7-27-11.

Gary T. Murata, M.D. / jaq

* * * END OF DOCUMENT * * *

U.S. HealthWorks

MEDICAL GROUP

WORK STATUS REPORT

Name: Last: Anderson First: Tiffany Date of Exam: 7/18/11 Case #: 118168567
 SS#: XXX-XX-5133 Date of Birth: 8/22/70 Date of Injury: 5/29/11 Claim #: _____
 Employer: SJC MOSQUITO & VECTOR Contact: JOHN STROH Tel.: (209) 982-4675 Fax: 209 982-0120
 Claims Administrator: SJC MOSQUITO & VECTOR Tel.: (209) 982-4675 Fax: 209 982-0120

PATIENT STATUS Since the last exam, this patient's condition has:
☒ improved as expected ☐ improved, but slower than expected ☐ work status pending PR2
☐ worsened ☐ reached plateau and no further improvement is expected ☐ not improved significantly
☐ been determined to be non-work related

DIAGNOSES (Include ICD-9 code, if possible)

S24.11 CONTUSION OF KNEE R

TREATMENT

☒ Office Visit / Injury Treatment ☐ Start / ☐ Continue ☐ Therapy: _____ times / week for _____ weeks. ☐ Ergonomic Eval
☐ Start / ☐ Continue ☐ Chiro: _____ times / week for _____ weeks. ☐ Other _____
☐ Meds / Supplies Dispensed _____
☐ Consultation / ☐ Referral ☐ Requested / ☐ Pending. Specialty _____ ☐ Work status to be determined by specialist.
 Estimated length of treatment is now _____ weeks

WORK STATUS ☒ First Aid Case

☐ Return / ☒ Continue... to work without restrictions
☐ Off work until (Date) _____ Estimated period of total temporary disability _____ days.
☐ Off the balance of this shift only. Then RTW on (Date) _____ to ☐ Full / ☐ Modified duty. ☐ Re-evaluate work status before next shift.
☐ Return to work as of (Date) _____ with the restrictions indicated below Estimated duration of modified duty is _____ days.
 () No work near moving machinery () Sit down job.
 () No / () Limited use of R / L hand to _____ hrs/day () Must wear: () Splint () Immobilizer () Back support () Cage
 () No / () Limited standing or walking to _____ hrs/day () Other _____
 () No / () Limited overhead work to _____ hrs/day () Must keep _____ elevated
 () No / () Limited stooping and bending to _____ hrs/day () Keep wound/bandage clean and dry
 () No / () Limited kneeling or squatting to _____ hrs/day () Must take a _____ minute stretch break every _____ minutes from
 () No / () Limited () Lift () Pull () Push () Keyboard / () _____
 Up to: () 10 lbs () 25 lbs () 50 lbs () _____ lbs () Other _____
 () No climbing _____
☐ Medical status was discussed with employer representative. Name _____

If no modified work is made available, employer must keep employee off work unless, and until, such modified work is made available.

DISCHARGE STATUS ☒ Return to full duty on (Date) 7/18/11 with no limitations or restrictions. Released from care without
 reliable disability or need for future medical care.
☐ Patient discharged as permanent and stationary with either impairment, work restrictions and/or need for future
 medical care. A PR-4 to follow.
☐ NON-INDUSTRIAL. Patient instructed to see private physician at own expense.

TREATING PROVIDER

Name: ECK, JON L., M.D. Lic. # G67867 Date of Exam 7/18/11
 Specialty _____ Signature _____ Signature on File _____

Issued at: USHW of California - Stockton, 3883 E. ARCH ROAD, SUITE # 400, STOCKTON, CA 95215 Tel: (209) 943-2202

Checkin Time 8:44 AM

Checkout Time 10:42 AM

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

James B. Shaw, M.D.
MD Pain Specialists

<input checked="" type="checkbox"/> Periodic Report (required 45 days after last report)	<input type="checkbox"/> Change in treatment plan	<input type="checkbox"/> Released from care
<input type="checkbox"/> Change in work status	<input type="checkbox"/> Need for referral or consultation	<input type="checkbox"/> Response to request for information
<input type="checkbox"/> Change in patient's condition	<input type="checkbox"/> Need for surgery or hospitalization	<input checked="" type="checkbox"/> Request for authorization
Other: <u>Transfer of Care Request</u>		

Patient:

Last: Anderson First: Tiffany Mi. Sex: Female
 Address: 2 N. Avoca Avenue City: Lodi State: CA Zip: 95240
 DOB: 06/19/2008 DOB: 08/22/1970
 Occupation: Mosquito Control Technician SSN: 549-23-5133 Phone: 209-329-9523
 Claims Administrator:
 Name: McKenzie Dawson, ABMS 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 dissatisfied 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 Cyst 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

significant pain despite two surgeries the last by Dr. Murata, March 9, 2010. She was found to have grade 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

GAENSLER 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). 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-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.

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.

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

U.S. HealthWorks

MEDICAL GROUP

WORK STATUS REPORT

Name Last: Anderson First: Tiffany Date of Exam: 7/06/11 Case #: 118168567
 SS#: XXX-XX-5133 Date of Birth: 8/22/70 Date of Injury: 6/29/11 Claim #: _____
 Employer: SJC MOSQUITO & VECTOR Contact: JOHN STRON Tel.: (209) 982-4675 Fax: 209 982-0120
 Claims Administrator: AJBE Tel.: (800) 444-6157 Fax: 916 963-1919

PATIENT STATUS

Since the last exam, this patient's condition has:

- ☐ improved as expected ☐ improved, but slower than expected ☐ work status pending PR2
☐ worsened ☐ reached plateau and no further improvement is expected ☐ not improved significantly
☐ been determined to be non-work related

DIAGNOSES

(Include ICD-9 code, if possible)

824.11 CONTUSION OF KNEE R

TREATMENT

- ☒ Office Visit / Injury Treatment ☐ Start / ☐ Continue ☐ Therapy: _____ times / week for _____ weeks. ☐ Ergonomic Eval
☐ Start / ☐ Continue ☐ Chiro: _____ times / week for _____ weeks. ☐ Other _____
☒ Meds / Supplies Dispensed TDAP
☐ Consultation / ☐ Referral ☐ Requested / ☐ Pending. Specialty _____ ☐ Work status to be determined by specialist.
 Estimated length of treatment is now _____ weeks

WORK STATUS

☒ First Aid Case

- ☒ Return / ☐ Continue... to work without restrictions.
☐ Off work until (Date) _____ Estimated period of total temporary disability _____ days.
☐ Off the balance of this shift only. Then RTW on (Date) _____ to ☐ Full / ☐ Modified duty. ☐ Re-evaluate work status before next shift.
☐ Return to work as of (Date) _____ with the restrictions indicated below. Estimated duration of modified duty is _____ days.
 () No work near moving machinery () Sit down job.
 () No / () Limited use of R / L hand to _____ hrs/day () Must wear: () Splint () Immobilizer () Back support () Cage
 () No / () Limited standing or walking to _____ hrs/day () Other _____
 () No / () Limited overhead work to _____ hrs/day () Must keep _____ elevated
 () No / () Limited stooping and bending to _____ hrs/day () Keep wound/bandage clean and dry
 () No / () Limited kneeling or squatting to _____ hrs/day () Must take a _____ minute stretch break every _____ minutes from
 () No / () Limited () Lift () Pull () Push () Keyboard / () _____
 Up to: () 10 lbs () 25 lbs () 50 lbs () _____ lbs () Other _____
 () No climbing
☐ Medical status was discussed with employer representative. Name _____

If no modified work is made available, employer must keep employee off work unless, and until, such modified work is made available.

- DISCHARGE STATUS** ☐ Return to full duty on (Date) _____ with no limitations or restrictions. Released from care without
 ratable disability or need for future medical care.
☐ Patient discharged as permanent and stationary with either impairment, work restrictions and/or need for future
 medical care. A PR-4 to follow.
☐ NON-INDUSTRIAL. Patient instructed to see private physician at own expense.

TREATING PROVIDER

Name ECK, JON L. M.D. Lic. # G67867 Date of Exam 7/06/11
 Specialty _____ Signature _____ Signature on File _____

Issued at: USHW of California - Stockton, 3663 E. ARCH ROAD, SUITE # 400, STOCKTON, CA 95215 Tel: (209) 943-2202

Checkin Time 9:50 AM

Checkout Time 11:18 AM

Next Visit Date 7/13/11 Time 9:30 AM

F/wc

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

James B. Shaw, M.D.

MD Pain Specialists

<input checked="" type="checkbox"/> Periodic Report (required 45 days after last report)	<input type="checkbox"/> Change in treatment plan	<input type="checkbox"/> Released from care
<input type="checkbox"/> Change in work status	<input type="checkbox"/> Need for referral or consultation	<input type="checkbox"/> Response to request for information
<input type="checkbox"/> Change in patient's condition	<input type="checkbox"/> Need for surgery or hospitalization	<input checked="" type="checkbox"/> Request for authorization
<input type="checkbox"/> Other:		

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, and she has less than a satisfactory outcome from her surgery.

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

The patient saw a Qualified Medical Evaluator and future medical care with analgesics, and anti-inflammatories 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.

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Current Symptoms:

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

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 3-7/10. The patient does not have visibly disabling pain.

From the patient's perspective the cause of pain is from the original injury. Aggravating factors include general activities and normal work. Palliative measures include rest.

The patient has taken a proactive approach to their condition, and is actively engaged in moving forward with a self directed management program.

The impact of the pain is problematic because the persistent symptoms have affected 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.

HEENT:

Normocephalic, atraumatic. Palpatory examination normal. Pupils are equal, round, and reactive to light. Extraocular muscles are intact. Sclerae are non-icteric. Conjunctiva are pink, non-icteric.

NECK:

There is no significant lymphadenopathy or mass. Trachea is mid-line. The thyroid is without enlargement or palpable nodule. There is no evidence of jugular vein distention.

CARDIOVASCULAR:

The heart has a regular rate and rhythm. Pulses are normal.

RESPIRATORY:

Lungs are clear.

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.

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Gaenslen's Test Negative.

MUSCULOSKELETAL:

Right knee 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?*

Based on the clinical history, examination, and diagnostic testing there seems evident a linear cause and effect relationship. The patient had been seen by Dr. Murata, M.D., Orthopedics post surgically, and he does not feel any further specific treatment, or therapy is indicated. He recommended that the Norco be discontinued.

The patient is utilizing scheduled pain medications from another physician.

She is very somatically focused that the knee is not better.

The conceptual model of pain and its management requires the formulation of treatment plans, and careful dynamic assessment of the patient and outcomes based on appropriate goals.

The patient is a candidate for pain medications supported by ACOEM/MTUS Guidelines. The justification for medication therapy is based on a dynamic assessment for risk/benefit analysis in conjunction with a functional assessment. The patient takes oral NSAID's, Motrin, and she is complaining about a residual swelling patella.

Her examination suggest she has a small pre-patellar bursa. She is a candidate for a trial of Voltaren Gel, and I have provided her a prescription. She has been informed that supportive data is mixed, and its use may need UR approval. *Request authorization for topical medication.*

She is not to use oral Motrin, and topical Voltaren Gel at the same time.

At the patient's last visit, she requested that we inquire with her carrier whether her gym membership for her left knee can be covered by her carrier. We await hearing back from the carrier concerning.

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: May 20, 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 B. Shaw MD CA License# A45657

Executed at: 2027 Grand Canal Blvd., Ste 29 Stockton, CA 95207 Date: May 20, 2011

Name: James B. Shaw, M.D. Specialty: Pain Management

Address: 5637 N Pershing Ave, Suite H-9 Stockton, CA 95207 Phone: 760-734-1800

M.D. Pain Specialists

James W. Shick, M.D.

April 23, 2011

McKenzie Dawson, Claims Administrator
AIMS
P.O. Box 269120
Sacramento, CA 95826

RE: TIFFANY ANDERSON
DOB: August 22, 1970
DOI: June 19, 2008
CLAIM #: VE0700184
SSN: 549-23-5133
EMPLOYER: San Joaquin County Mosquito and Vector Control District
DOE: April 23, 2011

PAIN MANAGEMENT CONSULTATION REPORT

Dear Claims Adjuster,

Thank you for your kind referral of Tiffany Anderson who was seen at my Stockton office on April 23, 2011, for a Pain Management Consultation. This report is based upon personal interview and examination of the patient, combined with review of the available medical records and other submitted information.

CURRENT COMPLAINTS:

Right Knee Pain

HISTORY OF INJURY:

The patient was being seen today for a pain specialty consultation exercising their rights under Labor Code 4600 for selecting their Primary Treating Physician. Tiffany Anderson is a 40-year-old, right-handed female with an industrial knee injury. Prior to the work injury the patient denies any ongoing musculoskeletal or neurological complaints.

In regards to the work injury the patient reports injuring her knee while walking through

Anderson, Tiffany

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eroded pasture land, climbing over fences, and walking in heavy mud that made her feet stick as she walked. She complained to her supervisor, but continued to work her shift. She subsequently was referred to the company clinic, and then an Orthopedic Surgeon. The patient has improved somewhat from treatment, but her progress has reached a plateau. She initially was treated by Dr. Murata on June 19, 2008, and he recommended surgery with 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 resect ed 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 patient has continued to have significant pain despite two surgeries the last by Dr. Murata, March 9, 2010. She was found to have grade IV chondromalacia of the medial femoral condyle, and a recurrent lateral meniscus tear, and had a microfracture of the condyle, and a partial meniscectomy.

She was seen June 8, 2010 for a Qualified Medical Evaluation, and there was felt a need for continued medical care for analgesics, and antiinflammatories.

JOB HISTORY/JOB DUTIES:

I have been provided an RU-91 on this patient. The patient is a mosquito control technician, and worked in this capacity with the employer with the San Joaquin County District. Her physical demands were reviewed.

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 5/10.

From the patient's perspective the cause of pain is from the original injury. Aggravating factors include general activities and normal work. Palliative measures include rest.

Current ADL limitations per Table 1-2:

Self-care, Personal Hygiene	None
Communication	None
Physical Activity	Mild- moderate

Sensory Function	None
Non specialized Hand Activities	None
Travel	None
Sexual Function	N/A
Sleep	Moderate -Severe

Physical: Reports sitting intolerance between 30- 60 minutes, walking intolerances between 30-60 minutes. Slight loss in pushing very heavy objects. Difficulty with kneeling, bending, and squatting.

Reports moderate pain most of the time in the knee affecting her back at times.

Psychological Symptoms Questionnaire:

The patient endorses the following psychological indicators of psychosocial distress. The following were reported: 1) tension 2) sleeplessness 3) depression 4) fatigue 5) feelings of helplessness 6) nervousness 7) worry about career 8) confused thoughts 9) poor concentration 10) anger 11) exhaustion 12) poor self esteem 13) irritability 14) feelings of discrimination 15) self doubt 16) frustration 17) harassment at work.

EPWORTH SLEEPINESS SCALE:

Epworth scores > 10 associated with sleep disorders.

Score: 11.0.

Screening Opioid Assessment Profile (S.O.A. P.):

The SOAP Questionnaire is a 14 question instrument used to identify patient's that may have problems with opioids.

YELLOW:

Score greater than 7 indicates higher risk of difficulties.

The patient scored a 7.0 with 2/4 mood swings, family problems with alcohol and drugs 4/4, and 1/4 with friends with problems with alcohol, and drugs. Also, the patient reports that she does not crave opioid medications, but is utilizing 8 Norco 10-325 a day.

The patient would fit best in a cautious category for opioids, and her regimen from an occupational status would be sub-optimal. Additionally the medications are prescribed for chronic headaches (non industrial).

CURRENT MEDICATIONS:

1 Norco 10-325 Tablet Mg (Other MD) SIG: take 1-2 tablets every 4-6 hours/ 8/day

2 Xanax 0.5 Mg Tablet (Other MD) SIG: takes 1 tablet every 12 hours

ALLERGIES: No Known Drug Allergies

MEDICAL HISTORY:

- 1) No History of Motor Vehicle Accidents
- 2) Complicated History of Exposures/ Work Injuries- reported June 19, 2009, March 26, 2009, and July 2, 2009.

I have not been provided a complete set of records, and, therefore am limited in a comprehensive discussion of the issues.

- 3) History of depression
- 4) History of severe migraine headaches, and has participated in the chronic pain program at Kaiser.
- 5) History of musculoskeletal injuries.

FAMILY HISTORY:

Family history is non-contributory for this condition.

Reported substance alcohol/medications issues in family 1/4. She does not reside with her mother or father her are reportedly divorced.

SOCIAL HISTORY:

She denies smoking cigarettes. She denies alcohol use. The patient denies taking any illicit drugs. The patient has 2 children.

REVIEW OF SYSTEMS:**Constitutional:**

Patient denies fever, chills, fatigue, previous chronic illness or injury, change in appetite, weight gain, weight loss without dieting, night sweats or other constitutional complaint.

Head:

Patient denies closed head injury, concussion, loss of consciousness, tumors, seizures, dizziness, vertigo, or other complaints. The patient reports chronic headaches, and has been seen at Kaiser. She also was seen in the pain program at Kaiser.

Neck:

Patient denies pain with movement, increased muscle tone, palpable mass, dysphagia.

Respiratory:

Patient denies cough, sputum, wheeze, dyspnea, hemoptysis or pleuritic pain.

Cardiovascular:

Patient denies chest pain, dizziness, orthopnea, palpitations, pedal edema.

Gastrointestinal:

Patient denies nausea, vomiting, diarrhea, constipation, abdominal pain, heart burn, dysphagia, hematemesis and melena.

Genitourinary:

Patient denies known occupational conditions of the genitourinary system.

Neurological:

Patient denies dizziness, paresthesia, seizures, weakness.

Endocrine:

Patient denies chronic fatigue, heat/cold intolerance, polyuria, polydipsia, polyphagia, unexplained weight loss or gain, or changes in skin pigmentation.

Psychiatric:

Patient reports significant affective distress including anxiety, depression, sleep disturbance. Patient has reported previous psychiatric treatment, with medication, but her current work injury, and circumstances surrounding her employment reportedly have made everything much worse.

PHYSICAL EXAMINATION:

Weight:	145 lbs
Height:	5' 4"
BMI:	24.89
Pulse:	80
Respiration:	20

GENERAL APPEARANCE:

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

HEENT:

Normocephalic, atraumatic. Palpatory examination normal. Pupils are equal, round, and reactive to light. Extraocular muscles are intact. Sclerae are non-icteric. Conjunctiva are pink, non icteric.

NECK:

There is no significant lymphadenopathy or mass. Trachea is mid-line. The thyroid is without enlargement or palpable nodule. There is no evidence of jugular vein distention.

CARDIOVASCULAR:

The heart has a regular rate and rhythm. Pulses are normal.

RESPIRATORY:

Lungs are clear.

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.

Gaenslen's Test Negative.

MUSCULOSKELETAL:

Right knee 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.

MEDICAL RECORDS, DIAGNOSTICS AND IMAGING REVIEW:

The medical records were reviewed. This is a separately reimbursable report in addition to the Evaluation and Management Code. After examination of the patient and prior to preparing this report, I spent 30 minutes reviewing the medical records of the initial treating physician, including the initial report, patient questionnaire, and follow-up treatments and any x-rays and/ or other diagnostic testing performed. These reports have been used in the assistance of formulating the patient's scope of previous treatment as well as current diagnosis and the anticipated course of treatment and prognosis.

September 7, 2010 QME Supplemental Report

June 8, 2010 QME Dr. Khosrow Tabaddor, M.D., Orthopedic Surgeon

September 17, 2008 Alpine Orthopedics, Dr. Murata, M.D. progress note.

DIAGNOSTIC IMPRESSION:

1. 717.9 Internal Derangement of Knee NOS
2. 716.96 Arthropathy NOS - L/Leg

3. 729.1 Myalgia and Myositis NOS

DISCUSSION:

The patient has an accepted injury from her August 19, 2008 right knee injury, and has a provision for future medical care. She was seen by Khosrow Thabaddor, M.D., Orthopedic Surgeon, and he outline future medical care to include anti-inflammatory therapy and analgesics, PT x6 per year, and occasional intra-articular injection of Dep-Medrol been recognized as active or inactive consequences of the patient's industrial injury.

The chronic pain patient represents the largest group of outcome failures and the most difficult treatment groups. The patient reported injuring her knee, and has had a poor outcome. Review of her operative reports revealed she has grade IV chondromalacia, and her long term prognosis would suggest more pain.

The patient has found that self directed care at a local health club is the best treatment. She has brought with her billing statements from her file, and is requesting that the insurance carrier cover all, or part of her month gym membership fees. I have shared with her the challenges that can frequently be encountered in getting these memberships certified. Her request does not seem unreasonable given the fact she appears to be using her membership for primarily her knee rehabilitation. She additionally has utilized therapist associated with the gym.

I would encourage that the therapist write our exactly what he is doing, frequency, duration, goals, and have him place the specific request on what is being requested. She is a complicated patient to manage as well since she has pain in other areas that are not accepted body parts. It would appear to this observer there are many issues that may need to be addressed as well.

In the meantime, I have agreed to ask the carrier for authorization of some, or part of her monthly gym membership. I formally request authorization for gym membership.

The patient was not interested in medication therapy options at this time.

The Qualified Medical Evaluator reports that he has brought closure of the patient's injury claim. The patient still manifests a mechanical and myofascial disorder of the lumbar spine with degenerative changes. She is complaining of left knee pain as well. The patient was informed that her back and left knee are not part of her work claim that we are addressing.

TREATMENT/CARE PLAN:

The conceptual model of pain and its management requires the formulation of treatment plans, and careful dynamic assessment of the patient and outcomes based on appropriate goals.

The patient is a candidate for pain medications supported by ACOEM/MTUS Guidelines. The justification for medication therapy is based on a dynamic assessment for risk/benefit analysis in conjunction with a functional assessment.

The patient has benefited immensely from the an educational focus that imparts information for the patient to be more in control of their care. The benefits that accompany a patient centered model of care are becoming abundantly clear. Increasing evidence demonstrates that self care decreases hospitalizations, emergency room visits, overall health costs, improved outcomes, and increased patient satisfaction with treatment and outcome.

Work Restrictions:

Modified work is recommended.

The patient is precluded from jumping and running as per QME Supplemental Report.

AFFIDAVIT OF COMPLIANCE:

"I declare under penalty of perjury that I personally performed the evaluation of the patient on April 23, 2011 at my Stockton office and that, except as otherwise stated herein, the evaluation was performed and the time spent performing the evaluation was in compliance with the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to paragraph (5) of subdivision (j) of §139.2 or §5307.6 of the California Labor Code."

"I further declare under penalty of perjury that I have not violated the provisions of California Labor Code §4628, §5703 and §139.3 with regard to the evaluation of this patient to the preparation of this report and that the contents of this report are true and correct to the best of my knowledge."

"The examination was conducted by me. The conclusion and opinions expressed in this report are mine, based on my personal evaluation of the patient and any records available to me."

"I verify under penalty of perjury that the total time I spent on the following activities is true and correct:

a. Reviewing the Records	<u>.50</u> Hours
b. Face-to-face time with the patient	<u>1.25</u> Hours
c. Preparation of the report	<u>1.0</u> Hours
d. Any other relevant activities detailed in the report	_____ Hours

"I declare under penalty of perjury that this bill for my services is true and correct to the best of my knowledge."

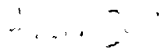
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If there are any questions at all regarding this patient, please do not hesitate to call me directly.

Executed this 10 day of April, 2011, in Vista, California.

Sincerely,


James B. Shaw, M.D.
Board Certified Pain Medicine and Anesthesiology
Qualified Medical Examiner

Cc: McKenzie Dawson, Claims Administrator
AIMS
P.O. Box 269120
Sacramento, CA 95826

ALPINE ORTHOPAEDIC PR-2 FORM
(209) 948-3333
Patient: Tiffany Anderson

2488 N. CALIFORNIA STREET
STOCKTON, CA 95204
Account#: DI 168478

☒ Periodic report
☐ Change in work status
☐ Change in patient's condition
☐ Need surgery/hospitalization
☐ Need consultation/referral

☐ Change in treatment
☐ Info requested by:
☐ Released from care
☐ Request for authorization
☐ Other:

PATIENT

Account: DI 168478
Tiffany Anderson
2 North Avena Ave
SS#: 549-23-5133

Doctor: Gary T Murata M.D.
Sex: female DOB: 08/22/1970
Lodi Ca 95240
Phone: 209 329-9523

CLAIM ADMINISTRATOR

A.I.M.S. Claim #: VE0700184 DOI: 06/19/08
Po Box 269120 Sacramento, CA 95826
Employer: Sj Co Mosquito Control

DIAGNOSIS

1. 836.1 / 717.7 /

WORK STATUS: This patient has been instructed to

☐ Remain off work until
☐ Return to modified work with the following limitations and restrictions:
☐ Return to full duty with no limitations or restrictions.

Continue with: ☐ Modified Work ☒ Full Duty

Date of Exam: January 06, 2011 Part of Body: Right Knee

Subjective: Ms. Anderson has had increased pain in her knee. She injured the knee in a minor motor vehicle accident two weeks ago. However, she is ambulatory without external supports. She did note some swelling after the injury.

Objective: She has good active range of motion of the knee, slight generalized swelling, no effusion. Ligaments stable.

ASSESSMENT: Again, permanent and stationary following partial lateral meniscectomy, microfracture of medial femoral condyle. She stopped her Norco. We talked about pain management. She will leave that option open under future treatment. Return to the office routinely in 1 month.

I have not violated Labor Code Section 139.3, and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury in San Joaquin County, CA, dated 1-7-11.

Gary T. Murata, M.D. / jaq

Anderson, Tiffany

PROOF OF SERVICE

STATE OF CALIFORNIA

COUNTY OF SACRAMENTO

I am in the County of Sacramento, State of California. I am over the age of 18 years and not a party to the within action. My business address is 1545 River Park Drive, Suite 330, Sacramento, California 95815-4616.

I served the foregoing document described as: **Amendment to Defendant's Declaration of Readiness to Proceed; All Medical Reports in Defendant's Possession from January 6, 2011 to August 26, 2011** on all interested parties in this action by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid in the United States mailed at Sacramento, California, addressed as follows:

HAND-FILED ON SEPTEMBER 19, 2011:

Workers' Compensation Appeals Board
31 E Channel Street, Room 344
Stockton, CA 95202

COPIES MAILED ON SEPTEMBER 19, 2011 TO:

Ms Tiffany Anderson
2 N. Avena Avenue
Lodi, CA 95240

Ms. Mackenzie Dawson
AIMS Insurance
Post Office Box 269120
Sacramento, California 95826-9120

Mr. John Stroh
San Joaquin County Mosquito & Vector Control District
7759 S Airport Way
Stockton, CA 95206

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STOCKTON
2011 SEP 19 PM 1:13
DEPT OF INDUSTRY RELATIONS
DIVISION WCAB

I certify, under penalty of perjury, that the foregoing is true and correct.

Executed on September 19, 2011, at Sacramento, California.

By: Kathi Stokes
Kathi Stokes