



**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

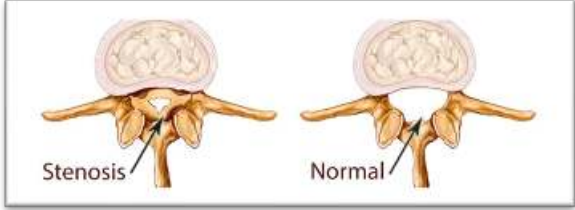
| Date       | Provider                                                         | Medical Facts                                                                                                                                                                          | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Page #                             |
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| 09.24.2010 | Dr. John Doe<br>[Neurologist]<br><i>Neurology Clinic</i>         | <b>NEUROLOGY CONSULTATION/EMG</b><br><b>[Electroencephalogram]</b><br>...Mildly abnormal study. There is evidence suggestive of a mild left superficial peroneal sensory neuropathy... | <b>[PRIOR TO DATE OF INJURY]</b><br><b>Past Medical History: Mild Left Superficial Peroneal Sensory Neuropathy</b><br>[Irritation or damage to the specific nerve branch running down the outside of the left lower leg and across the top of the foot. It causes minor numbness, tingling, or light pain in the area.]<br><br><b><u>Electromyography (EMG)</u></b> Checks the health and electrical activity of the muscles and nerves that control them. | LL_MR<br>2.3.21.pdf<br>Pg. 360     |
| 12.15.2011 | Dr. John Doe<br>[Primary Care Physician]<br><i>Health Clinic</i> | <b>PRIMARY CARE PHYSICIAN NOTE</b><br>...CC: [chief complaint]...shoulder pain...<br>...ASSESSMENT/PLAN...<br>...Right shoulder impingement [impingement] syndrome...                  | <b>[PRIOR TO DATE OF INJURY]</b><br><b>Past Medical History: Right Shoulder Pain, Right Shoulder Impingement Syndrome</b><br>[When bones in the shoulder rub against or pinch the rotator cuff causing sharp pain.]                                                                                                                                                                                                                                        | LL_MR<br>2.3.21.pdf<br>Pg. 342-345 |
| 07.16.2012 | Dr. John Doe<br>[Primary Care Physician]<br><i>Health Clinic</i> | <b>PRIMARY CARE PHYSICIAN NOTE</b><br>...Still c/o [complains of] R [right] shoulder pain, pt [patient] goes to chiropractor which does help with his pain...                          | <b>[PRIOR TO DATE OF INJURY]</b>                                                                                                                                                                                                                                                                                                                                                                                                                           | LL_MR<br>2.3.21.pdf<br>Pg. 336-337 |
| 03.13.2013 | Dr. Jane Doe<br>[Radiologist]<br><i>Generic Hospital</i>         | <b>MRI LUMBAR SPINE</b><br><br>[Record requested]                                                                                                                                      | <b>[PRIOR TO DATE OF INJURY]</b><br><b>Past Medical History: Multilevel Mild Central Spinal Canal and Neural Foraminal Stenosis with Facet Disease</b>                                                                                                                                                                                                                                                                                                     | LL_MR<br>2.3.21.pdf<br>Pg. 315     |

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|------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
|            |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>[Mild, age-related wear and tear in the spine at multiple levels. The spaces where the spinal cord and nerves travel have slight narrowing and the small spine joints show mild arthritis.]</p> <p>-The MRI results were documented by Dr. John Doe on 11.15.2013. Missing MRI record has been requested in the Fact Summary Report.</p>                                                                                                                                                                     |                                    |
| 05.10.2013 | Dr. John Doe<br>[Primary Care Physician]<br><i>Health Clinic</i> | <p><b>PRIMARY CARE PHYSICIAN NOTE</b></p> <p>...CC: [chief complaint] “spinal stenosis”</p> <p>S: [subjective]...Sometimes has urinary incontinence, some leakage, has been chronic for 1-2 years...Also has some leakage of his stool at times, just minimal – just enough to have to wipe, present for &gt;1 year...Had an MRI done through his outside MD that showed spinal stenosis...</p> <p>...Spinal stenosis on outside MRI, mild, around L1-2, L4-S1. Associated with b/l [bilateral] lower extremity numbness. No significant abnormalities on neuro exam...</p> | <p><b>[PRIOR TO DATE OF INJURY]</b></p> <p><b>Past Medical History: Mild Spinal Stenosis around L1-2, L4-S1</b></p> <p>[The open spaces in the lower back have gotten a little tight. This is a normal part of the aging process. Mild means it is small.]</p>  <p><b>Past Medical History: Chronic Urinary and Mild Stool Incontinence</b></p> <p>[The body has trouble holding in urine and small amounts of stool.]</p> | LL_MR<br>2.3.21.pdf<br>Pg. 321-325 |

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| 09.30.2013 | Dr. Jane Doe<br>[Orthopedic Surgeon]<br><i>Orthopedic Clinic</i> | <b>ORTHOPEDIC SURGERY<br/>OUTPATIENT NOTE</b><br>...48 yo [year old] male for lumbar spinal stenosis. Hx [history] of low back pain with radiating numbness and tingling down b/l [bilateral] legs x 20 yrs [years]....Hx [history] of jumping out of airplanes for 4 yrs [years] in 1980's. Denies any bowel or bladder incontinence expect maybe once a month....<br>...A/P: [assessment/plan] Lumbar radiculopathy with mild multilevel central and neural foraminal stenosis and facet disease... | <b>[PRIOR TO DATE OF INJURY]</b><br><b>Past Medical History: Lumbar Radiculopathy</b> [A nerve in the lower back is irritated or pinched, causing pain that travels down the leg. This is caused by mild, age-related wear-and-tear.] <b>with Mild Multilevel Central and Neural Foraminal Stenosis and Facet Disease</b> [There is a slight narrowing of the main spinal canal and the small side openings where the nerves exit, alongside minor arthritis in the small joints of the spine.] | LL_MR<br>2.3.21.pdf<br>Pg. 317-318 |
| 11.15.2013 | Dr. John Doe<br>[Pain Clinic Doctor] <i>Pain Clinic</i>          | <b>ANESTHESIOLOGY PAIN<br/>CONSULTATION</b><br>...CC: [chief complaint] low back that radiates down legs<br>HPI: [history of present illness] For 20 years has had numbness and tingling below his knees...Recently had MRI which showed lumbar spinal stenosis. Periodically falls because his feet are numb, he can't recognize where his lower leg is.<br>Pain: low back and lower leg pain<br>Duration: Been getting worse for 20 years...                                                        | <b>[PRIOR TO DATE OF INJURY]</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                            | LL_MR<br>2.3.21.pdf<br>Pg. 313-317 |

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| 12.18.2013 | Dr. John Doe<br>[Pain Clinic<br>Doctor] <i>Pain<br/>Clinic</i>                 | <b>ANESTHESIOLOGY NOTE/LUMBAR<br/>EPIDURAL STEROID INJECTION</b><br>...Diagnosis: Lumbar Radiculopathy<br>Procedure Note: Lumbar Epidural Steroid<br>Injection Under Fluoroscopy...                                                                                        | <b>[PRIOR TO DATE OF INJURY]</b><br><br><b>Lumbar Epidural Steroid Injection (LESI):</b><br>An anti-inflammatory medication is injected into<br>the lower back's epidural space. It helps reduce<br>swelling and pain.<br><br><b>LOWER BACK STEROID INJECTION</b> | LL_MR<br>2.3.21.pdf<br>Pg. 312-313 |
| 04.07.2014 | Dr. John Doe<br>[Pain Clinic<br>Doctor] <i>Pain<br/>Clinic</i>                 | <b>ANESTHESIOLOGY NOTE/LUMBAR<br/>EPIDURAL STEROID INJECTION</b><br>...Complaint of low back pain and leg pains,<br>8/10, radiating to leg, constant...<br>...Diagnosis: Lumbar radiculopathy<br>Procedure Note: Lumbar Epidural Steroid<br>Injection Under Fluoroscopy... | <b>[PRIOR TO DATE OF INJURY]</b><br><br><b>LOWER BACK STEROID INJECTION</b>                                                                                                                                                                                       | LL_MR<br>2.3.21.pdf<br>Pg. 308-309 |
| 11.04.2014 | Jane Doe,<br>LVN<br>[Licensed<br>Vocational<br>Nurse] <i>Health<br/>Clinic</i> | <b>NURSING PHONE CALL<br/>TRIAGE NOTE</b><br>...Chief Complaint: Back Pain Chronic<br>Duration of Complaint: 3 Weeks...<br>...NURSE COMMENTS<br>...back pain, duration longer than 1 month...<br>...back pain, lower back...                                               | <b>[PRIOR TO DATE OF INJURY]</b><br><br><b>Past Medical History: Chronic Back Pain &gt; 1<br/>month</b>                                                                                                                                                           | LL_MR<br>2.3.21.pdf<br>Pg. 298-302 |

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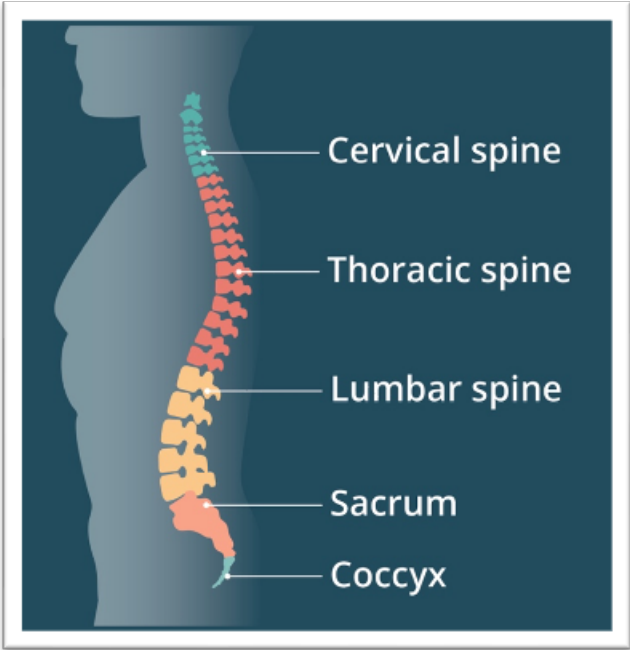
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| 01.05.2015 | Dr. John Doe<br>[Primary Care Physician]<br><i>Health Clinic</i> | <b>PRIMARY CARE PHYSICIAN NOTE</b><br>...CC: [chief complaint] joints and back pain<br>S: [subjective] he feels his back pain is the worst. More with activity; if he pushes himself, walks too much, sits too much—all will flare up the pain. Patient has continued to have this pain since he was in the military in his early 20s. He also did about 300+ jumps out of airplanes (up until his mid 20's). Then did a lot of heavy lifting with 105 lb rounds. His chronic back pain started in his early 20s...<br>...HTN: [hypertension] uncontrolled today... | <b>[PRIOR TO DATE OF INJURY]</b><br><br><b>Past Medical History: Hypertension</b> [High blood pressure. It is diagnosed when blood pressure is consistently 130/80 or higher. Normal range is equal to or less than 120/80]<br><br>-Mr. Doe stated his chronic back pain started while he was in the military jumping out of planes and heavy lifting. | LL_MR<br>2.3.21.pdf<br>Pg. 293-297 |
| 08.07.2015 | Dr. John Doe<br>[Primary Care Physician]<br><i>Health Clinic</i> | <b>PRIMARY CARE PHYSICIAN NOTE</b><br>...Since his last visit in 1/2015 the patient states that he is in pain. Mainly his feet, ankles, knees, back and hands...                                                                                                                                                                                                                                                                                                                                                                                                    | <b>[PRIOR TO DATE OF INJURY]</b><br><br><b>Past Medical History: Chronic Pain</b>                                                                                                                                                                                                                                                                      | LL_MR<br>2.3.21.pdf<br>Pg. 288-290 |
| 10.20.2015 | Dr. Jane Doe<br>[Radiologist]<br><i>Generic Hospital</i>         | <b>X-RAY ARTHRITIS SERIES</b><br>...Reason for Study: r/o RA [rule out Rheumatoid Arthritis]...<br>...FINDINGS:<br>Cervical spine: Straightening from C1-C5.<br>Trace C3-4 and C4-5 and moderate C5-6                                                                                                                                                                                                                                                                                                                                                               | <b>[PRIOR TO DATE OF INJURY]</b><br><br><b>Past Medical History: Mild Polyarticular Degenerative Changes</b><br>[Indicates early or low-level wear-and-tear arthritis is present in five or more joints.]                                                                                                                                              | LL_MR<br>2.3.21.pdf<br>Pg. 32-33   |

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|------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      |          | <p>spondylosis with multilevel prevertebral spondylosis and uncinat/facet arthropathy...<br/>...Thoracic spine: Multilevel prevertebral spondylosis...<br/>...Lumbar spine: Grade 1 degenerative retrolisthesis at L4-5 and L5-S1 Mild spondylosis at L3-4 to L5-S1 with multilevel mild prevertebral spondylosis and lower lumbar facet arthropathy...<br/>...Shoulders: Mild acromioclavicular joint osteoarthritis: Minimal glenohumeral joint degenerative changes...<br/>...Impression: Mild polyarticular degenerative changes. No radiographic evidence for rheumatoid arthritis...<br/>...Elbows:...Spurring about the ulnar trochlear joints medially bilaterally.<br/>Hands: Minimal swelling about the triscaphe and first CMC [carpometacarpal] joints bilaterally...<br/>...Impression: Mild polyarticular degenerative changes. No radiographic evidence for rheumatoid arthritis.</p> | <p>Cervical [neck], thoracic [mid back], lumbar [lower back], shoulders, elbows, hands all show low-level wear-and-tear.</p>  |        |

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| 10.20.2015 | Dr. John Doe<br>[Rheumatologist] <i>Health Clinic</i> | <b>RHEUMATOLOGY CONSULT</b><br>...50 y/o [year old] MALE w/ polyarthralgias, for about 20-30 years mostly ankles and knees, for many years, and now with bilateral [both] shoulder (at the beginning [beginning] were just the right).<br>Also reports elbows, wrists, hands – achy constant pain...<br>...He reports bilateral legs and arms with tingling that last about 20 minutes<br>He is diagnosed [diagnosed] with spinal stenosis cervical [spinal stenosis cervical] and lumbar – no MRI [MRI] on file, done outside of the VA [veteran's affairs] over 5 years ago...<br>...There is evidence suggestive of a mild left superficial peroneal sensory neuropathy... | <b>[PRIOR TO DATE OF INJURY]</b><br><br><b>Past Medical History: Spinal Stenosis-Cervical and Lumbar</b> [The open spaces inside the backbone gets too narrow. This can pinch the spinal cord and nerves that travel through it]<br><br><b><u>Mild Left Superficial Peroneal Sensory Neuropathy:</u></b><br>A small nerve on the outer side of the left lower leg and top of the foot are slightly irritated or damaged. This can cause mild numbness, tingling, or burning. | LL_MR<br>2.3.21.pdf<br>Pg. 282-284 |
| 11.17.2015 | Dr. Jane Doe<br>[Radiologist] <i>Generic Hospital</i> | <b>MRI C [Cervical AKA Neck] SPINE W/O CONT [without contrast]</b><br>...Reason for Exam: 50 year old MALE<br>...neck pain with bilateral [bilateral AKA both arms] arms tingling r/o [rule out] stenosis...                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>[PRIOR TO DATE OF INJURY]</b><br><br><b>Past Medical History: Multilevel Degenerative Changes (more prominent at C5-6) with Moderate to Severe Disc Space Narrowing, Mild Central Canal Narrowing, Multilevel Lateral Recess and Neural Foramina Narrowing</b><br>[Age-related wear and tear in the neck]                                                                                                                                                                 | LL_MR<br>2.3.21.pdf<br>Pg. 26-29   |

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|------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
|            |                                                          | <p>...Impression: Lack of normal lordosis of the cervical spine. 3 mm retrolisthesis of C5 on C6.</p> <p>Multilevel degenerative changes more prominent at C5-6 with moderate to severe disc space narrowing.</p> <p>Mild central canal narrowing at C5-6.</p> <p>Multilevel lateral recess and neural foramina narrowing, as described...</p>                                                                      | <p><b>Lack of Normal Lordosis of the Cervical Spine</b><br/>[The neck has lost its normal forward curve and is straighter than it should be]</p> <p><b>3 mm Retrolisthesis of C5 on C6</b> [The 5<sup>th</sup> neck bone (C5) has slipped backward by 3 millimeters over the sixth neck bone (C6)]</p> |                                  |
| 11.17.2015 | Dr. Jane Doe<br>[Radiologist]<br><i>Generic Hospital</i> | <p><b>MRI L [Lumbar AKA Lower Back] SPINE W/O CONT [without contrast]</b></p> <p><b>***THIS IS AN AMENDED REPORT***</b></p> <p>...Reason for Exam: 50 year old MALE...bilateral leg tingling and numbness – please r/o [rule out] stenosis...</p> <p>...Addendum: There is a 9 mm intervertebral hemangioma in the posterior aspect T12. There is also a 6 mm intervertebral hemangioma posterior aspect of L1.</p> | <p><b>[PRIOR TO DATE OF INJURY]</b></p> <p><b>Past Medical History: Multilevel Degenerative Changes (more prominent at L4-5 and L5-S1 with moderate disc space narrowing)</b><br/>[Common age-related wear and tear in the lower back.]</p>                                                            | LL_MR<br>2.3.21.pdf<br>Pg. 29-32 |

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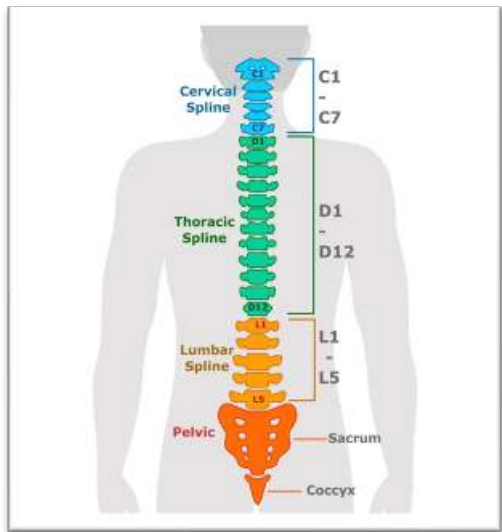
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|            |                                                                  | <p>Impression: Multilevel degenerative changes more prominent at L4-5 and L5-S1 with moderate disc space narrowing.</p> <p>No evidence of central canal narrowing. Bilateral mild neural foramina narrowing at L4-5.</p> <p>5 mm posterior disc bulge with possible annular tear at L5-S1. Paraspinal multilevel facet joint arthropathy, as described...</p> |                                                                                                                     |                                    |
| 12.03.2015 | Dr. John Doe<br>[Rheumatologist]<br><i>Health Clinic</i>         | <p><b>RHEUMATOLOGY NOTE</b></p> <p>... He had a fall about 1 week ago after getting [getting] up from the car. His legs felt numb and he felt [fell] to the floor...</p>                                                                                                                                                                                      | <b>[PRIOR TO DATE OF INJURY]</b>                                                                                                                                                                        | LL_MR<br>2.3.21.pdf<br>Pg. 274-276 |
| 07.27.2016 | Dr. John Doe<br>[Primary Care Physician]<br><i>Health Clinic</i> | <p><b>INTERNAL MEDICINE NOTE</b></p> <p>CC: [chief complaint] uncontrolled HTN [hypertension]...</p> <p>...he continues to have pain “everywhere”, including aching hands, arms “on fire”, right</p>                                                                                                                                                          | <p><b>[PRIOR TO DATE OF INJURY]</b></p> <p><b>Past Medical History: Chronic Headaches</b> [Head pain that happens on 15 or more days out of each month, lasting for at least three months in a row]</p> | LL_MR<br>2.3.21.pdf<br>Pg. 252-255 |

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|            |                                                                   | lower extremity [extremity] feeling like someone was stabbing him. he also gets pain in his back and headaches...<br>...Regarding headaches, it is behind both eyes and is now around the temporal areas b/l [bilateral]. The headaches are there daily x 3 weeks...they last hours...<br>...PHYSICAL EXAM...<br>...anisocoria on left and fixed dilated pupil (patient states this is chronic)...<br>...Diffuse OA [osteoarthritis] but also suspect fibromyalgia...<br>...Chronic daily headaches. tension-type. doubt TA [temporal arteritis?].<br>...HTN [hypertension] uncontrolled again... | <b>Chronic Anisocoria:</b> Pupils unequal in size. Mr. Doe stated he has had it his whole life. |                                    |
| 08.11.2016 | Jane Doe, LVN<br>[Licensed Vocational Nurse] <i>Health Clinic</i> | <b>NURSING OUTPATIENT NOTE</b><br>...Pt [patient] with neck pain “killing me”<br>PSR [pain scale rating] 8/10 today.<br>Pt [patient] reports his home BP [blood pressure] readings are “all over the place”...<br>...162/98...                                                                                                                                                                                                                                                                                                                                                                    | <b>[PRIOR TO DATE OF INJURY]</b>                                                                | LL_MR<br>2.3.21.pdf<br>Pg. 251-252 |
| 01.04.2017 | Dr. John Doe<br>[Chiropractor]                                    | <b>CHIROPRACTIC NOTE</b><br>S; [subjective] Pt [patient] reports having LOP [level of pain] [unintelligible] 1 week.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -Handwritten note is very difficult to read.                                                    | Chiro_2.pdf<br>Pg. 2               |

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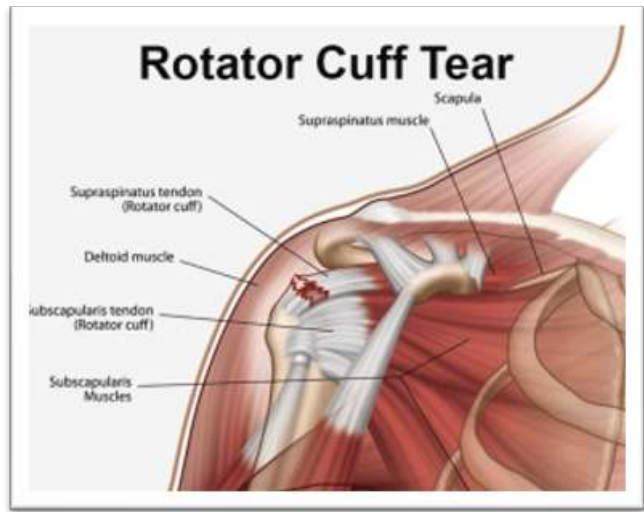
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|            | <i>Chiropractic Clinic</i>                                       | Did not do anything [unintelligible] Has been getting progressively worse over the past week. Daily constant deep → sharp pain. “6-8/10” No radiation of P [pain?] noticed. Aggravation – any general movement, lifting, sitting > 10 min [minutes], sitting & standing position. Palliative - ? [?] sharpness [unintelligible]...<br>...O: [objective] See examination form...                                                                                                                                                                                                                                                      | -Missing examination form mentioned in healthcare provider’s notes. Records requested in Fact Summary Report.                                                                                                                                                                                                                   |                                    |
| 01.06.2017 | Dr. John Doe<br>[Primary Care Physician]<br><i>Health Clinic</i> | <b>PRIMARY CARE PHYSICIAN NOTE</b><br>CC: [chief complaint] polyarthralgias...<br>...BL [bilateral] shoulder pain: Reports pain since 1986 with flaring up of pain in last 6 months. Reports h/o [history of] R [right] rotator cuff tear during basic training but no surgica [surgical] intervention ever done. States he has a 2 week trial of PT [physical therapy] for his shoulder pain many years ago with no relief. Currently shoulder pain is 8-9/10...Also gets accupuncture [acupuncture] for his shoulders and neck...<br><br>...Chronic back pain: pain since 1986 2/2 to “jumping out of planes.” Reports worsened in | <b>[PRIOR TO DATE OF INJURY]</b><br><br><b><u>Polyarthralgias:</u></b> Pain in five or more joints at the same time.<br><br><b>Past Medical History: Right Rotator Cuff Tear</b><br>[An injury where one or more of the tendons or muscles that stabilize the shoulder joint become frayed or detached from the upper arm bone] | LL_MR<br>2.3.21.pdf<br>Pg. 245-249 |

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|------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
|            |                                                              | <p>last 3 weeks. Localized mainly to lumbar spine, denies radiculopathy but does report decreased sensation in BLLE [bilateral lower extremities] with prolonged sitting. States he developed urinary incontinence 6 months ago, in last 3 weeks had 3 episodes of incontinence to urine but not stool...</p> <p>...back DJD: [degenerative joint disease] no improvement with ESI [epidural steroid injection] x 3...</p> <p>...BL [bilateral] shoulder pain – h/o [history of] R [right] rotator cuff tear with limited ROM [range of motion], no imaging available. Limited ROM [range of motion] on physical exam due to pain...</p> |                                                                                                                                                                                                                                                                                                                                                           |                      |
| 01.06.2017 | Dr. John Doe<br>[Chiropractor]<br><i>Chiropractic Clinic</i> | <p><b>CHIROPRACTIC NOTE</b><br/> [Same as previously noted except:]</p> <p>S: [subjective] P [pain?] to L[?] 5-6/10 today.<br/> O: [objective] Fixation L3/L4 [unintelligible]<br/> Moderate palpations P [pain?] &amp; spasms.<br/> L/[?] para [unintelligible]<br/> P: [plan] CMT [?] L/[?] [unintelligible] PT [physical therapy?]</p>                                                                                                                                                                                                                                                                                                | <p><b>[PRIOR TO DATE OF INJURY]</b><br/> <b>Past Surgical History: Spinal Fixation/Fusion-</b><br/> Note appears to state “Fixation L3/L4” - A surgical procedure (Spinal Fixation/Fusion) that permanently joins the third and fourth vertebrae in the lower back together. This was mentioned again by Pain Clinic Dr. John Doe on 01.08.2019. Records requested in Fact Summary Report.<br/> -Handwritten note very difficult to read.</p> | Chiro_2.pdf<br>Pg. 2 |

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| Date       | Provider                                                     | Medical Facts                                                                                                                                                                                                                                                                                                          | Comments                                                                                                                                                                                       | Page #                           |
|------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| 04.06.2017 | Dr. John Doe<br>[Chiropractor]<br><i>Chiropractic Clinic</i> | <b>CHIROPRACTIC NOTE</b><br>[Same as previously noted except:]<br><br>S: [subjective] Pt [patient] reports his LOP [level of pain] – 4/10 today...c/o [complains of] R [right] [unintelligible] P [pain?] & numbness...<br>...O: [objective]...mild-mod [moderate] P [pain?] & spasms L/[?] @ glut [unintelligible]... | <b>[PRIOR TO DATE OF INJURY]</b><br>-Handwritten note very difficult to read                                                                                                                   | Chiro_2.pdf<br>Pg. 2             |
| 07.10.2017 | Dr. Jane Doe<br>[Radiologist]<br><i>Generic Hospital</i>     | <b>X-RAY SHOULDER LEFT INT/EXT [Internal/External Rotation]</b><br>...Reason for Study: chronic pain...<br>...Impression:...Moderate degenerative changes of the left a.c. [acromioclavicular] joint. Mild degenerative changes of the glenohumeral joint...                                                           | <b>[PRIOR TO DATE OF INJURY]</b><br><br><b><u>Impression Explanation:</u></b> Normal wear-and-tear AKA Osteoarthritis in two parts of the left shoulder.                                       | LL_MR<br>2.3.21.pdf<br>Pg. 24-25 |
| 07.10.2017 | Dr. Jane Doe<br>[Radiologist]<br><i>Generic Hospital</i>     | <b>X-RAY SHOULDER RIGHT INT/EXT [Internal/External Rotation]</b><br>...Reason for Study: co rt shoulder pain [complained of right shoulder pain]...<br>...Impression:...Moderate degenerative changes...                                                                                                               | <b>[PRIOR TO DATE OF INJURY]</b><br><br><b><u>Impression Explanation:</u></b> Early to moderate wear-and-tear in the shoulder joints, primarily showing osteoarthritis (degenerative changes). | LL_MR<br>2.3.21.pdf<br>Pg. 24    |

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| Date       | Provider                                                                                       | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Page #                             |
|------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 07.12.2017 | Jane Doe,<br>LCSW<br>[Licensed<br>Clinical<br>Social<br>Worker]<br><i>Generic<br/>Hospital</i> | <b>SOCIAL WORK CONSULT</b><br>SW [social worker] will follow up.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>[PRIOR TO DATE OF INJURY]</b><br><br>-Lacking information in the record provided.<br><br>-Social Worker notes requested in Fact Summary Report.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | LL_MR<br>2.3.21.pdf<br>Pg. 244     |
| 08.11.2017 | Dr. Jane Doe<br>[Orthopedic<br>Surgeon]<br><i>Health Clinic</i>                                | <b>ORTHOPEDIC SURGERY<br/>CONSULTATION</b><br>...CC: [CHIEF COMPLAINT] Bilateral<br>[both] Shoulder Pain<br>HPI: [HISTORY OF PRESENT<br>ILLNESS]...He states the pain began many<br>years ago, but has worsened over time. He<br>indicates the pain is Lateral [side] and Anterior<br>[anterior AKA front] and feels like sharp<br>pain. He does endorse numbness or tingling in<br>the Right upper extremity...He states the pain<br>is made worse by overhead activities...<br>...C-Spine [cervical spine]<br>ROM WNL [range of motion within normal<br>limits]... | <b>[PRIOR TO DATE OF INJURY]</b><br><b>Past Medical History: Cervical Radiculitis</b> [When<br>a nerve root in the neck gets squeezed or<br>inflamed, it causes sharp pain, numbness, or<br>weakness that travels from the neck down into the<br>shoulder, arm, or hand.]<br><br><b>-It is noted the cervical spine [AKA neck] range<br/>of motion is within normal limits at this time.</b><br><br><b>-Bilateral Shoulder Injections administered<br/>during this visit.</b><br><br><b><u>Shoulder Impingement:</u></b> The top of the shoulder<br>blade pinches the rotator cuff tendons or bursa,<br>causing pain and swelling when the arm is raised. | LL_MR<br>2.3.21.pdf<br>Pg. 238-244 |

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| Date       | Provider                                                     | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                       | Comments                                                                          | Page #              |
|------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------|
|            |                                                              | ...ASSESSMENT: Bilateral Shoulder Impingement and likely cervical radiculitis...<br>...Bilateral shoulder Sub-acromial injections were administered without complication...                                                                                                                                                                                                                         |                                                                                   |                     |
| 09.11.2017 | Dr. John Doe<br>[Chiropractor]<br><i>Chiropractic Clinic</i> | <b>CHIROPRACTIC NOTE</b><br>[Same as previously noted except:]<br><br>S: [subjective] Patient reports LQ [lower quadrant?] was doing much better after last tx [treatment]. Noticed P [pain?] start again 2 days ago. P [pain?] 6/10 today. No radiation of P [pain?]<br>O: [objective]...Moderate palp [palpation?] P [pain?] & spasms L/[?] R [right} upper glut med[gluteus medius?] (15 min)... | <b>[PRIOR TO DATE OF INJURY]</b><br><br>-Handwritten note very difficult to read. | Chiro_2.pdf<br>Pg 2 |
| 09.13.2017 | Dr. John Doe<br>[Chiropractor]<br><i>Chiropractic Clinic</i> | <b>CHIROPRACTIC NOTE</b><br>[Same as previously noted except:]<br><br>...Moving better than last O/V [office visit]...                                                                                                                                                                                                                                                                              | <b>[PRIOR TO DATE OF INJURY]</b><br><br>-Handwritten note very difficult to read. | Chiro_2.pdf<br>Pg 2 |
| 09.15.2017 | Dr. John Doe<br>[Chiropractor]<br><i>Chiropractic Clinic</i> | <b>CHIROPRACTIC NOTE</b><br>[Same as previously noted except:]<br><br>...Not much change since last O/V [office visit]...                                                                                                                                                                                                                                                                           | <b>[PRIOR TO DATE OF INJURY]</b><br><br>-Handwritten note very difficult to read. | Chiro_2.pdf<br>Pg 2 |

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| Date       | Provider                                                         | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Comments                                                                                                                                                                                                                                                                                                                                                                                               | Page #                             |
|------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 02.06.2018 | Dr. John Doe<br>[Primary Care Physician]<br><i>Health Clinic</i> | <b>PRIMARY CARE PHYSICIAN NOTE</b><br>...Still having ankles, knees, shoulders and lower back pain...ongoing for years...                                                                                                                                                                                                                                                                                                                                                                                                     | <b>[PRIOR TO DATE OF INJURY]</b>                                                                                                                                                                                                                                                                                                                                                                       | LL_MR<br>2.3.21.pdf<br>Pg. 210-211 |
| 02.27.2018 | Dr. John Doe<br>[Chiropractor]<br><i>Chiropractic Clinic</i>     | <b>CHIROPRACTIC NOTE</b><br>...↑[increased] Gabapentin since last O/V [office visit]. Pt. [patient] in for L&P [lumbar and pelvic evaluation/treatment?] today...(P) [pain] 6/10...Woke up with (P) [pain]...                                                                                                                                                                                                                                                                                                                 | <b>[PRIOR TO DATE OF INJURY]</b><br>-Handwritten note very difficult to read.                                                                                                                                                                                                                                                                                                                          | Chiro_2.pdf<br>Pg 2                |
| 07.10.2018 | Dr. John Doe<br>[Psychologist]<br><i>Mental Health Clinic</i>    | <b>MENTAL HEALTH INITIAL EVALUATION NOTE</b><br>...Veteran was referred by pcp [primary care physician] for anxiety and depression. Veteran is experiencing chronic pain and fear of unknown debilitating back and neck issues. He declines mental health services at this time, stating, "I want to see how the medicine my doctor prescribed for pain works."...<br>...Generalized Anxiety Disorder...<br>...PHQ-9 [patient health questionnaire] Depression Scale Score: 15...<br>...15-19 Moderately severe depression... | <b>[PRIOR TO DATE OF INJURY]</b><br><br><b>Past Medical History: Generalized Anxiety Disorder</b> [A medical condition causing ongoing, heavy worry about everyday things like work, health, or money for six months or more.]<br><br><b>Positive Screening for Moderately Severe Depression</b> [A medical condition that causes a low mood, deep tiredness, and trouble getting through daily life.] | LL_MR<br>2.3.21.pdf<br>Pg. 193-198 |

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|------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 07.10.2018 | Dr. John Doe<br>[Primary Care Physician]<br><i>Health Clinic</i> | <b>PRIMARY CARE PHYSICIAN NOTE</b><br>CC: [chief complaint] dizziness, shoulder pain...<br>...He has been having 2 weeks of “dizziness”. It “feels like I can’t see straight”...If he is standing, he will also have difficulty with balance. Called off of work x 3 days now. The dizziness is CONSISTENTLY brought on by extending his neck and resolves if he flexes it again. Currently not present, even when he extended his neck briefly...<br><br>...Chronic b/l [bilateral] shoulder pain. same areas but much worse than before. Left > right. location: behind left shoulder. pain only occurs with movement. flex just to 90 degrees w/o [without] pain; same limitation in abduction....<br><br>...FMS [fibromyalgia syndrome]/OA [osteoarthritis]...<br>...Chronic Left > right shoulder pain. Left shoulder is 2/2 rotator cuff tendonapthy [tendinopathy] w/o [without tear]... | <b>[PRIOR TO DATE OF INJURY]</b><br><br><b>Past Medical History: Fibromyalgia</b> [A long-term medical condition that causes pain all over the body, extreme tiredness, and trouble sleeping]<br><br><b>Dizziness</b> [when extending his neck]<br><br><b>Rotator Cuff Tendinopathy</b> [shoulder pain and weakness caused by stress, irritation, or wear-and-tear of the tendons in the rotator cuff] | LL_MR<br>2.3.21.pdf<br>Pg. 198-202 |

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|------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
|            |                                                                                | ...HTN [hypertension] uncontrolled here and at home...<br>...Chronic daily headaches. tension-type. continue gabapentin.                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |
| 07.10.2018 | Jane Doe,<br>LVN<br>[Licensed<br>Vocational<br>Nurse] <i>Health<br/>Clinic</i> | <b>NURSING OUTPATIENT NOTE</b><br>...Pt [patient] c/o [complains of] constant joint pain ...<br>...A PHQ-2 [patient health questionnaire] screen was performed. The score was 4 which is a positive screen for depression....<br>...A PTSD [post traumatic stress disorder] test (PC-PTSD) [primary care post traumatic stress disorder] was positive (score=3)... | <b>[PRIOR TO DATE OF INJURY]</b><br><br><b>Past Medical History: Positive Post Traumatic Stress Disorder Screener</b> [A mental health condition where the brain and body get stuck in danger mode after experiencing a dangerous or scary event.]                                                                                                                                                                                        | LL_MR<br>2.3.21.pdf<br>Pg. 202-204 |
| 08.01.2018 | Dr. John Doe<br>[Radiologist]<br><i>Generic<br/>Hospital</i>                   | <b>X-RAY ARTHRITIS SERIES</b><br>...Reason for Study: multiple joint pain...<br>...Impression: No erosion is evident for erosion arthritis. Multifocal DDD [degenerative disc disease] or DJD-OA [degenerative joint disease osteoarthritis] including mid cervical, lower lumbar spine, bilateral shoulders, knees, ankles, feet...                               | <b>[PRIOR TO DATE OF INJURY]</b><br><br><b>Past Medical History: Multifocal Degenerative Disc Disease</b> [Age-related drying, thinning, or tearing of shock-absorbing discs at multiple locations along the spine]<br><b>or Degenerative Joint Disease Osteoarthritis</b> [The breakdown of cartilage in the joints]<br><br>-These changes are noted to be located in the mid neck, lower back, both shoulders, knees, ankles, and feet. | LL_MR<br>2.3.21.pdf<br>Pg. 20-21   |

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|------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------|
| 08.01.2018 | Dr. John Doe<br>[Rheumatologist] <i>Health Clinic</i>               | <b>RHEUMATOLOGY CONSULTATION</b><br>...multiple joint pain referred to rheumatology for consult.<br>-pt [patient] has hx [history] of HTN [hypertension] and chronic pain<br>-c/o [complains of] neck pain, pain on both shoulders, knees, ankles, pain started in 1987...<br>...Assessment:<br>-Osteoarthritis of knee<br>-neck/Low back pain...                                                                    | [PRIOR TO DATE OF INJURY] | LL_MR<br>2.3.21.pdf<br>Pg. 188-191 |
| 08.03.2018 | Jane Doe, PT<br>[Physical Therapist] <i>Physical Therapy Clinic</i> | <b>PHYSICAL MEDICINE<br/>REHABILITATION CONSULTATION</b><br>...S: [subjective] low back pain x25 years with radiation down side of both leg with associated numbness; worse with sit lifting but present at times;...reports some bowel and bladder complete incontinence...reports 3-4 episodes of each in the last few months...<br>...ASSESSMENT/PLAN:...<br>...-Therapies: PT [physical therapy] for low back... | [PRIOR TO DATE OF INJURY] | LL_MR<br>2.3.21.pdf<br>Pg. 182-184 |

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| Date       | Provider                                                                          | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Page #                             |
|------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 08.24.2018 | Jane Doe, PT<br>[Physical<br>Therapist]<br><i>Physical<br/>Therapy<br/>Clinic</i> | <b>PHYSICAL MEDICINE<br/>REHABILITATION NOTE</b><br>...Diagnosis: Low Back Pain (ICD-10-CM<br>M54.5)...<br>...Issued Home TENS [transcutaneous<br>electrical nerve stimulation] unit...<br>...P: [plan] DC'd [discharged] after TENS<br>class.                                                                                                                                                                                                                                | <b>[PRIOR TO DATE OF INJURY]</b><br><br><b><u>Transcutaneous Electrical Nerve Stimulation:</u></b><br>A small, battery-powered device that sends mild<br>electrical pulses through sticky pads on the skin<br>to block pain signals from reaching the brain and<br>helps the body release natural painkillers.                                                                   | LL_MR<br>2.3.21.pdf<br>Pg. 180-181 |
| 09.04.2018 | Dr. Jane Doe<br>[Radiologist]<br><i>Generic<br/>Hospital</i>                      | <b>MRI L [LUMBAR] SPINE W/O CONT<br/>[WITHOUT CONTRAST]</b><br>...Reason for Exam:...53 yo [year old] M<br>[male] with h/o [history of] HTN<br>[hypertension], GERD [acid reflux] with low<br>back pain with reports of bowel and bladder<br>loss and bilateral [both sides] L5 radicular<br>symptoms concerning for cauda equina. PT<br>[physical therapy] and NSAIDS [nonsteroidal<br>anti-inflammatory drugs] not indicated for<br>condition that may lead to paralysis... | <b>[PRIOR TO DATE OF INJURY]</b><br><b>Past Medical History: Multilevel Chronic<br/>Degenerative Disc Disease without Significant<br/>Central Spinal Canal Narrowing:</b> [Indicates long-<br>term, gradual wear-and-tear on multiple spinal<br>discs.]<br><b><u>Cauda Equina Syndrome:</u></b> A rare but severe<br>medical emergency where the bundle of nerve<br>roots at the very base of the spine gets tightly<br>squeezed or compressed. This pressure stops | LL_MR<br>2.3.21.pdf<br>Pg. 14-18   |

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|------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
|            |                                                              | ...Impression:<br>Multilevel chronic degenerative disc disease, without significant central spinal canal narrowing. Without significant change at the L1-2 level is a right paracentral disc extrusion. Neural foramina are as described above.<br>Otherwise, without significant change since prior study...                                                                                                                                                                                                                 | signals from traveling to the legs, bladder, and bowels, requiring immediate surgery to prevent permanent damage.<br><br>-Mr. Doe's MRI results were negative for Cauda Equina Syndrome. |                     |
| 09.04.2018 | Dr. John Doe<br>[Chiropractor]<br><i>Chiropractic Clinic</i> | <b>CHIROPRACTIC NOTE</b><br>[Same as previously noted except:]<br>Re-evaluation today. Pt [patient] states he has been experiencing neck pain radiating to his R [right] upper arm for the past week. No specific injury. No other provider for this episode of P [pain?] Daily, constant, dull & sharp P [pain?] & tightness "4-9/10" Rad [radiating?] – R [right?] arm to above elbow. Aggrav [aggravated] laying on R [right?] side, lifting R [right?] arm above shoulder level, sharp [?] frequent [?] palliative [?]... | <b>[PRIOR TO DATE OF INJURY]</b><br><br>-Visit for neck pain radiating to right arm.<br><br>-Handwritten note, very difficult to read.                                                   | Chiro_2.pdf<br>Pg 1 |

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|------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 10.02.2018 | Jane Doe, PT<br>[Physical<br>Therapist]<br><i>Physical<br/>Therapy<br/>Clinic</i> | <b>PHYSICAL THERAPY NOTE</b><br>[Same as previously noted except:]<br><br>...53 MALE here on followup, chief concern of back pain...<br>...Therapies: PT [physical therapy] for low back...Back pain present for many years, low back region. Bowel/bladder complaints are less frequent and are urgency rather than incontinence per report...<br>...+ Facet loading, worse on right<br>Ambulates with SPC [single point cane] + TTP [tenderness to palpation] mild low back, L PSP [left Psoas], QL [quadratus lumborum], midline...<br><br>...53 y/o [year old] M [male] hx [history] of chronic low back pain, here for MRI review, consistent with lumbar DJD [degenerative disc disease] without spinal stenosis. | <b>[PRIOR TO DATE OF INJURY]</b><br><br><b>Past Medical History: Lumbar Degenerative Disc Disease without Spinal Stenosis.</b> [Natural, age-related wear-and-tear of the lower back's cushioning discs-without narrowing the spinal canal]<br><br><b>Positive Facet Loading Test:</b> When a doctor or physical therapist has you lean backward and twist your spine and it causes back pain.<br><br><b>Left PSOAS:</b> A deep core and hip flexor muscle connecting the lower spine and pelvis to the left thigh bone.<br><b>Quadratus Lumborum:</b> A deep lower back muscle spanning from the pelvis up to the 12 <sup>th</sup> rib and lumbar spine.<br><br><b>Tenderness to Palpation:</b> Pain or discomfort when a doctor or nurse presses on a specific body part. | LL_MR<br>2.3.21.pdf<br>Pg. 178-180 |

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|------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 10.17.2018 | Dr. John Doe<br>[Rheumatologist] <i>Health Clinic</i>         | <b>RHEUMATOLOGY NOTE</b><br>...GABAPENTIN 300 MG CAP TAKE THREE CAPSULES BY MOUTH THREE TIMES A DAY...<br>...continue Gabapentin 1200 mg tid [three times a day]...<br>...Assessment: -neck/Low back pain...<br>...Procedure: Arthrocentesis/Injection of steroid & anesthetic into the joint<br>Location: B/L [bilateral] knees... | <b>[PRIOR TO DATE OF INJURY]</b><br><br><b><u>Gabapentin:</u></b> A prescription medication that calms down overactive nerve signals in the brain and body.<br><br>-Mr. Doe complained of neck and back pain. | LL_MR<br>2.3.21.pdf<br>Pg. 158-162 |
| 11.09.2018 | Dr. John Doe<br>[Chiropractor] <i>Chiropractic Clinic</i>     | <b>CHIROPRACTIC NOTE</b><br>[Same as previously noted except:]<br>S: [subjective] Pt [patient] has been doing well @ L/[?] until this past week. Pt [patient] feels L/[?] tightness & P [pain?] 5/10 today...<br>O: [objective] Fix [fixation?] L3/L4 Moderate L/[?] para [unintelligible] P [pain?] & spasms...                    | <b>[PRIOR TO DATE OF INJURY]</b><br><br>-Handwritten note, very difficult to read.                                                                                                                            | Chiro_2.pdf<br>Pg 2                |
| 12.05.2018 | Dr. John Doe<br>[Primary Care Physician] <i>Health Clinic</i> | <b>PRIMARY CARE PHYSICIAN NOTE</b><br>...CC: [chief complaint] chronic pain...<br>...1. neck and other joints are still an issue. still taking tramadol – no s.e. [side                                                                                                                                                             | <b>[PRIOR TO DATE OF INJURY]</b><br><br><b>Past Medical History: Cervical Disc Disease</b><br>[breakdown/damage of the cushioning discs between the neck vertebrae] <b>Bilateral Shoulder</b>                 | LL_MR<br>2.3.21.pdf<br>Pg. 155-157 |

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| Date                                             | Provider                                                                     | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Page #                                |
|--------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
|                                                  |                                                                              | effects]...clarified that he IS still taking duloxetine; stopped baclofen though...<br>...Diffuse OA [osteoarthritis] but also suspect fibromyalgia. Arthritis series only showed mild disease...<br>...Cervical disc disease...<br>...b/l [bilateral] shoulder impingement s/p [status post] steroid injections by ortho [orthopedics] 8/2017...<br>...continue gabapentin – approx. [approximately] 2400 mg/daily<br>continue duloxetine<br>off meloxicam (prior GI [gastrointestinal] recs [recommendations]); diclofenac<br>continue tramadol 2x/day... | <b>Impingement</b> [painful pinching of the rotator cuff tendons in both shoulders]<br><b>Tramadol:</b> A prescription opioid medicine used to treat moderate to severe pain when other non-opioid pain relievers do not work well enough.<br><br><b>Duloxetine:</b> Helps treat depression, anxiety and long-lasting body or nerve pain by balancing natural chemicals in the brain and spinal cord.<br><br><b>Diclofenac:</b> A prescription non-steroidal anti-inflammatory drug (NSAID) |                                       |
| 12.10.2018<br>IN:<br>11:50 AM<br>OUT:<br>1:18 PM | John Doe,<br>MD<br>[Occupational<br>Medicine]<br><i>State of<br/>Arizona</i> | <b>OCCUPATIONAL MEDICINE REPORT</b><br>...Patient ID: 1234...<br>...Date of Injury 12/10/2018<br>Claims Administrator Name: Jane Doe...<br>...Employer Name: Generic Company...<br>...Subjective Complaints:<br>Patient states he was involved in an auto accident injuring his neck , bilateral [both]                                                                                                                                                                                                                                                     | <b>[DATE OF INJURY]</b><br><br><b>Acetaminophen (Tylenol)</b> is used to treat mild to moderate pain and reduce fever.<br><br><b>Prilosec</b> used to treat heartburn, acid reflux, and stomach ulcers.                                                                                                                                                                                                                                                                                     | COS Medical<br>1.2 (1).pdf<br>Pg. 1-5 |

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**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Comments                                                                                                                                                                                                                                                                       | Page # |
|------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      |          | <p>shoulder , lower back and bilateral [both] leg pain ...</p> <p>...Treatment Plan:...Acetaminophen (Tylenol). Dosage 500 mg. Amount: 20...Take one tablet four times a day for pain...Supplies: Ice Pack...</p> <p>...Work Status: This patient has been instructed to: Return to full duty on _____ with no limitations or restrictions. Next Appointment: 12/17/2018 Time: 10:00 AM Notice of Work Status Given to: Safety...</p> <p>...Current Medications<br/>Prilosec, Tramadol, Duloxetine HCl...</p> <p>...Medical History:<br/>No pertinent Past Medical History related to today's visit....</p> <p>Social History:<br/>Alcohol Consumption He states he never consumes alcoholic beverages...</p> <p>Tobacco Use He currently does not smoke and has never smoked.</p> | <p><b><u>Tramadol</u></b> is an opioid pain medication used to treat moderate to moderately severe pain.</p> <p><b><u>Duloxetine HCl</u></b> is used to treat depression, anxiety, fibromyalgia, diabetic nerve pain, and chronic pain in the muscles, joints, bones, etc.</p> |        |

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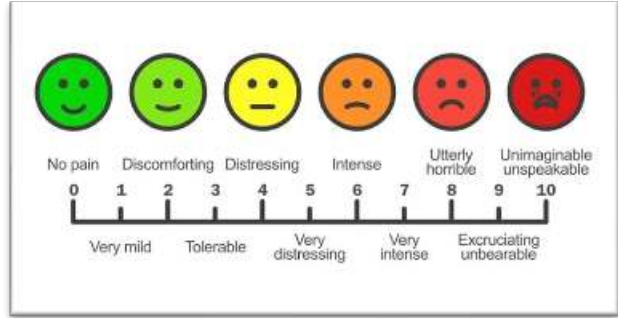
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| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Comments                                                                                                                                                                                             | Page # |
|------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      |          | <p><b>CHIEF COMPLAINT</b><br/>Neck, bilateral [both] shoulder, lower back and bilateral [both] leg pain .</p> <p><b>HISTORY OF PRESENT ILLNESS</b><br/>Mr. Doe's primary problem is EE [employee] presents with acute low back pain, tightness, right shoulder pain with radiation to the elbow, and numbness and tingling to bilateral [both] hands and feet, States he was rear-ended in a company vehicle while at a stop with rolling traffic, at approx.. [approximately] 30 mph, Pain is 6/10 with movement, walking, bending over, Denies weakness, bowel, bladder incontinence, or other symptoms at this time.</p> <p><b>REVIEW OF SYSTEMS...</b><br/>...Musculoskeletal: Positive for right shoulder pain and low back pain...<br/>...Neurological: Positive numbness, tingling....All other systems reviewed and found to be negative except as described above...</p> |  <p>-Mr. Doe is complaining of 6 out of 10 pain which is intense pain according to the Visual Analogue Scale.</p> |        |

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**Name:** Doe, John  
**Date of Birth:** 01.01.1965  
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| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Page # |
|------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      |          | <p>...XRAY – Right Shoulder:... no evidence of acute fracture, dislocation or foreign body..</p> <p>XRAY – Cervical [neck] Spine:...no evidence of acute fracture, dislocation or foreign body, + lordosis.</p> <p>DIAGNOSIS...</p> <p>...Strain of other muscles, fascia and tendons at shoulder and upper arm level, right arm, initial enco [encounter] (S46.811A).<br/>Low back pain (M54.5)</p> <p>TREATMENT PLAN</p> <p>Xrays without evidence of acute fracture or dislocation. Symptoms consistent with acute strain pattern, with paresthesias likely 2/2 local nerve compression. No evidence of acute cord myelopathy or other red flags. Patient well-appearing, non-toxic. Plan to follow in one week. Advised Tylenol (cannot take NSAIDS) and return precautions given.</p> <p>MEDICAL CAUSATION</p> <p>The cause of this problem is related to work activities.</p> | <p><b>+ Lordosis:</b> Cervical lordosis is the natural forward C-shaped curve of the spine in the neck. This healthy curve helps balance the weight of the head, absorb shock, and protect the nerves and discs in the neck.</p>  <p><b><u>Acute Strain Pattern, with Paresthesias likely 2/2 local nerve compression:</u></b> Sudden muscle or tendon injury that irritates a nearby nerve, causing sharp pain along with abnormal tingling, prickling, or a pins-and-needles feeling in the affected area. This muscle is pressing on a nearby nerve.</p> |        |

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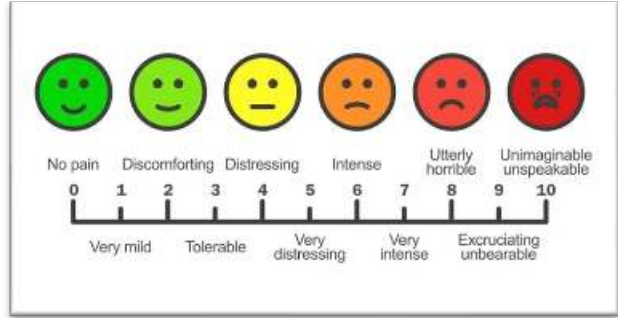
| Date       | Provider                          | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Comments                                                                                                                                                                                                                                                                                                                      | Page #                               |
|------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
|            |                                   | RECOMMENDED WORK STATUS<br>Mr. Doe recommended work status is Regular Duty.<br>The effective date for this work status is 12/10/2018...                                                                                                                                                                                                                                                                                                                                                                  | “The cause of this problem is related to work activities.” Dr. John Doe [Occupational Medicine] <i>State of Arizona</i> 12.10.2018                                                                                                                                                                                            |                                      |
| 12.10.2018 | Self-Reported Patient Injury Form | <b>PATIENT INJURY FORM</b><br>...Injured at? (address): 123 North Generic Ave. City: Generic City County: Generic<br>...WHERE ARE YOU HAVING PAIN?...<br>...Neck shoulders back lower shoulder blad [blade?] [illegible] legs tingling arms tingling...<br>HAVE YOU EVER HAD ANY PREVIOUS INJURY TO AFFECTED AREAS? Yes..<br>...Disabled under Medicare [difficult to read] Back 10 [illegible]... <u>General Review of Systems</u> : (Please check off symptoms you have had.)... ..Back injury, Yes... | -Mr. Doe filled out this form. Handwriting is difficult to interpret at times.<br><br><b>HAVE YOU EVER HAD ANY PREVIOUS INJURY TO AFFECTED AREAS?</b><br>Disabled under Medicare [my best guess as handwriting is difficult to read] Back [illegible]”<br>Mr. John Doe, <i>Self-Reported Patient Injury Form</i> , 12.10.2018 | COS Medical 1.2 (1).pdf<br>Pg. 36-38 |

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Doe, John: 28



**Name:** Doe, John  
**Date of Birth:** 01.01.1965  
**Date of Injury:** 12.10.2018

| Date       | Provider                                                           | Medical Facts                                                                                                                                                                        | Comments                                                                                                                                                             | Page #                               |
|------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 12.10.2018 | John Doe, MD<br>[Occupational Medicine]<br><i>State of Arizona</i> | <b>INJURY SOAP NOTE</b><br>...Chief Complaints: C/S [cervical spine AKA Neck] 6/10 [pain scale] Rt [right] shoulder 7/10 [pain scale] L/S [lumbar spine AKA lower back] tightness... |  <p>6 to 7 out of 10 is intense to very intense pain.</p>                         | COS Medical<br>1.2 (1).pdf<br>Pg. 43 |
| 12.10.2018 | Jane Doe, MD<br>[Radiologist]<br><i>Imaging Services Facility</i>  | <b>X RAY RESULTS [CERVICAL SPINE]</b><br>...IMPRESSION:<br>1. Mild degenerative narrowing at C5-6<br>2. Mild degenerative spurring at C3 through C6                                  | <b>Impression Explanation:</b> Minor, common age-related wear-and-tear in the neck.                                                                                  | COS Medical<br>1.2 (1).pdf<br>Pg. 56 |
| 12.10.2018 | Jane Doe, MD<br>[Radiologist]<br><i>Imaging Services Facility</i>  | <b>X RAY RESULTS [RIGHT SHOULDER]</b><br>...IMPRESSION:<br>Mild DJD [degenerative joint disease] in the acromioclavicular joint                                                      | <b>Mild Degenerative Joint Disease in the Acromioclavicular Joint</b> Early, minor wear-and-tear arthritis where the collarbone meets the top of the shoulder blade. | COS Medical<br>1.2 (1).pdf<br>Pg. 57 |

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**Name:** Doe, John  
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| Date       | Provider                                                              | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Comments                                                                                                                                                                                   | Page #                                |
|------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 12.13.2018 | Dr. John Doe<br>[Chiropractor]<br><i>Chiropractic Clinic</i>          | <p><b>CHIROPRACTIC NOTE</b></p> <p>S: [subjective] Pt [patient] reports he was rear-ended on 12/10/18. No damage to his truck. c/o [complains of] same LOP [level of pain] as last O/V [office visit]. Does not know if MVC [motor vehicle collision] contributed to pain [unintelligible].</p> <p>O: [objective] fixation L3/L4 Moderate palpation pain &amp; spasm L 4 [unintelligible]</p> <p>P: [plan] CMI [?] [unintelligible] MTT [?] [unintelligible] @ glut. [unsure] [unintelligible] (15 min) PT [physical therapy?]</p> | <p>-Handwritten note, very difficult to read.</p> <p><b>Fixation L3/L4:</b> Surgical procedure that uses metal screws and rods to lock the third and fourth lower back bones together.</p> | Chiro_2.pdf<br>Pg 1                   |
| 12.17.2018 | John Doe,<br>MD<br>[Occupational Medicine]<br><i>State of Arizona</i> | <p><b>OCCUPATIONAL MEDICINE FOLLOW UP</b></p> <p>[Same as previously noted except:]</p> <p><b>CHIEF COMPLAINT</b></p> <p>Neck, bilateral [both] shoulder, lower back and bilateral leg pain.</p> <p><b>HISTORY OF PRESENT ILLNESS</b></p> <p>Presents with acute low back pain, tightness, and numbness and tingling to bilateral hands and feet. Pain is 6/10 with movement,</p>                                                                                                                                                  | <p>6 out of 10 is severe pain on the Visual Analogue Scale.</p>                                                                                                                            | COS Medical<br>1.2 (1).pdf<br>Pg. 6-8 |

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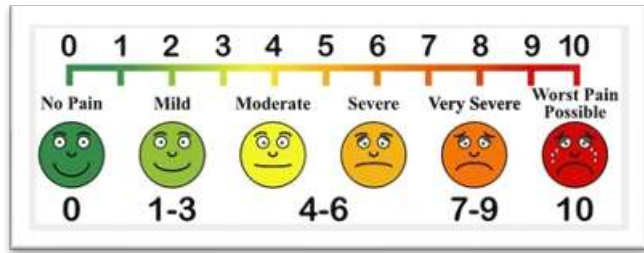
| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Comments | Page # |
|------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|
|      |          | <p>walking, bending over. States pain has gotten worse in the lower neck, upper back region, Increased stiffness</p> <p>REVIEW OF SYSTEMS...</p> <p>[All noted within normal limits except:]</p> <p>...Musculoskeletal: Positive for right shoulder pain and low back pain. <b>Positive for neck pain.</b></p> <p>Neurological:...Positive numbness, tingling...</p> <p>DIAGNOSIS:...Strain of other muscles, fascia and tendons at shoulder and upper arm level, right arm, subsequent e (S46.811D). Low back pain (M54.5)</p> <p>...TREATMENT PLAN</p> <p>Overall EE [employee] is feeling increased stiffness, as expected after one week of injury. Recommended maintaining range of motion, continue OTC [over the counter] pain medications as previous, followup in 2 weeks. Recommend Heat for areas of stiffness...</p> <p>...RECOMMENDED WORK STATUS</p> |          |        |

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**Name:** Doe, John  
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| Date       | Provider                                                     | Medical Facts                                                                                                                                                                                                                                                                                                                                      | Comments                                                                                                                                                                                   | Page #              |
|------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
|            |                                                              | <p>Mr. Doe's recommended work status is Regular Duty.<br/> The effective date for this work status is 12/17/2018...</p> <p>...RECOMMENDED ACTIVITY RESTRICTIONS<br/> General: None.</p> <p>AFTERCARE INSTRUCTIONS<br/> RICE [rest, ice, compression, elevation],<br/> Tylenol OTC [over the counter], followup in 2 weeks. Do not aggravate...</p> |                                                                                                                                                                                            |                     |
| 12.18.2018 | Dr. John Doe<br>[Chiropractor]<br><i>Chiropractic Clinic</i> | <p><b>CHIROPRACTIC NOTE</b><br/> [Same as previously noted except:]</p> <p>S: [subjective] Pt [patient] reports LOP [level of pain] 4-5/10 today...</p>                                                                                                                                                                                            | <p>-Handwritten note. Very difficult to read.</p>  <p>4 to 5 out of 10 is moderate to severe pain.</p> | Chiro_2.pdf<br>Pg 1 |

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**Date of Injury:** 12.10.2018

| Date       | Provider                                                                   | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Comments                                   | Page #                             |
|------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------|
| 12.19.2018 | Dr. John Doe<br>[Chiropractor]<br><i>Chiropractic Clinic</i>               | <b>CHIROPRACTIC NOTE</b><br>[Same as previously noted except:]<br><br>S: [subjective] LOP [level of pain] about the same as last O/V [office visit]...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -Handwritten note. Very difficult to read. | Chiro_2.pdf<br>Pg 1                |
| 12.20.2018 | Jane Doe,<br>LVN<br>[Licensed<br>Vocational<br>Nurse] <i>Health Clinic</i> | <b>PRIMARY CARE SECURE MESSAGING</b><br>[Message exchange with Mr. Doe]<br>...Subject: Neck Issues and shoulder<br>I have started to take my medication in the 3 times a day to manage my pain. Its not quite working, partly from the accident but mostly because it doesn't / hasn't and I am getting tired of being in pain all the time..... What can we do??...<br><br>...ATTENDING PHYSICIAN<br>...1. Pain management. Please ask if willing to see pain management to discuss other options for controlling pain. If so, please ask to clarify which area is most intense...<br><br>...STAFF NURSE<br>...Pt [patient] agreeable to both Pain Management Clinic and MH [mental health]. |                                            | LL_MR<br>2.3.21.pdf<br>Pg. 149-151 |

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**Date of Birth:** 01.01.1965

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| Date       | Provider                                                      | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                       | Comments                                   | Page #                                 |
|------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------|
|            |                                                               | States pain is most intense in both shoulders and base of neck (pt [patient] stated, I can't specify which is most severe, they're all the same intensity")...                                                                                                                                                                                                                                                                                      |                                            |                                        |
| 12.20.2018 | Dr. John Doe<br>[Chiropractor]<br><i>Chiropractic Clinic</i>  | <b>CHIROPRACTIC NOTE</b><br>[Same as previously noted except:]<br><br>S: [subjective]... LOP [level of pain] slightly better than last O/V [office visit].<br>O: [objective]...Mild-Mod [moderate] palp [palpation?] P [pain?] & spasm to L/[?] para [?]                                                                                                                                                                                            | -Handwritten note. Very difficult to read. | Chiro_2.pdf<br>Pg 1                    |
| 12.27.2018 | Dr. Jane Doe<br>[Psychologist]<br><i>Mental Health Clinic</i> | <b>MENTAL HEALTH/<br/>PRIMARY CARE NOTE</b><br>...Veteran was referred for a mental health consultation by his PCP [primary care physician], Dr. Dan Doe...<br>TRIAGE VIA PHONE SCREENING....<br>SUMMARY OF CONCERNS:<br>Veteran served in the military...When asked about traumatic experiences, he indicated stressful experiences working with chemicals, carrying each other up and down the hill during PT [physical training], airplane jumps | <b>VISIT #1 OUT OF 3</b>                   | LL_MR<br>2.3.21.pdf<br>Pg. 146<br>-148 |

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| Date       | Provider                       | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Comments                                                                                                                                                                                        | Page #                             |
|------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
|            |                                | <p>and people getting injured landings (i.e., shattered leg).</p> <p>Since using a CPAP [continuous positive airway pressure] over the last month, he's been restless and thrashing in his sleep. Veteran estimates getting about 4 hours of sleep per night since using the CPAP. He's been also having increased dreams of his experiences in the services, flashbacks and headaches. Veteran has consulted with the sleep center team and his PCP [primary care physician] about this. He also has been depressed in the mornings. This has impacted his occupational functioning, he called in sick to work today due to fatigue. Veteran does not want stress to negatively impact his job... would like to see behavioral health before his fatigue impacts his judgment at work.</p> <p><b>STRENGTHS:</b><br/>Motivated to do well at work...</p> |  <p><b><u>Continuous Positive Airway Pressure (CPAP):</u></b><br/>Used to treat Obstructive Sleep Apnea.</p> |                                    |
| 12.31.2018 | Dr. Jane Doe<br>[Psychologist] | <p><b>MENTAL HEALTH NOTE</b><br/>...SELF-IDENTIFIED GOALS:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>VISIT #2 OUT OF 3</b>                                                                                                                                                                        | LL_MR<br>2.3.21.pdf<br>Pg. 143-145 |

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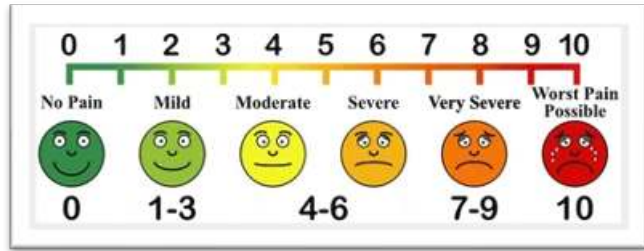
| Date | Provider                    | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Comments | Page # |
|------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|
|      | <i>Mental Health Clinic</i> | <p>-Learn how to manage stress better, particularly stress about his job.</p> <p>-Maintain restful sleep, currently sleeping about 4-6 hours and waking up due to vivid dreams.</p> <p>-Monitor and discern mood changes, he doesn't notice but his wife mentioned mood changes.</p> <p>SUBJECTIVE:</p> <p>Veteran indicated historical sleep concerns, he was told after a sleep study only getting about 4 hours of sleep while in bed for 9 hours. After starting use of a CPAP [continuous positive airway pressure], he still is only getting 4 hours and wakes up from vivid dreams. He indicated having vivid dreams since young, but they are recently waking him up and now he has dreams about his time in the military. He indicated his time in the military wasn't the worst and fun at times, but lonely at times also...</p> <p>...Veteran also indicated being unaware of mood changes, but getting feedback he is not</p> |          |        |

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| Date       | Provider                                                             | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Comments                                                                                                                                                                                                   | Page #                                  |
|------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 01.03.2019 | John Doe,<br>MD<br>[Occupational<br>Medicine]<br>State of<br>Arizona | <p>approachable or friendly at work. He indicated being “stuck in his head” a lot...</p> <p><b>OCCUPATIONAL MEDICINE FOLLOW UP</b><br/>           [Same as previously noted except:]</p> <p>...HISTORY OF PRESENT ILLNESS:<br/>           Presents with acute low back pain, tightness, and numbness and tingling to bilateral [both] hands and feet. Pain is 6/10 with movement, walking, bending over. States pain has gotten worse in the lower neck, upper back region, Increased stiffness. He stated that his hands also feel weak, but unsure if this is chronic or new</p> <p>REVIEW OF SYSTEMS<br/>           [All noted within normal limits except:]<br/>           ...Musculoskeletal: Positive for right shoulder pain and low back pain. Positive for neck pain....<br/>           ...Neurological:...Positive numbness, tingling...</p> <p>EXAMINATION:<br/>           [All noted within normal limits except:]</p> | <p>-New symptom bilateral hand weakness</p>  <p>6 out of 10 is considered severe pain on the Visual Analogue Scale.</p> | COS Medical<br>1.2 (1).pdf<br>Pg. 10-12 |

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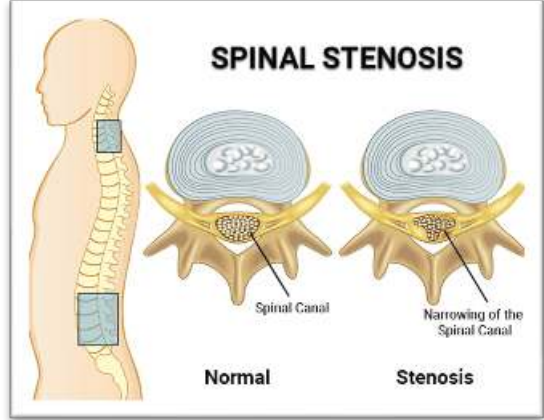
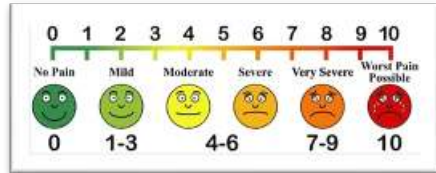
**Date of Injury:** 12.10.2018

| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Comments | Page # |
|------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|
|      |          | <p>...Neck: TTP [tenderness to palpation] bilateral...</p> <p>...TREATMENT PLAN</p> <p>Overall EE [employee] is feeling increased stiffness, as expected after one week of injury. Recommended maintaining range of motion, continue OTC [over the counter] pain medications as previous, followup in 2 weeks. Recommend Heat for areas of stiffness. I have also reviewed stretching and instructed him to hold stretch for at least 20 seconds...</p> <p>...RECOMMENDED WORK STATUS</p> <p>Mr. Doe's recommended work status is Regular Duty.</p> <p>The effective date for this work status is 1/3/2019.</p> <p>Do not aggravate.</p> <p>Notice of Work Status given to: Safety.</p> <p>Next appointment: 1/17/2019...</p> <p>...RECOMMENDED ACTIVITY</p> <p>RESTRICTIONS...General: None</p> <p>AFTERCARE INSTRUCTIONS:</p> |          |        |

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| Date       | Provider                                                | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Comments                                                                                                                                                                                                                                                                                                                       | Page #                             |
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|            |                                                         | RICE [rest, ice, compression, elevation], Tylenol OTC [over the counter], followup in 2 weeks. Do not aggravate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                |                                    |
| 01.08.2019 | Dr. John Doe<br>[Pain Clinic Doctor] <i>Pain Clinic</i> | <p><b>PAIN CONSULTATION</b></p> <p>CC [chief complaint]/HPI [history of present illness]: Neck and back pain while active duty repeated trauma airborne [airborne]. Was let out of military for knees. Fast forward [forward] 15 years asks what he is doing with a cane. Felt it was from his back and was spinal stenosis. Ordered an MRI and it confirmed his pcp [primary care physician] diagnosis for spinal stenosis. PLF [posterior lumbar fusion] was done usually. Was turned down for rating for his neck...Was in MVA [motor vehicle accident] (while at work) before christmas and now has constant pain. Bilateral hand numbness. Gets headaches that are similar to the ones he got before rhinoplasty. Got shots in the past that helped his low back. Has current claim open for work comp for lower back and neck...<br/> ...Pain Scale: 5/10</p> |  <p><b>Posterior Lumbar Fusion:</b> A lower back operation that joins two or more bones together.</p>  <p>5 out of 10 is moderate to severe pain.</p> | LL_MR<br>2.3.21.pdf<br>Pg. 131-143 |

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**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

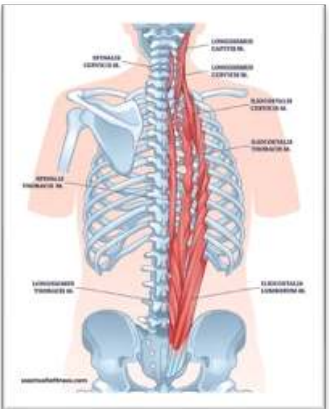
| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Page # |
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|      |          | <p>Pain Description: sharp shooting dull achy<br/>Location: low back, neck, ankles, knees<br/>Duration: constant<br/>Radiation: to both hands to all fingers all the same. feels in the middle most.<br/>Increased with: activity<br/>Decreased with: rest<br/>PREVIOUS TREATMENT:<br/>PT [physical therapy]: yes, have tried<br/>HEP [home exercise program]: no<br/>TENS [transcutaneous electrical nerve stimulation]: Yes has, helps some<br/>Acupuncture: yes it did help<br/>Chiropractor: yes it did help<br/>Injections: LESI [lumbar epidural steroid injections] 12/13/ and 04/14 (first helped and second did not).<br/>Meds: States takes two muscle relaxants and Gabapentin and increased Gabapentin<br/>Takes Tramadol (says was told to increase to TID [three times a day] but it is written in the record as BID [two times a day]) Cant handle ibuprofen. Was on Baclofen.<br/>ASSESSMENT:</p> | <p>“Neck and back pain while active duty repeated trauma airborne [airborne]. Was let out of military for knees.” Dr. John Doe [Pain Clinic Doctor]<br/><i>Pain Clinic 01.08.2019</i></p> <p><b><u>TENS (Transcutaneous Electrical Nerve Stimulation):</u></b> Low-voltage electrical current sent through sticky pads on your skin to block pain signals from reaching your brain and to help your body release natural pain-relieving endorphins.</p> <p><b><u>LESI (Lumbar Epidural Steroid Injection):</u></b> A quick, minimally invasive procedure that injects anti-inflammatory steroid medicine into the lower back.</p> <p><b><u>Gabapentin:</u></b> Calms overactive nerves to treat nerve pain.</p> <p><b><u>Tramadol:</u></b> A prescription opioid medicine used to treat moderate to moderately severe pain when other non-opioid pain relievers don’t work well.</p> <p><b><u>Baclofen:</u></b> A muscle relaxant.</p> |        |

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| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Page # |
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|      |          | <p>Cervical radiculopathy<br/> Lumbar radiculopathy...<br/> ...Neck:...FROM: obvious limitations d/t [due to] pain<br/> Tenderness:paraspinal muscles:L [left]: + / R: [right] +<br/> + facet load b/l [bilateral] C5/6-C7-T1.<br/> Spurlings on the right is positive to hand and left to shoulder<br/> Hand: + phalan's [phalen's] b/l [bilateral] + tinnel's on right (but feels differently than his usualy [usually] sensation)...<br/> L [left] spine:...FROM: limited d/t [due to] pain<br/> Tenderness: paraspinal muscles: L: [left] + / R: [right] +<br/> Facet loading: L; [left] + / R; [right] + to small toe...<br/> ...BLE [bilateral lower extremities]: strength: 5/5 except leg extension on right 4/5...<br/> ...Gait: mildly antalgic...<br/> ...Assessment and Plan:...<br/> ...-CESI [cervical epidural steroid injection] if MRI does not show any</p> | <p><b><u>Radiculopathy:</u></b> A pinched or irritated nerve in the spine that causes pain, numbness, tingling, or weakness traveling down the arms or legs. Cervical = neck. Lumbar = lower back.</p> <p><b><u>Tender Paraspinal Muscles</u></b></p>  <p><b><u>Positive Facet Loading Test:</u></b> A physical maneuver compressing the small joints at the back of the spine reproduces or worsens a patient's back or neck pain. This suggests the small joints of the back (facet joints) might be irritated, worn down, or inflamed.</p> |        |

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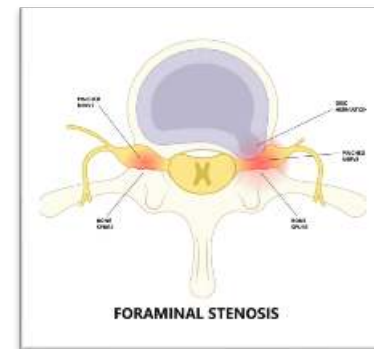
| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Page # |
|------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      |          | <p>contraindications...back is getting better so will hold on lumbar MRI.</p> <p>-cont [continue] HEP [home exercise program]</p> <p>-send for more PT [physical therapy] to improve ROm [range of motion] and dec [decreased] pain. 2x wk [week] for 3 wks [weeks].</p> <p>-consider Biofeedback/CBT [cognitive behavioral therapy]</p> <p>-consider Accupuncture [acupuncture]</p> <p>-cont [continue] meds per pcp [primary care physician]. cont [continue] Gabapentin with titrating up to highest dose 1200 mg TID [three times a day] recommend starting APAP [auto-adjusting positive airway pressure]. can continue baclofen or flexril [Flexeril]...</p> <p>-f/u [follow up] with pcp [primary care physician]</p> <p>-f/u [follow up] with pain clinic after MRI scan. within 3 months.</p> | <p><b><u>Positive Spurling Test:</u></b> Indicates a pinched or irritated nerve root.</p> <p><b><u>Positive Phalen's Test:</u></b> Strongly suggests carpal tunnel syndrome.</p> <p><b><u>Mildly Antalgic Gait:</u></b> A subtle, pain-avoiding walking pattern or minor limp.</p> <p>-Bilateral hand numbness</p> <p>-Constant pain</p> <p>-Increased headaches</p> <p>-Interfering with daily living</p> <p><b><u>Flexeril:</u></b> Muscle relaxant.</p> |        |

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|------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 01.14.2019 | Dr. Jane Doe<br>[Psychologist]<br><i>Mental Health Clinic</i> | <b>MENTAL HEALTH NOTE</b><br>[Same as previously noted except:]<br>...Diagnostic Impressions: Anxiety disorder unspecified... Veteran was referred for help sleeping issues... He's been also having increased dreams of his experiences in the services, flashbacks and headaches...<br>...His wife indicated veteran does seem anxious and more so the last few months...                                                                                                                                                                                                                                                                       | <b>VISIT #3 OUT OF 3</b><br><br><i>"He's been also having increased dreams of his experiences in the services, flashbacks and headaches." Dr. Jane Doe [Psychologist] Mental Health Clinic 01.14.2019</i>                           | LL_MR<br>2.3.21.pdf<br>Pg. 129-131 |
| 01.29.2019 | Jane Doe, MD<br>[Radiologist]<br><i>Generic Hospital</i>      | <b>MRI C [cervical AKA neck] SPINE W/O CONT [without contrast]</b><br>...Reason for Exam:... Neck pain, with radiation down arm b/l [bilateral AKA both arms] to all fingers + spurlings, consideration for ESI [epidural steroid injection] is being made... <b>IMPRESSION:</b><br>Mildly progressed posterior disc-osteophyte complex at C5-6 contributes to moderate central canal stenosis as described. Moderate right neural foraminal narrowing at C4-5 secondary to mildly progressed right-sided uncovertebral joint spurring. Remainder of the study shows no significant interval change with redemonstration of additional multilevel | <b>Impression Explanation:</b> A combination of a bulging disc and small bone spurs at the back of the spine. Moderate to severe narrowing of the spinal canal at C5-6. Degenerative changes are part of the natural aging process. | LL_MR<br>2.3.21.pdf<br>Pg. 11-14   |



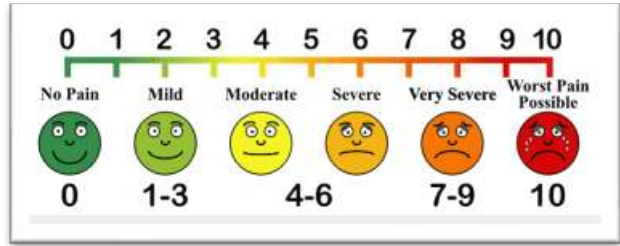
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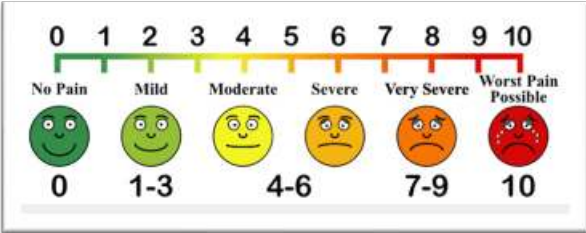
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|            |                                                                                | degenerative changes of the cervical spine as detailed in the findings section, level-by-level, and including borderline central canal stenosis at C4-5 and moderate to severe bilateral neural foraminal narrowing at C5-6...                                                                                                                                   |                                                                                                                                                                                        |                                    |
| 02.04.2019 | Dr. John Doe<br>[Pain Clinic<br>Doctor] <i>Pain<br/>Clinic</i>                 | <b>CERVICAL EPIDURAL<br/>STERIOD INJECTION</b><br>...Neck pain with radiation to BIL [bilateral] hands, R [right] > L [left]<br>VAS: [visual analogue scale for pain] 10/10...<br>Cervical MRI reviewed, with mod/sev [moderate/severe] NF [neural foraminal] stenosis at C5-6...<br>...Procedure Note: Cervical Epidural Steroid Injection Under Fluoroscopy... | <b>NECK INJECTION #1 OF 1</b><br><br>10/10 is the worst pain possible on the Visual Analogue Scale. | LL_MR<br>2.3.21.pdf<br>Pg. 125-128 |
| 02.20.2019 | Jane Doe,<br>LVN<br>[Licensed<br>Vocational<br>Nurse] <i>Health<br/>Clinic</i> | <b>NURSING NOTE</b><br>...VITAL SIGNS...163/97...<br>...Pt [patient] presented with headache and elevated BP [blood pressure] at this visit....Pt [patient] states he has headache at times 5/10 sometimes 7/10....                                                                                                                                              |                                                                                                                                                                                        | LL_MR_2<br>2.3.21<br>Pg. 123-124   |

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| 02.22.2019 | John Doe,<br>MD<br>[Occupational<br>Medicine]<br><i>State of<br/>Arizona</i> | <p><b>OCCUPATIONAL MEDICINE<br/>FOLLOW UP</b><br/> [Same as previously noted except:]</p> <p>...HISTORY OF PRESENT<br/>ILLNESS.....His pain level is 7. He stated<br/>that he started physical therapy and it overall<br/>makes him feel better, but he usually<br/>immediately more sore...</p> <p>REVIEW OF SYSTEMS...<br/> ...Musculoskeletal: Positive for right shoulder<br/>pain and low back pain. Positive for neck<br/>pain...<br/> ...Neurological:...Positive numbness,<br/>tingling...</p> <p>...DIAGNOSIS...<br/> ...3. Cervicalgia. ICD-10 M54.2<br/> 4. Unspecified mononeuropathy of bilateral<br/>upper limbs ICD-10 G56.93...</p> <p>...TREATMENT PLAN</p> |  <p>7 out of 10 is very severe pain on the Visual<br/>Analogue Scale.</p> <p><b><u>Cervicalgia:</u></b> Neck pain.</p> <p><b><u>Unspecified mononeuropathy of bilateral<br/>upper limbs:</u></b> A nerve injury or irritation in both<br/>arms.</p> <p>-Increased stiffness.<br/> -Bilateral upper extremity tingling plus weakness.</p> <p><b><u>Nerve Conduction Study (NCS)</u></b> A noninvasive,<br/>outpatient diagnostic test that measures how fast<br/>and how strongly electrical signals travel through<br/>the nerves.</p> | COS Medical<br>1.2 (1).pdf<br>Pg. 16-18 |

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|      |          | Overall symptoms are same as prior, with different quality of radiation of pain from the lower back....Is working with pain management for control of symptoms...Overall EE [employee] is feeling increased stiffness, despite conservative treatment. Recommended maintaining range of motion, continue OTC [over the counter] pain medications as previous, followup in 2 weeks.Physical therapy for the neck and upper extremities 2x week for 3 weeks approved. 2 sessions done so far. He is to continue physical therapy and home exercises.Since he is now complaining of bilateral upper extremity tingling on top of his weakness. NCS [Nerve Conduction Study] study done. It should [showed] carpal tunnel syndrome. This would typically not be work related. I have advised him to wear wrist supports at night.Hehas [he has] a history of pain and has used Voltaren in the past.He stated that he used some oft he [of the] old voltaren on his neck and it help. Script written | <p>“NCS [Nerve Conduction Study] study done. It should [showed?] carpal tunnel syndrome. This would typically not be work related.” -Dr. John Doe [Occupational Medicine] <i>State of Arizona</i> 02.22.2019</p> <p><b><u>Voltaren</u></b> An over the counter nonsteroidal anti-inflammatory drug (NSAID) used on the skin to temporarily relieve joint pain and inflammation.</p> <p><b>MEDICAL CAUSATION</b><br/>“The cause of this problem is related to work activities.” Dr. John Doe [Occupational Medicine] <i>State of Arizona</i> 02.22.2019</p> |        |

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|            |                                                                              | <p>for voltaren 1% to be applied to neck 4 times per day for pain. Follow-up in two weeks.</p> <p><b>MEDICAL CAUSATION</b><br/>The case of this problem is related to work activities.</p> <p><b>RECOMMENDED WORK STATUS</b><br/>Mr. Doe's recommended work status is Regular Duty.<br/>The effective date for this work status is 2/22/2019.<br/>This work status designation ends 3/8/2019...</p> <p><b>...AFTERCARE INSTRUCTIONS</b><br/>Continue oral pain management per Pain Mgmt [management] specialist, avoid aggravation. Follow-up in two weeks...</p> |          |                                         |
| 03.08.2019 | John Doe,<br>MD<br>[Occupational<br>Medicine]<br><i>State of<br/>Arizona</i> | <p><b>OCCUPATIONAL MEDICINE<br/>FOLLOW UP</b><br/>[Same as previously noted except:]<br/>...Medical History: Right facial nerve pain.<br/>Low back pain. Neuropathy. Arthritis. HTN.<br/>[hypertension AKA high blood pressure]...</p>                                                                                                                                                                                                                                                                                                                            |          | COS Medical<br>1.2 (1).pdf<br>Pg. 20-22 |

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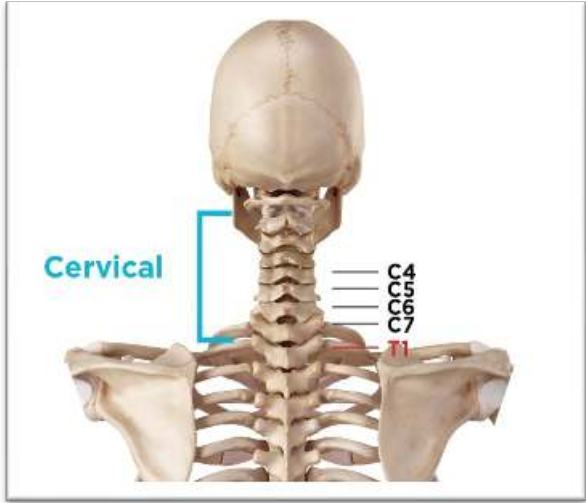
Doe, John: 47



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| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Comments                                                                                                                                                                                                                                                                                                | Page # |
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|      |          | <p>...HISTORY OF PRESENT ILLNESS</p> <p>Mr. Doe's primary problem is Pain located in the lower lumbar region, neck, right shoulder. He considers it to be moderate. The problem began on 12/10/2018. Mr. Doe says that it seems to be following no particular pattern. He has noticed that it is made worse by moving it. He also notes that it is accompanied by numbness, tingling. He feels it is improving slightly. His pain level is 6.</p> <p>REVIEW OF SYSTEMS</p> <p>[All noted within normal limits except:]</p> <p>...Musculoskeletal: Positive for neck, back, and right shoulder pain..</p> <p>...EXAMINATION</p> <p>[All noted within normal limits except:]</p> <p>...Neck:...Limited Extension...Rotation of the head to the left provokes pain. TTP [tenderness to palpation AKA touch] C-6-C7-T1</p> <p>Back: Spinous processes tender to palpation [touch] L4-L5, bilateral [both sides] PVM [paraspinal muscles] tenderness L &gt; R [Left Side Greater Than Right]...</p> |  <p><b>L4 and L5</b> is a vital, weight-bearing segment at the base of your lumbar spine.</p> <p><b>Paraspinal Muscle Tenderness (PVM)</b> Soreness or pain in the muscles that run vertically along the spine.</p> |        |

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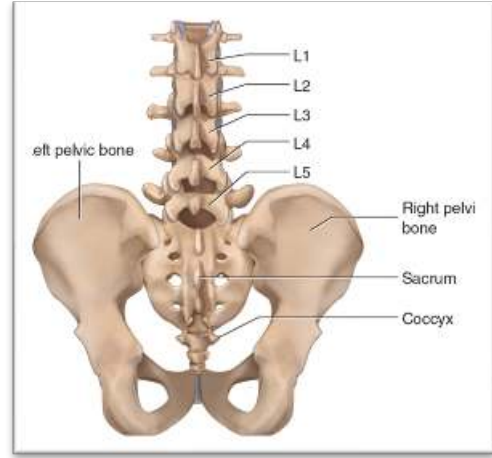
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|      |          | <p>...Extremities:...Right Shoulder- ROM [range of motion] improving, pain past 90 degrees with flexion and abduction, positive impingement sign...</p> <p>...Neurologic:...Bilateral numbness and tingling upper extremities.</p> <p>DISPENSED MEDICATION</p> <p>Muscle Rub Cream OTC [over the counter].</p> <p>...Heat Wrap – Neck/Wrist/Shoulder 2 boxes...</p> <p>...CONSULTATION/REFERRAL REQUEST</p> <p>PT [physical therapy] Extension 2 x 3 [2 times a week for 3 weeks] – C/S [Cervical Spine AKA Neck], L/S [Lumbar Spine AKA Lower Back], Right Shoulder...</p> <p>...TREATMENT PLAN</p> <p>Patient presents for neck, low back, and right arm pain s/p [status post AKA after] MVA [Motor Vehicle Accident] on 12.10/18. He reports improvement in pain and ROM [range of motion] with time and PT [physical therapy]. He continues to have moderate pain,</p> |  <p><b><u>Positive Impingement Sign</u></b> Indicates that the tendon or the bursa [fluid filled sac] in your shoulder are being painfully pinched against the overlying bone when you move your arm.</p> |        |

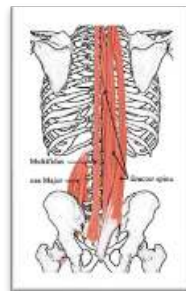
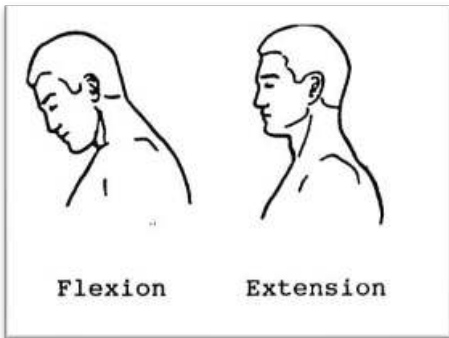
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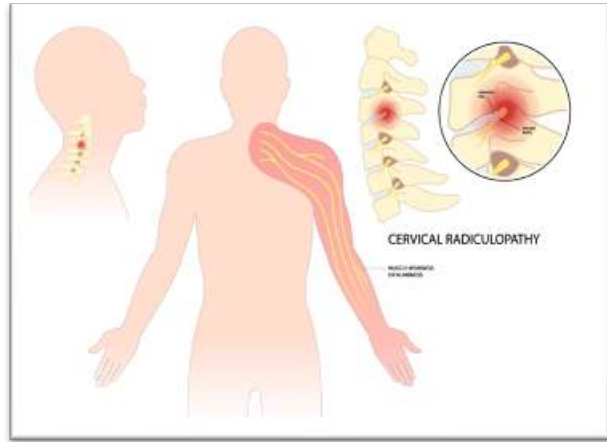
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|            |                                                                                         | <p>rating it 6/10 though he feels this level is manageable. PT [physical therapy] extension was requested to help continue progress. Heat wraps and ice pack were dispensed to try to minimize his discomfort. He will return in 2 weeks for a recheck.</p> <p><b>RECOMMENDED WORK STATUS</b><br/>Mr. Doe's recommended work status is Regular Duty...</p>                                                                                        | <p><b><u>Paraspinal Muscles</u></b></p>                                                                                                                                        |                                                  |
| 03.26.2019 | <p>John Doe,<br/>MD<br/>[Occupational<br/>Medicine]<br/><i>State of<br/>Arizona</i></p> | <p><b>OCCUPATIONAL MEDICINE<br/>FOLLOW UP</b><br/>[Same as previously noted except:]</p> <p>...REVIEW OF SYSTEMS... [All noted within normal limits except:]<br/>...Musculoskeletal: Positive for neck, back, and right shoulder pain...</p> <p>...EXAMINATION... [All noted within normal limits except:]<br/>...Neck:...Limited Extension, Full Flexion. Rotation of the head provokes pain. TTP [tenderness to palpation AKA touch] C6-C7-</p> |  <p><b><u>Neck with Right Arm Radiculopathy</u></b> Indicates a pinched or inflamed nerve in the neck. This sends sharp, burning pain, numbness or weakness down the arm.</p> | <p>COS Medical<br/>1.2 (1).pdf<br/>Pg. 24-26</p> |

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|------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      |          | <p>T1 which has new sensation of numbness running down right arm.</p> <p>Back: Spinous processes tender to palpation L4-L5, bilateral PVM [paraspinal muscle] tenderness L &gt; R [left greater than right]...<br/> ...Extremities:...Bilateral [both] lower leg edema [swelling] wearing compression socks....ROM [range of motion] improving, pain past 90 degrees with flexion and abduction, positive impingement sign. Pain with abduction, external rotation...<br/> ...Neurologic:...Bilateral [both] numbness and tingling upper extremities.</p> <p>DURABLE MEDICAL EQUIPMENT<br/> Heat Wrap – Neck/Wrist/Shoulder 2 boxes...</p> <p>...CONSULTATION/REFERRAL REQUEST<br/> MRI w/o contrast – C/S [cervical spine AKA neck] PT [physical therapy] Extension 2 x 3 – C/S, L/S [lumbar spine AKA lower back], Right shoulder Neck with right arm radiculopathy.</p> |  <p>- New sensation of numbness running down right arm.</p> |        |

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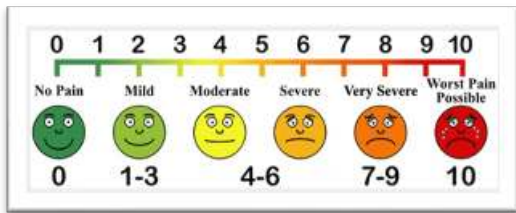
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| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Comments | Page # |
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|      |          | <p>MRI w/o [without] contrast – right shoulder<br/>Limited internal rotation, pain...<br/>...TREATMENT PLAN<br/>Patient presents for neck, low back, and right arm pain s/p [status post AKA after] MVA [motor vehicle accident] on 12.10.18. He reports improvement in pain, however has new onset right arm numbness from after PT [physical therapy] session. His right shoulder ROM [range of motion] remains slightly limited. He states his pain is manageable at 4/10 pain scale. MRI w/o [without] contrast of the C/S [cervical spine] and right shoulder will be ordered for further diagnostics. Heat wraps were dispensed to try to minimize his discomfort. He will return in 2 weeks for a recheck.</p> <p>RECOMMENDED WORK STATUS<br/>Mr. Doe's recommended work status is Regular Duty.<br/>The effective date for this work status is 3/26/2019. Do not aggravate.<br/>Next appointment: 4/9/2019.<br/>Disposition: Follow up at Generic Doctor...</p> |          |        |

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**Name:** Doe, John  
**Date of Birth:** 01.01.1965  
**Date of Injury:** 12.10.2018

| Date       | Provider                                                                       | Medical Facts                                                                                                                                                                                        | Comments                                                                                                                                                                                                                                          | Page #                           |
|------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| 04.05.2019 | John Doe,<br>MD<br>[Occupational<br>Medicine]<br><i>State of<br/>Arizona</i>   | <b>TOXICOLOGY SCREEN</b><br>...BARBITUR AMPHETAM COCAINE<br>BENZODIA MARIJUAN OPIATES<br>PHENCYCL<br><br>Not Det Not Det Not Det Not Det Not Det<br>Not Det Not Det                                  | <b>Toxicology Screen Negative for the Following:</b><br>Barbiturates, Amphetamines, Cocaine,<br>Benzodiazepines, Marijuana, Opiates, and<br>Phencyclidine.                                                                                        | LL_MR<br>2.3.21.pdf<br>Pg. 96    |
| 04.05.2019 | Dr. John Doe<br>[Rheumatolog<br>ist] <i>Health<br/>Clinic</i>                  | <b>RHEUMATOLOGY NOTE</b><br>[Same as previously noted except:]<br><br>...hyalgan inj [injection] today...Pt [patient]<br>states it is helping his knees...<br>...Assessment:...neck/Low back pain... | <b>BILATERAL KNEE INJECTIONS #1 OF 3</b>                                                                                                                                                                                                          | LL_MR_2<br>2.3.21<br>Pg. 117-120 |
| 04.05.2019 | Jane Doe,<br>LVN<br>[Licensed<br>Vocational<br>Nurse] <i>Health<br/>Clinic</i> | <b>RHEUMATOLOGY NURSING NOTE</b><br>[Same as previously noted except:]<br><br>...Pain 8/10 generalized body pain. Pt<br>[patient] denies he currently takes any pain<br>medications...               |  <p>8/10 is very severe pain on the Visual Analogue Pain Scale.</p> <p>-It was noted that Mr. Doe stated he does not currently take any pain medications.</p> | LL_MR_2<br>2.3.21<br>Pg. 121-122 |

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**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date       | Provider                                                       | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Comments                                                                  | Page #                             |
|------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------|
| 04.08.2019 | Dr. John Doe<br>[Pain Clinic<br>Doctor] <i>Pain<br/>Clinic</i> | <b>PAIN MANAGEMENT FOLLOW UP</b><br>[Same as previously noted except:]<br><br>...Patient is here today for a f/u [follow up]<br>appt [appointment]<br>Last procedure: 2/4/19 – CESI [cervical<br>epidural steroid injection] – 30-50%<br>ongoing...<br><br>...Today patient has a complaint of neck pain.<br>Patient endorses 30-50% pain relief in his<br>neck and is still ongoing. Patient says he has<br>been dealing with ankles, low back, neck,<br>shoulders have all suddenly increased in pain<br>in the last 5 days. Patient admits to not taking<br>his medications for a couple of days due to<br>forgetfulness...<br><br>...What number best describes your PAIN on<br>average in the past week? Patient's score =<br>5...What number best describes how, during<br>the past week, pain has interfered with your<br>ENJOYMENT of life? Patient's score= 10... | -Mr. Doe self-reported that his pain is interfering<br>with daily living. | LL_MR<br>2.3.21.pdf<br>Pg. 109-114 |

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**Name:** Doe, John

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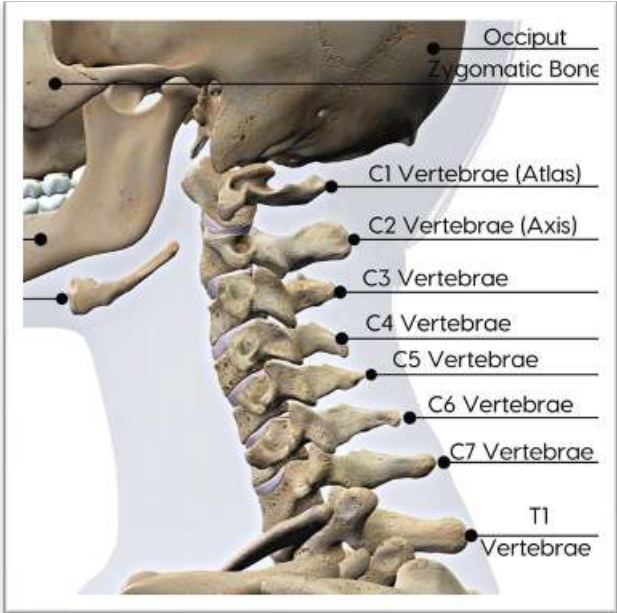
**Date of Injury:** 12.10.2018

| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Comments                                                                                                                                                                                                                                                                                                                            | Page # |
|------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      |          | <p>...What number best describes how, during the past week, pain has interfered with your GENERAL activity? Patient's score= 10...</p> <p>...Neck:Scar: -</p> <p>Assessment and Plan:</p> <p>Cervical radiculopathy</p> <p>Lumbar radiculopathy...</p> <p>...OA [osteoarthritis] knee</p> <p>PAIN PROCEDURE: Schedule repeat cervical [neck] ESI [epidural steroid injection] x 1 with fluoro [fluoroscopy] 3 months...</p> <p>...F/u [follow up] with Rheum [rheumatology] re: [regarding] knee hyalgar injections...</p> <p>...Tai chi ordered through OT [occupational therapy]</p> <p>CHIROPRACTOR – defer</p> <p>Follow up with PCP [primary care physician] as scheduled</p> <p>Follow up with the pain clinic in 3 months...</p> | <p><b><u>Lumbar and Cervical Radiculopathy</u></b> A pinched nerve or damaged nerve roots in the lower back and neck, causing sharp pain, numbness, and weakness.</p> <p><b><u>Osteoarthritis Knee:</u></b> Most common form of joint disease, caused by the breakdown of protective cartilage that cushions the ends of bones.</p> |        |

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| Date       | Provider                                                     | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Comments                                                                                                                                                                                                                                                                                                                                                                                | Page #                                            |
|------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| 04.18.2019 | Dr. Jane Doe<br>[Radiologist]<br><i>Generic<br/>Hospital</i> | <p><b>MRI CERVICAL SPINE W/O [without] CONTRAST</b></p> <p>...<b>IMPRESSION:</b></p> <p>1. Cervical spondylosis C3-4 through C6-7 disc.</p> <p>2. At C5-C6, mild retrolisthis [retrolisthesis] of C5 on C6 with 4 mm posterior disc protrusion, narrowing thecal sac to 6 mm AP [anteroposterior]. Uncovertebral spurring and degenerative changes in the facet joint with severe narrowing of neural foramen bilaterally.</p> <p>3. AT C4-5, 3 mm posterior osteophyte disc complex and uncovertebral spurring. Moderate narrowing of neural foramina bilaterally.</p> <p>4. At C6-7, 2.5 mm posterior disc protrusion.</p> <p>5. At C3-4, small posterior osteophyte disc complex...</p> | <p><b><u>Impression Explanation:</u></b> Normal wear-and-tear in the neck bones and discs from C3 to C7. The main issues are at C5 to C6, where a bone slip and disc bulge is pressing on the spinal sac and blocking the nerve holes severely. Other spots show minor bulging and bone spurs.</p>  | S Med Med<br>Record and<br>Reports.pdf<br>Pg. 3-4 |

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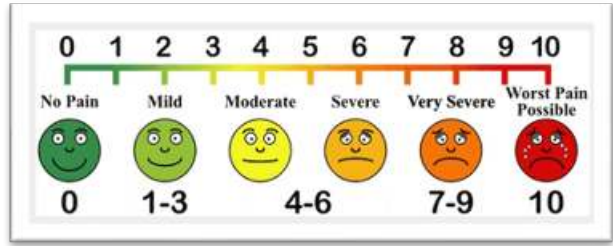
**Name:** Doe, John  
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| Date       | Provider                                                 | Medical Facts                                                                                                                                                                                                                                                                                                                        | Comments                                                                                                                                                                                                                                                         | Page #                                 |
|------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 04.18.2019 | Dr. Jane Doe<br>[Radiologist]<br><i>Generic Hospital</i> | <b>MRI UPPER EXTREMITY JOINT W/O CON [without contrast] -Right</b><br>... <b>IMPRESSION:</b><br>1. Type II acromion with moderate degenerative changes acromioclavicular joint.<br>2. Tendinosis of distal supraspinatus tendon.<br>3. Biceps tendinitis with the splitting of the biceps tendon in the proximal bicipital groove... | <b><u>Impression Explanation:</u></b> A curved bone (Type II acromion) is rubbing on the joint with mild wear-and-tear, mild damage and swelling (tendinosis) in one of the main rotator cuff tendons, and inflammation with a small split in the biceps tendon. | S Med Med Record and Reports.pdf Pg. 1 |
|            |                                                          |                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                  |                                        |
| 04.22.2019 | Dr. John Doe<br>[Rheumatologist] <i>Health Clinic</i>    | <b>RHEUMATOLOGY NOTE BILATERAL KNEE INJECTIONS</b><br>...2/3 hyalgan inj [injection] today...Pt [patient] states it is helping his knees...<br>...Assessment:...neck/Low back pain...                                                                                                                                                | <b>BILATERAL KNEE INJECTIONS #2 OF 3</b>                                                                                                                                                                                                                         | LL_MR_2 2.3.21 Pg. 108-111             |

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| Date       | Provider                                                                     | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Page #                                  |
|------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 04.23.2019 | John Doe,<br>MD<br>[Occupational<br>Medicine]<br><i>State of<br/>Arizona</i> | <b>OCCUPATIONAL MEDICINE<br/>FOLLOW UP</b><br>[Same as previously noted except:]<br>...no change in pain...<br>...His pain level is 4...<br><br>...REVIEW OF SYSTEMS...[All within<br>normal limits except:]<br>...Musculoskeletal: Positive for neck, back,<br>and right shoulder pain...<br>...EXAMINATION...[All within normal<br>limits except:]<br>...Neck:...Rotation of the head to the left<br>provokes pain...<br>...CONSULTATION/REFERRAL<br>REQUEST<br>Ortho Spine (Generic Orthopedic Clinic)<br>neck, lower back and right shoulder. Evaluate<br>the lack of progress...<br>...TREATMENT PLAN<br>...He reports no change in improvement of<br>pain or right arm numbness...He states his<br>pain is manageable at 4/10 pain scale. MRI<br>w/o [without] contrast of the C/S [cervical | <p>“MRI w/o [without] contrast of the C/S [cervical spine AKA neck] and right shoulder showed multiple areas of DJD [degenerative joint disease] but no acute injury. Will refer IW [injured worker] to spine ortho per his request.” Dr. John Doe, [Occupational Medicine] <i>State of Arizona</i>, 04.23.2019</p> <p><b>Degenerative Joint Disease:</b> AKA Osteoarthritis. It happens when the smooth cartilage that cushions the ends of bones wears down over time. This causes the bones to rub against each other, leading to pain, stiffness, and loss of joint movement.</p>  <p>4 out of 10 is moderate to severe pain on the Visual Analogue Scale.</p> | COS Medical<br>1.2 (1).pdf<br>Pg. 28-30 |

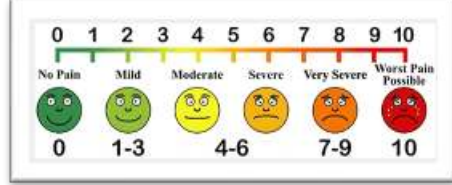
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|------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
|            |                                                                   | spine AKA neck] and right shoulder showed multiple areas of DJD [degenerative joint disease] but no acute injury. Will refer IW [injured worker] to spine ortho [orthopedic] per his request.<br><br>RECOMMENDED WORK STATUS<br>Mr. Doe's recommended work status is Regular Duty. Do not aggravate. |                                                                                                                                            |                                    |
| 04.30.2019 | Jane Doe, LVN<br>[Licensed Vocational Nurse] <i>Health Clinic</i> | <b>PRIMARY CARE PHYSICIAN VISIT<br/>NURSING NOTE</b><br>[Same as previously noted except:]<br>...Pain 8/10 lower back and bilateral ankle...                                                                                                                                                         | <br>8 out of 10 on the pain scale is very severe pain. | LL_MR<br>2.3.21.pdf<br>Pg. 103-104 |
| 04.30.2019 | Dr. John Doe<br>[Rheumatologist] <i>Health Clinic</i>             | <b>RHEUMATOLOGY NOTE</b><br>...3/3 hyalgan inj [injection] today...Pt [patient] states it is helping his knees...<br>...Assessment:...neck/Low back pain...                                                                                                                                          | <b>BILATERAL KNEE INJECTIONS #3 of 3</b>                                                                                                   | LL_MR_2<br>2.3.21<br>Pg. 102-106   |
| 05.13.2019 | Dr. John Doe<br>[Pain Clinic Physician] <i>Pain Clinic</i>        | <b>PAIN MANAGEMENT FOLLOW UP</b><br>[Same as previously noted except:]                                                                                                                                                                                                                               |                                                                                                                                            | LL_MR<br>2.3.21.pdf<br>Pg. 93-97   |

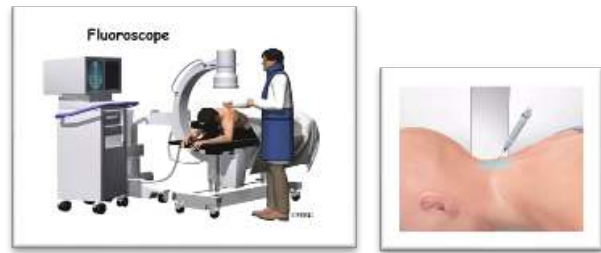
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| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Comments                                                                                                                                                                                                                                                                                               | Page # |
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|      |          | <p>...Today patient has a complaint of neck and back pain...Did not get call or letter for therapy yet.</p> <p>...Previous Tx: [treatment]...</p> <p>...Injections: LESI [lumbar epidural steroid injection] 12/13 and 04/14 (first helped and second did not) 02/04/19 CESI [cervical epidural steroid injection] 50% on going Hyalgan helps his knees...</p> <p>...What number best describes your PAIN on average in the past week? Patient's score= 5...</p> <p>...What number best describes how, during the past week, pain has interfered with your ENJOYMENT of life? Patient's score= 10...</p> <p>...What number best describes how, during the past week, pain has interfered with your GENERAL activity? Patient's score= 10...</p> <p>...Tobacco : + - quit since</p> <p>ETOH: [alcohol] + - quit since</p> <p>Illicit substance: + - quit since...</p> | <p><b><u>CESI [cervical epidural steroid injection]</u></b></p>  <p><b><u>LESI [lumbar epidural steroid injection]</u></b></p>  |        |

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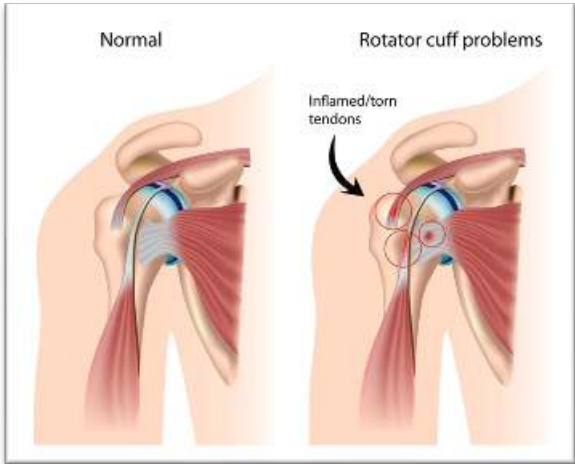
**Date of Injury:** 12.10.2018

| Date       | Provider                                                         | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Comments                                                                                                                                                                                                                                        | Page #                          |
|------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
|            |                                                                  | <p>...TTP [tender to palpation AKA touch] B [bilateral?] ankles...</p> <p>Gait: mildly antalgic, walks with SPC [single point cane]</p> <p>*** PAIN PROCEDURE: Schedule repeat CESI [cervical epidural steroid injection] x 1; Consider switch to LESI [lumbar epidural steroid injection] if pain in low back which radiates is worse than his neck pain (today his neck pain is more consistent/worse than his back)...</p> <p>...Send to Pain psych [psychiatrist?] group classes and to Dr. Doe. C/O [complains of] of irritability and lack of patients [patience] with others. Affecting his marriage [marriage] and life...</p> |                                                                                                                                                                                                                                                 |                                 |
| 05.13.2019 | Dr. John Doe<br>[Primary Care Physician]<br><i>Health Clinic</i> | <p><b>PRIMARY CARE PHYSICIAN NOTE</b></p> <p>[Same as previously noted except:]</p> <p>...S: [subjective]...A couple of weeks ago, he worked in the yard mowing his lawn and he subsequently had severe pain, particularly in his lower back and ankles. He was hardly able to get out of bed for a couple of days. He feels</p>                                                                                                                                                                                                                                                                                                       | <p><b><u>Carvedilol:</u></b> A prescription medication to treat high blood pressure.</p> <p><b><u>Rotator Cuff Tendinopathy:</u></b> An umbrella term for shoulder pain and degeneration affecting the tendons of the rotator cuff muscles.</p> | LL_MR_2<br>2.3.21<br>Pg. 97-100 |

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|------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------|
|      |          | <p>the pain has not let up, but he still has been able to mow the lawn twice since...<br/>...feeling depressed due to chronic pain and family issues...<br/>...PHYSICAL EXAM:<br/>GEN: [general]...appears fatigued/low energy...<br/>...ASSESSMENT/PLAN:...<br/>...depression/chronic pain. Family issues (marriage, daughter)...<br/>...NOTED BUT NOT EMPHASIZED TODAY:<br/>...Chronic Left &gt; right shoulder pain. left shoulder is 2/2 rotator cuff tendonopathy [tendinopathy] w/o [without] tear...<br/>...Chronic daily headaches. tension-type...<br/>...07/02/2019 ADDENDUM:<br/>We decided to add carvedilol 6.25 BID [2 times per day] to help better controll [control] BP [blood pressure]. Will see if this helps; may also help with his chronic headaches...</p> |  |        |

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|------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------|
| 05.13.2019 | Jane Doe<br>[Office<br>Assistant]<br><i>Mental Health<br/>Clinic</i> | <p><b>MENTAL HEALTH TELEPHONE<br/>ENCOUNTER NOTE</b></p> <p>Today, writer made attempt to contact Veteran as veteran was unable to be located in clinic. Veteran apparently wanted to schedule an appointment with mental health.</p> <p>Writer called Mr. Doe on behalf of the primary care team.</p> <p>Patient answered and indicated he was frustrated over some aspect of his care that writer was not involved in. Writer apologized, and as she was referencing his chart said he was seen last December 2018 by writer. Before writer was able to indicate he was also seen one more time after that (January 2019), veteran again indicated he was frustrated and ended the call.</p> <p>Writer called back a second time and apologized for his frustration, but indicated a scheduled appointment could be made for follow up with behavioral health. Veteran</p> | -Mr. Doe expressed frustration with his mental health care. | LL_MR_2<br>2.3.21<br>Pg. 96-97 |

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|------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------|
|            |                                                               | <p>indicated he was not interested in talking to anyone now or discussing this further today, he indicated “call back in a couple days” and ended call before writer could provide him additional information.</p> <p>Writer left a voicemail on veteran’s phone indicating she will be at a training tomorrow through Friday, and he is welcome to call back today if needed. Provided her XT [extension], along with ways to seek urgent care such as MH [mental health] Access clinic</p> <p>Reason for call: F/U [follow up] per request of primary care physician.</p> |          |                             |
| 05.16.2019 | Jane Doe<br>[Office Assistant]<br><i>Mental Health Clinic</i> | <p><b>MENTAL HEALTH SCHEDULER LETTER</b></p> <p>... We recently received an order from your health care provider to schedule an appointment with the Generic Doctor Group, and to be seen on or around this date May 22, 2019... We have attempted to contact you by telephone, unsuccessfully...</p>                                                                                                                                                                                                                                                                       |          | LL_MR_2<br>2.3.21<br>Pg. 86 |

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|------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 05.16.2019 | Jane Doe<br>[Office Assistant]<br><i>Mental Health Clinic</i>         | <b>ADMINISTRATIVE NOTE</b><br>RTC [return to clinic] ORDER (Unsuccessful Attempt)<br>Order disposition will be Removed/No Longer Necessary.<br>Left a message for veteran to contact clinic ANES PAIN MGT [management] MENTAL HEALTH to schedule a return appointment...                                                                                                                        |                                                                                                                                                                               | LL_MR_2<br>2.3.21<br>Pg. 87             |
| 05.21.2019 | John Doe,<br>MD<br>[Occupational Medicine]<br><i>State of Arizona</i> | <b>OCCUPATIONAL MEDICINE<br/>PROGRESS REPORT</b><br>[Same as previously noted except:]<br><br>...Referrals: Ortho Spine (Generic Orthopedic Clinic) neck, lower back and right shoulder<br>Evaluate the lack of progress.<br>Disposition: Transfer of care<br><br>Work Status: This patient has been instructed to:<br>Return to full duty on 05/21/2019 with no limitations or restrictions... | Referral to Orthopedic Clinic: "...Evaluate the lack of progress...Disposition: Transfer of care"<br>Dr. John Doe, [Occupational Medicine] <i>State of Arizona</i> 05.21.2019 | COS Medical<br>1.2 (1).pdf<br>Pg. 31    |
| 05.21.2019 | John Doe,<br>MD<br>[Occupational                                      | <b>OCCUPATIONAL MEDICINE<br/>FOLLOW UP</b><br>[Same as previously noted except:]                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               | COS Medical<br>1.2 (1).pdf<br>Pg. 32-34 |

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Doe, John: 65



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|------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------|
|            | Medicine]<br><i>State of<br/>Arizona</i>                                                  | ...His pain level is 4...<br>...no change in pain...REVIEW OF<br>SYSTEMS: [All within normal limits except:]<br>...Musculoskeletal: Positive for neck, back,<br>and right shoulder pain...<br><br>...TREATMENT PLAN<br>...Referred IW [injured worker] to spine<br>ortho [Orthopedics] and he will have<br>appointment on 6/18/19.<br><br>RECOMMENDED WORK STATUS<br>Mr. Doe's recommended work status is<br>Regular Duty.<br>The effective date for this work status is<br>5/21/2019.<br>Do not aggravate.<br>Disposition: Transfer of care... |                                                                            |                               |
| 06.06.2019 | Jane Doe, OT<br>[Occupational<br>Therapist]<br><i>Occupational<br/>Therapy<br/>Clinic</i> | <b>OCCUPATIONAL THERAPY-<br/>TAI CHI CHUAN GROUP</b><br>...Diagnosis: Cervicalgia<br>Purpose: Learn and practice deep, relaxed<br>breathing pattern, slow rhythmic movement,<br>natural postural alignment and clear mental or                                                                                                                                                                                                                                                                                                                  | <b>GROUP CLASS #1 OUT OF 4</b><br><br><u><b>Cervicalgia:</b></u> Neck pain | LL_MR<br>2.3.21.pdf<br>Pg. 90 |

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Doe, John: 66



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**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date       | Provider                                                           | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Page #                               |
|------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
|            |                                                                    | attentional focus for improvement in agility, balance, posture control...<br>...Client participated throughout the group, modifying movements.<br>Homework: Client is to practice Tai Chi Chuan a minimum of 5 minutes a day...                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |
| 06.18.2019 | John Doe, MD<br>[Occupational Medicine]<br><i>State of Arizona</i> | <b>OCCUPATIONAL MEDICINE FOLLOW UP</b><br>Injury Date: 6/18/2019...<br>...PATIENT DESCRIPTION OF ACCIDENT<br>Patient states he has work related stress.<br><br>VITAL SIGNS<br>Blood Pressure: 201/115.<br>Pulse Rate (per mind): 97....<br>...CHIEF COMPLAINT: Stress.<br>HISTORY OF PRESENT ILLNESS<br>He considers it to be severe. The problem began on 6/18/2019.<br><br>ADDITIONAL NOTES<br>Positive associated complaints of headaches and eye pain attributed to elevated blood | NOTE: This is where Mr. Doe's work-related stress workman's comp claim began. He is to remain off work until 07.02.2019.<br><br>Blood Pressure: 201/115<br>[Normal Blood Pressure Range < 120/80]<br>Pulse: 97<br>[Normal Pulse Range 60-100 beats per minute]<br><br>"I opine that the patient is not fit for duty of any kind with the company at this time in his current mental state. I believe that formal psych specialty intervention would be needed prior to his returning to work" Dr. John Doe [Occupational Medicine] <i>State of Arizona</i> 06.18.2019 | COS Medical 1.2 (1).pdf<br>Pg. 58-60 |

Information is based on medical records received to date. This report is subject to change if additional documents are received.

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Doe, John: 67



**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Comments                                                                                                                                                                                                                 | Page # |
|------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      |          | <p>pressure after having a discussion with this supervisor...</p> <p>...REVIEW OF SYSTEMS...<br/>[All noted within normal limits except:]<br/>...(+) History of using hearing aids in bilateral [both] ears....(+)History of numbness, tingling and weakness associated with a history of multiple musculoskeletal conditions including neck, knees, ankles, and back conditions....</p> <p>...EXAMINATION...<br/>[All noted within normal limits except]<br/>...spent over 1 hour speaking with the patient. During my clinical examination, the patient initially had very elevated energy level and some agitation in his speech. However during the course of speaking with the patient he began to assume a calm demeanor within a few minutes....</p> <p>...PSYCHIATRIC:...Anxiety is (+)present. Agitation is (+)present. Mood appeared *agitated initially which calmed down....</p> | <p><b>Opine</b> Expressing an opinion you believe to be true</p> <p>“Positive associated complaints of headaches and eye pain attributed to elevated blood pressure after having a discussion with this supervisor”.</p> |        |

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**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Comments                                                                                                                                   | Page # |
|------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      |          | <p>...CONSULTATION/REFERRAL REQUEST</p> <p>Requesting authorization for transfer of care to a psych specialist. Formal psych evaluation and treatment recommendations. Mental. Stress.</p> <p>DIAGNOSIS</p> <p>Anxiety disorder, unspecified (F41.9)</p> <p>TREATMENT PLAN</p> <p>--Transfer of care to the psych specialist for formal psychological testing, causation determination (which appears multi-factorial)... --I opine that the patient is not fit for duty of any kind with the company at this time in his current mental state. I believe that formal psych specialty intervention would be needed prior to his returning to work. --Blood pressure readings in clinic initially prior to 4:00 PM were 201/115 left arm with pulse 97 then recheck on right arm is 203/116 pulse 94. Blood pressure recheck at 5:10 PM was 183/115 with pulse 84. The patient indicated that he was having headaches and eye pain associative with this BP [blood pressure]</p> | <p>DIAGNOSIS</p> <p>Anxiety disorder, unspecified (F41.9). Dr. John Johnson [Occupational Medicine] <i>State of Arizona</i> 06.18.2019</p> |        |

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**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Comments                                                                                                                                                                                                                                                                                                                 | Page # |
|------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      |          | <p>elevation. He stated that he's actually had higher blood pressures in the past. The current reason for his elevated blood pressure was attributed to a long discussion with his supervisor. --I told the patient to go to the emergency department or urgent care immediately for elevated blood pressure readings but he essentially refused to go to a local ED [emergency department] or UC [urgent care] stating that he will only go to the Generic Hospital for care. He did state that he would go watch a movie prior to driving home that evening.</p> <p>***DISCUSSION***:--The patient comes into clinic claiming stress from work related issues. This stress appears to have caused an elevation in his blood pressure with associated headache and eye pain. However, a formal psychological evaluation is needed to determine causation and compensability of his stress claim. The basis for this stress claim are multi-factorial including the 2018 motor vehicle accident in December 2018. He indicated that his bonus was much smaller</p> | <p>“However, a formal psychological evaluation is needed to determine causation and compensability of his stress claim. The basis for this stress claim are multi-factorial including the 2018 motor vehicle accident in December 2018.”<br/>Dr. John Doe [Occupational Medicine] <i>State of Arizona</i> 06.18.2019</p> |        |

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**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Page # |
|------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      |          | <p>than he thought it should have been. The patient cited multiple issues. Among the issues cited were that his company wanted to make him stop working from home but he indicated that it would be difficult due to the sedating nature of multiple medications he has been prescribed by the Generic Hospital system...The patient injury form signed by the patient and dated June, 18 2019 stated under the injury description section: high blood pressure, anxiety, stress built up to today. Areas of pain were marked as top of the head at the crown and back of the neck. The previous injury section notes 1989 back injury diagnosed as spinal stenosis by Dr. Doe Also 2018 neck condition. Both sections indicate that he continues to be under treatment...</p> <p>...Medications listed by the patient include amitriptyline and duloxetine which the patient states are both for his diagnosis of spinal stenosis and not for psychotherapeutic treatments...</p> <p>...MEDICAL CAUSATION</p> | <p>“Medications listed by the patient include amitriptyline and duloxetine which the patient states are both for his diagnosis of spinal stenosis and not for psychotherapeutic treatments.” Dr. John Doe [Occupational Medicine] <i>State of Arizona</i> 06.18.2019</p> <p>“Mr. Doe’s recommended work status is No Work Capacity. The effective date for this work status is 6/18/2019.” Dr. John Doe [Occupational Medicine] <i>State of Arizona</i> 06.18.2019</p> <p>“The previous injury section notes 1989 back injury diagnosed as spinal stenosis by Dr. Doe.” Dr. John Doe [Occupational Medicine] <i>State of Arizona</i> 06.18.2019</p> |        |

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**Date of Birth:** 01.01.1965

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| Date       | Provider                                    | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Comments                                                                                                                                                             | Page #                               |
|------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
|            |                                             | The cause of this problem is not known at this time.<br><b>RECOMMENDED WORK STATUS</b><br>Mr. Doe's recommended work status is No Work Capacity. The effective date for this work status is 6/18/2019. This work status designation ends 7/2/2019...Next appointment: 7/2/2019.                                                                                                                                                                                                                                                                                          |                                                                                                                                                                      |                                      |
| 06.18.2019 | Self-Reported<br><i>Patient Injury Form</i> | <b>PATIENT INJURY FORM</b><br>...Injured at?...City: Generic City County: Generic County Date last worked? 61819<br>Have you been previously treated for an injury/accident at our office? Yes<br>If Yes, Month/Year: 12 10 18...<br>...DESCRIBE HOW THE INJURY/ACCIDENT OR EXPOSURE HAPPENED (be specific) WHERE WERE YOU & WHAT WERE YOU DOING WHEN YOU GOT INJURED?...High Blood Pressure/Angziety [anxiety]/stress Built up to today...<br>... <u>Past Medical History</u> : Have you ever been diagnosed to have the following:<br>...4) High blood pressure Yes... | Mr. Doe was asked to "PLEASE MARK (X) ON THE DIAGRAM THE BODY PART(S) INJURED/AFFECTED" See below for Mr. Doe's selection indicating his neck and head were affected | COS Medical 1.2 (1).pdf<br>Pg. 51-53 |

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Doe, John: 72



**Name:** Doe, John  
**Date of Birth:** 01.01.1965  
**Date of Injury:** 12.10.2018

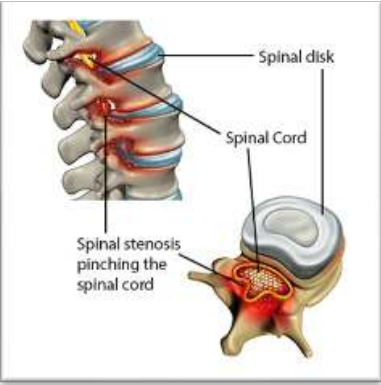
| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Comments | Page # |
|------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|
|      |          | <p>...11) Arthritis Yes...</p> <p>...13) Fractures Yes...</p> <p>...<u>Recent Personal Health History</u>:<br/>Have there been any recent significant illnesses, injuries or other medical conditions within the past year? (Do not include present injury.)...</p> <p>...Yes...Stress, Anxiety, Blood Pressure, rear ended in December 2018...</p> <p>...<u>General Review of Systems</u>:...</p> <p>...Headaches (over 2 per month) Yes today...</p> <p>...Numbness/tingling Yes 2019...</p> <p>...Weakness of any part of the body 2019...</p> <p>...Muscle weakness Yes 2019...</p> <p>...Joint stiffness, swelling, or pain Yes 2019...</p> <p>...Neck pain or stiffness Yes 2019...</p> <p>...Back injury Yes 1989...</p> <p>...Back pain or stiffness Yes 1989...</p> <p>...PREVIOUS INJURIES INCLUDING ACCIDENTS/SPORTS/WORK-RELATED/FALLS/SPRAINS...</p> |          |        |



**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Page # |
|------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      |          | <p>...1989 Type of Accident Back Injury<br/>Diagnoses/Body Part Injured Spinal Stenosis<br/>Did you receive medical treatment? Yes VA<br/>Date discharged or when pain was resolved<br/>[illegible]</p> <p>...2018 Type of Accident Auto<br/>Diagnoses/Body Part Injured Neck Did you<br/>receive medical treatment? Yes Date<br/>discharged or when pain was resolved<br/>[illegible]</p> <p>HOSPITALIZATION(S) AND SURGERIES:<br/>List all hospitalizations/surgeries, including<br/>outpatient and office procedures.<br/>DATE 1989 HOSPITAL LOCATION<br/>Triplus ? REASON FOR<br/>ADMISSION/SURGERIES Deviated<br/>Septum...</p> <p>MEDICATION Amitrptlyn [Amitriptyline]<br/>Dosage 50 [50 milligrams]<br/>Duloxetine 30 [30 milligrams] x 2<br/>Baclofen 10 [10 milligrams] x 2<br/>Cyclobenzaprine<br/>Hctz/Lisinopril [Lisinopril] 12.5/20<br/>[milligrams]</p> |  <p><b>Amitriptyline</b> is an antidepressant and is also widely prescribed off-label for chronic nerve pain, fibromyalgia, and migraine prevention.</p> <p><b>Duloxetine:</b> Used to treat depression and anxiety. It is also used for pain caused by nerve damage associated with diabetes (diabetic peripheral neuropathy)</p> <p><b>Baclofen</b> is a skeletal muscle relaxant used to treat muscle spasms, cramping, and tightness caused by spinal cord injuries or other spinal diseases.</p> |        |

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|------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
|            |                                                                  | Omeprazole [Omeprazole] 20 [milligrams]/ x 2<br>Gabapentin 300 [milligrams] x                                                                                                                                                                                                                                                                                                                                                                                                           | <u>Cyclobenzaprine</u> is a skeletal muscle relaxant.<br><br><u>Lisonopril-HCTZ (hydrochlorothiazide)</u> is used to treat high blood pressure and reduces excess fluid and salt through the urine.<br><br><u>Omeprazole</u> reduces stomach acid and treats acid reflux<br><br><u>Gabapentin:</u> Used to treat partial seizures and nerve pain. |                                                            |
| 06.18.2019 | Dr. Jane Doe<br>[Orthopedic Surgeon]<br><i>Orthopedic Clinic</i> | <b>ORTHOPAEDIC<br/>INITIAL EVALUATION</b><br><br>... <b><u>HISTORY OF INJURY:</u></b><br>According to the patient, on the date of injury and while employed by Generic Company he was rear ended. He states that the body parts that suffered injuries include his head, neck, lower back, shoulders, and wrists. He reported the injury to his employer and notes having continued working after the injury. He was sent to the doctor on the same day and notes having seen a general | NOTE: Date of Mr. Doe's exam was 06.18.2019 but the record says incorrectly that it was March 18, 2019.                                                                                                                                                                                                                                           | Misc Medical Records (PT, Radiology, etc).pdf<br>Pg. 11-16 |

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|------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|
|      |          | <p>practitioner and orthopedic specialist. He was provided with medications, injections and approximately 9 sessions of physical therapy.</p> <p>Because of continued symptomatology, the patient presents in my office. Furthermore, he notes having undergone series of x-rays, MRIs and nerve tests...</p> <p><b><u>...PAST OR CURRENT MEDICAL ILLNESSES:</u></b></p> <p><b>Medical:</b><br/>The patient reports a history of hypertension...</p> <p><b><u>...Hospitalization:</u></b><br/>The patient has been hospitalized for unspecified reason.</p> <p><b><u>PAST MEDICAL HISTORY:</u></b></p> <p><b>Prior problems with the current injured body parts:</b><br/>The patient reports prior problems with the current injured body parts as a result of the military.</p> |          |        |

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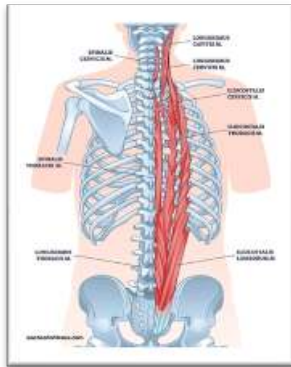
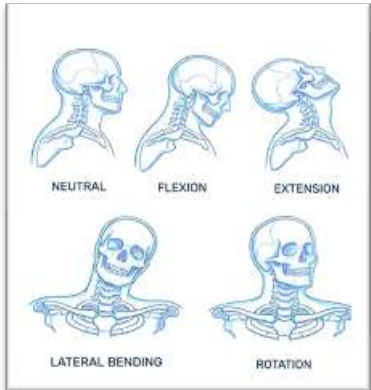
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**Name:** Doe, John

**Date of Birth:** 01.01.1965

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| Date     | Provider            | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Comments | Page #         |  |  |                |          |         |              |  |     |          |           |              |  |     |  |  |      |       |  |          |                     |              |    |     |          |          |              |    |     |                                                                                                                                                                                                                                                                          |  |
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|          |                     | <p><b>Automobile Accidents:</b><br/>...The patient reports prior motor vehicle accidents.</p> <p><b>Non-Industrial Injuries:</b><br/>The patient reports prior non-industrial injuries to the left knee...</p> <p>...<b><u>CHIEF COMPLAINTS:</u></b><br/>Mr. Doe presents with headaches, neck pain, low back pain and shoulder pain...</p> <p>...There is palpable tenderness over paraspinal musculature.</p> <table><tr><th>Joint</th><th>Motion</th><th colspan="2"></th><th>Normative Data</th></tr><tr><td>Cervical</td><td>Flexion</td><td colspan="2">20 with pain</td><td>50°</td></tr><tr><td>Cervical</td><td>Extension</td><td colspan="2">10 with pain</td><td>60°</td></tr><tr><td></td><td></td><th>Left</th><th>Right</th><td></td></tr><tr><td>Cervical</td><td>Lat. [lateral] Bend</td><td>10 with pain</td><td>20</td><td>45°</td></tr><tr><td>Cervical</td><td>Rotation</td><td>10 with pain</td><td>20</td><td>80°</td></tr></table> | Joint    | Motion         |  |  | Normative Data | Cervical | Flexion | 20 with pain |  | 50° | Cervical | Extension | 10 with pain |  | 60° |  |  | Left | Right |  | Cervical | Lat. [lateral] Bend | 10 with pain | 20 | 45° | Cervical | Rotation | 10 with pain | 20 | 80° | <p><b><u>Paraspinal Musculature</u></b></p>  <p><b><u>Cervical Spine Range of Motion</u></b></p>  |  |
| Joint    | Motion              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          | Normative Data |  |  |                |          |         |              |  |     |          |           |              |  |     |  |  |      |       |  |          |                     |              |    |     |          |          |              |    |     |                                                                                                                                                                                                                                                                          |  |
| Cervical | Flexion             | 20 with pain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          | 50°            |  |  |                |          |         |              |  |     |          |           |              |  |     |  |  |      |       |  |          |                     |              |    |     |          |          |              |    |     |                                                                                                                                                                                                                                                                          |  |
| Cervical | Extension           | 10 with pain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          | 60°            |  |  |                |          |         |              |  |     |          |           |              |  |     |  |  |      |       |  |          |                     |              |    |     |          |          |              |    |     |                                                                                                                                                                                                                                                                          |  |
|          |                     | Left                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Right    |                |  |  |                |          |         |              |  |     |          |           |              |  |     |  |  |      |       |  |          |                     |              |    |     |          |          |              |    |     |                                                                                                                                                                                                                                                                          |  |
| Cervical | Lat. [lateral] Bend | 10 with pain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 20       | 45°            |  |  |                |          |         |              |  |     |          |           |              |  |     |  |  |      |       |  |          |                     |              |    |     |          |          |              |    |     |                                                                                                                                                                                                                                                                          |  |
| Cervical | Rotation            | 10 with pain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 20       | 80°            |  |  |                |          |         |              |  |     |          |           |              |  |     |  |  |      |       |  |          |                     |              |    |     |          |          |              |    |     |                                                                                                                                                                                                                                                                          |  |

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**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

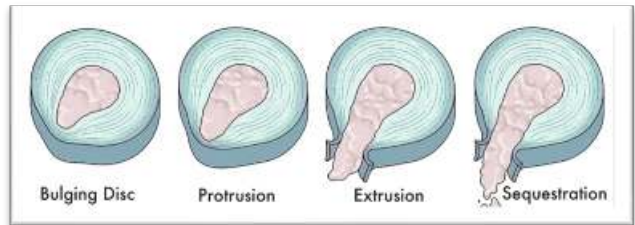
| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Page # |
|------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      |          | <p>...<b>DYANAMOMETER</b><br/>Right: 27.4 pounds<br/>Left: 17.2 pounds</p> <p><b><u>CURRENT DIAGNOSES:</u></b><br/>1. Cervical spine sprain/strain; MRI evidence of cervical spondylosis C3-C4 through C6-C7 disc, mild retrolisthis [retrolisthesis] at C5-C6 with 4 mm posterior disc protrusion, uncovertebral spurring and degenerative changes in the facet joint with severe narrowing of the neural foramen bilaterally, C6-7 disc protrusion and C3-4 small posterior osteophyte [osteophyte] disc complex (4/18/19).</p> <p><b><u>MEDICAL DECISION MAKING</u></b><br/>...At this time, I would like to request authorization for the patient to undergo a course of chiropractic therapy, twice a week for four weeks for the cervical spine, to improve ranges of motion, to reduce pain, and for strengthening. Furthermore, I am requesting authorization for the patient to</p> | <p><b><u>Dyanamometer:</u></b> A specialized device used to measure the physical strength and pushing force of the neck muscles.</p> <p><b><u>Dyanamometer Normal Ranges for Lateral Flexion</u></b> [side bending/ear to shoulder]<br/>Men: 25 to 65 pounds (this varies based on gender, body weight, and testing direction).</p> <p><b><u>Cervical Spine Sprain/Strain:</u></b> An injury to the muscles or tendons in the neck caused by overstretching or tearing.</p> <p><b><u>Cervical Spondylosis:</u></b> Age-related wear and tear affecting the discs, bones, and ligaments of the neck.</p> <p><b><u>Mild Retrolisthesis:</u></b> Minor backward slip (less than 25% Grade 1) of a neck bone.</p> <p><b><u>Posterior Disc Protrusion:</u></b> A spinal disc in the neck has a moderate backward bulge measuring about 4 millimeters.</p> |        |

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| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Page # |
|------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      |          | <p>undergo a consultation with a pain management specialist for medications, as this is out of my scope of practice. Mr. Doe will return in four weeks for further evaluation.</p> <p><b><u>CAUSATION:</u></b><br/> The patient's medical findings are consistent with his description of the job-related injuries dated December 10, 2018. Therefore, it is in my opinion, causation is to the industrial accident in question...</p> <p>...<b><u>DISABILITY STATUS:</u></b><br/> No limitations or restrictions: After thorough examination and review, I believe this patient is able to return to full work duties with no limitations or restrictions.</p> <p><b><u>RETURN APPOINTMENT:</u></b><br/> Mr. Doe will return in four weeks...</p> |  <p><b><u>Uncovertebral Spurring:</u></b> Formation of bone spurs (osteophytes) on the joints in the neck spine</p> <p><b><u>Severe Narrowing Neural Foramen</u></b><br/> <b><u>Bilaterally:</u></b> The bony tunnels on both sides of the neck vertebrae have tightly squeezed the spaces where the spinal nerves exit.</p>  |        |

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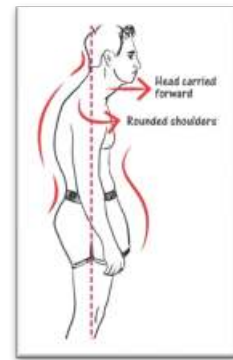
| Date       | Provider                                                                       | Medical Facts                                                                                                                                                                                                                                     | Comments                                                                                                                                                                                                                                                                                                     | Page #                           |
|------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
|            |                                                                                |                                                                                                                                                                                                                                                   | <u>CAUSATION:</u><br>“The patient’s medical findings are consistent with his description of the job-related injuries dated December 10, 2018. Therefore, it is in my opinion, causation is to the industrial accident in question.” Dr. Jane Doe [Orthopedic Surgeon]<br><i>Orthopedic Clinic 06.18.2019</i> |                                  |
| 06.27.2019 | Jane Doe, OT<br>[Occupational Therapist]<br><i>Occupational Therapy Clinic</i> | <b>OCCUPATIONAL THERAPY-TAI CHI CHUAN GROUP</b><br>[No changes noted]                                                                                                                                                                             | <b>GROUP CLASS #2 OUT OF 4</b>                                                                                                                                                                                                                                                                               | LL_MR<br>2.3.21.pdf<br>Pg. 89    |
| 07.01.2019 | Dr. John Doe<br>[Primary Care Physician]<br><i>Health Care Clinic</i>          | <b>PRIMARY CARE SECURE MESSAGING</b><br><br>...Subject: High BP [blood pressure] and Stress<br><br>My BP [blood pressure] has been high over the last 2 weeks, I have been taking my meds and have been off work. So i have been trying to relax. |                                                                                                                                                                                                                                                                                                              | LL_MR<br>2.3.21.pdf<br>Pg. 83-84 |

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Doe, John: 80



**Name:** Doe, John  
**Date of Birth:** 01.01.1965  
**Date of Injury:** 12.10.2018

| Date       | Provider                                                               | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Comments                                                                                                                                                                                                                                                                                                                                                                 | Page #                           |
|------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
|            |                                                                        | <p>Starting 2 weeks ago 201/115 and not going below 139/82. Today it is 173/116 and all I did was answer a couple of texts from work and read some emails.</p> <p>I think my meds are off....Please help, i am having headaches and my eyes are hurting.</p>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                          |                                  |
| 07.01.2019 | Jane Doe, PT<br>[Physical Therapist]<br><i>Physical Therapy Clinic</i> | <p><b>PHYSICAL THERAPY EVALUATION</b><br/>           ...Provisional Diagnosis: Cervicalgia (ICD-10-CM M54.2)<br/>           ...REASON FOR REQUEST:<br/>           Myofascial pain in shoulder and neck, work on stretching, myofascial release, Strengthening, TENS [transcutaneous electrical nerve stimulation], massage, U/S [ultrasound]...<br/>           ...Hx: [history] Pt [patient] is a 54 year old male with chronic cervical spine pain who re-injured his neck in December 2018 following an MVA [motor vehicle accident]...<br/>           ...Bowel/bladder incontinence: no...<br/>           ...Observation / Posture:<br/>           - Forward Head</p> | <p><b>VISIT # 1 OUT OF 4</b></p> <p><b><u>Cervicalgia:</u></b> Neck pain.<br/> <b><u>Myofascial Pain:</u></b> A chronic condition involving deep, aching muscle pain and tender tight muscle knots in the connective tissue and skeletal tissue.</p> <p><b><u>Posture:</u></b></p>  | LL_MR<br>2.3.21.pdf<br>Pg. 85-88 |

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**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date               | Provider      | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Comments | Page #   |         |        |         |            |       |     |           |            |       |     |                    |     |       |     |                   |               |       |     |                |     |       |     |               |            |     |     |
|--------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|---------|--------|---------|------------|-------|-----|-----------|------------|-------|-----|--------------------|-----|-------|-----|-------------------|---------------|-------|-----|----------------|-----|-------|-----|---------------|------------|-----|-----|
|                    |               | <div><div><div><div>- Rounded Shoulders</div><div>- Increased Thoracic Kyphosis</div></div><div>AROM: [active range of motion]</div><div>Cervical Spine</div><div>Flexion: 0-50</div><div>Extension:0-30</div><div>R [right] Lateral Bend:0-30</div><div>L [left] Lateral Bend: 0-30</div><div>R [right] Rotation: 0-65</div><div>L [left] Rotation:0-65</div></div><div>MUSCLE LENGTH TESTING:</div><div>Pec-Minor:+ for tightness B</div><div>Levator Scapulae: + for tightness B</div><div>Upper Trapezius: + for tightness B</div></div> <div>JOINT MOBILITY</div> <div>-PPIVMs: [passive physiological intervertebral movements]</div> <div>Flexion:T1-T4 hypomobile 2/6</div> <div>Extension:T1-T4 hypomobile 2/6</div> <div>...PALPATION: [touch] TTP [tenderness to palpation] centrally C2-T4...</div> <div><div><div>Neck Active Range of Motion Progression:</div><table><tr><th>Motion</th><th>Previous</th><th>Current</th><th>Normal</th></tr><tr><td>Flexion</td><td>20° w/pain</td><td>0-50°</td><td>50°</td></tr><tr><td>Extension</td><td>10° w/pain</td><td>0-30°</td><td>60°</td></tr><tr><td>Right Lateral Bend</td><td>20°</td><td>0-30°</td><td>45°</td></tr><tr><td>Left Lateral Bend</td><td>10° with pain</td><td>0-30°</td><td>45°</td></tr><tr><td>Right Rotation</td><td>20°</td><td>0-65°</td><td>80°</td></tr><tr><td>Left Rotation</td><td>10° w/pain</td><td>20°</td><td>80°</td></tr></table></div><div><div>Hypomobile:</div><div>A joint has less movement than normal.</div></div><div><div>“Hx: [history] Pt [patient] is a 54 year old male with chronic cervical spine pain who re-injured his neck in December 2018 following an MVA [motor vehicle accident]” Jane Doe, PT [Physical Therapist] Physical Therapy Clinic 07.01.2019</div></div></div> </ | Motion   | Previous | Current | Normal | Flexion | 20° w/pain | 0-50° | 50° | Extension | 10° w/pain | 0-30° | 60° | Right Lateral Bend | 20° | 0-30° | 45° | Left Lateral Bend | 10° with pain | 0-30° | 45° | Right Rotation | 20° | 0-65° | 80° | Left Rotation | 10° w/pain | 20° | 80° |
| Motion             | Previous      | Current                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Normal   |          |         |        |         |            |       |     |           |            |       |     |                    |     |       |     |                   |               |       |     |                |     |       |     |               |            |     |     |
| Flexion            | 20° w/pain    | 0-50°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 50°      |          |         |        |         |            |       |     |           |            |       |     |                    |     |       |     |                   |               |       |     |                |     |       |     |               |            |     |     |
| Extension          | 10° w/pain    | 0-30°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 60°      |          |         |        |         |            |       |     |           |            |       |     |                    |     |       |     |                   |               |       |     |                |     |       |     |               |            |     |     |
| Right Lateral Bend | 20°           | 0-30°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 45°      |          |         |        |         |            |       |     |           |            |       |     |                    |     |       |     |                   |               |       |     |                |     |       |     |               |            |     |     |
| Left Lateral Bend  | 10° with pain | 0-30°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 45°      |          |         |        |         |            |       |     |           |            |       |     |                    |     |       |     |                   |               |       |     |                |     |       |     |               |            |     |     |
| Right Rotation     | 20°           | 0-65°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 80°      |          |         |        |         |            |       |     |           |            |       |     |                    |     |       |     |                   |               |       |     |                |     |       |     |               |            |     |     |
| Left Rotation      | 10° w/pain    | 20°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 80°      |          |         |        |         |            |       |     |           |            |       |     |                    |     |       |     |                   |               |       |     |                |     |       |     |               |            |     |     |

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**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Comments | Page # |
|------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|
|      |          | <p>...A: [assessment] Problems:</p> <ol style="list-style-type: none"><li>1. Patient c/o [complains of] cervical spine pain</li><li>2. Poor postural awareness</li><li>3. Hypomobility extension C2-C6, Flexion/Extension T1-T4</li><li>4. Lacking HEP [home exercise program] knowledge</li></ol> <p>Goals:</p> <ol style="list-style-type: none"><li>1. Decrease pain <math>\geq</math> 50%</li><li>2. Instruct in HEP [home exercise program] to independent.</li></ol> <p>Rehab Potential:...[x] fair...</p> <p>...P: [plan] Physical Therapy duration and frequency: 1x/wk [week] for X 4-8 weeks</p> <p>Treatment plan: to Cervical Spine</p> <p>[x] Modalities as appropriate such as ultrasound, cold laser/light therapy, e-stim [electric muscle stimulation], ice, and/or heat.</p> <p>[x] Therapeutic exercises- stretching, strengthening, etc.</p> |          |        |

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| Date       | Provider                                                         | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Comments                                                                                                                                                                                                                                                                                                                                                                                                 | Page #                                                     |
|------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
|            |                                                                  | [x] Manual therapy such as soft tissue mobilization (STM), myofascial release (MFR), joint mobilizations as needed.<br>[x] Equipment needs(brace, walking device, TENs [transcutaneous electrical nerve stimulation], etc.)...<br>[x] Home exercise program (HEP)...<br>...-To perform on initial PT Tx: [physical therapy treatment] Laser, US [ultrasound]                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            |
| 07.16.2019 | Dr. Jane Doe<br>[Orthopedic Surgeon]<br><i>Orthopedic Clinic</i> | <b>ORTHOPAEDIC FOLLOW UP</b><br>[Same as previously noted except:]<br>...Impressions: 1. Type I acromion with moderate degenerative changes acromioclavicular joint.<br>2. Tendinosis of distal supraspinatus tendon.<br>3. Biceps tendinitis with the splitting of the biceps tendon in the proximal bicipital groove...<br>... <b>CURRENT COMPLAINTS:</b><br>Mr. Doe presents with neck pain which radiates from the neck to the shoulders and then to the hands. Furthermore, there is numbness about the patient's bilateral [both] hands and feet coupled with tingling | -The MRI report states Type II Acromion, NOT Type I. This is an error.<br><br><b><u>Impression Explanation:</u></b> A curved bone (Type II acromion) is rubbing on the joint with mild wear-and-tear, mild damage and swelling (tendinosis) in one of the main rotator cuff tendons, and inflammation with a small split in the biceps tendon.<br><br>-Worsening muscle spasms in bilateral wrists/hands | Misc Medical Records (PT, Radiology, etc).pdf<br>Pg. 20-26 |

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| Date               | Provider      | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Comments       | Page # |  |                |          |         |               |     |          |           |               |     |  |  |      |       |          |           |               |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |          |         |        |         |            |            |     |           |            |            |     |                    |            |     |     |                   |               |            |     |                |     |     |     |               |            |     |     |  |
|--------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------|--|----------------|----------|---------|---------------|-----|----------|-----------|---------------|-----|--|--|------|-------|----------|-----------|---------------|-----|-----|----------|----------|-----|-----|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------|---------|--------|---------|------------|------------|-----|-----------|------------|------------|-----|--------------------|------------|-----|-----|-------------------|---------------|------------|-----|----------------|-----|-----|-----|---------------|------------|-----|-----|--|
|                    |               | <p>sensations. The patient notes worsening muscle spasms in the bilateral [both] wrists/hands...</p> <p>...<b><u>CERVICAL SPINE:</u></b><br/>Upon evaluation, there is tenderness to palpation [touch] about the cervical spine. Additionally, a limited range of motion is present, as displayed below:</p> <table><tr><th>Joint</th><th>Motion</th><th></th><th>Normative Data</th></tr><tr><td>Cervical</td><td>Flexion</td><td>25° with pain</td><td>50°</td></tr><tr><td>Cervical</td><td>Extension</td><td>10° with pain</td><td>60°</td></tr><tr><td></td><td></td><td>Left</td><td>Right</td></tr><tr><td>Cervical</td><td>Lat. Bend</td><td>20° with pain</td><td>25°</td><td>45°</td></tr><tr><td>Cervical</td><td>Rotation</td><td>20°</td><td>25°</td><td>80°</td></tr></table> <p>...<b><u>SENSATION</u></b><br/>A sensory deficit is present about the left C4-5 and C6-7 nerve distributions.</p> | Joint          | Motion |  | Normative Data | Cervical | Flexion | 25° with pain | 50° | Cervical | Extension | 10° with pain | 60° |  |  | Left | Right | Cervical | Lat. Bend | 20° with pain | 25° | 45° | Cervical | Rotation | 20° | 25° | 80° | <p><b><u>Neck Range of Motion Progression:</u></b></p> <table><tr><th>Motion</th><th>Previous</th><th>Current</th><th>Normal</th></tr><tr><td>Flexion</td><td>20° w/pain</td><td>25° w/pain</td><td>50°</td></tr><tr><td>Extension</td><td>10° w/pain</td><td>10° w/pain</td><td>60°</td></tr><tr><td>Right Lateral Bend</td><td>20° w/pain</td><td>25°</td><td>45°</td></tr><tr><td>Left Lateral Bend</td><td>10° with pain</td><td>20° w/pain</td><td>45°</td></tr><tr><td>Right Rotation</td><td>20°</td><td>25°</td><td>80°</td></tr><tr><td>Left Rotation</td><td>10° w/pain</td><td>20°</td><td>80°</td></tr></table> <p><b><u>Sensory Deficit on the Left Nerve Distributions:</u></b> Reduced or altered feeling (numbness, tingling, etc.) along specific path areas on the left side of the neck, shoulder, arm, and hand. This pattern points to an issue affecting specific nerve roots coming from the mid-to-lower neck area of the spine.</p> | Motion | Previous | Current | Normal | Flexion | 20° w/pain | 25° w/pain | 50° | Extension | 10° w/pain | 10° w/pain | 60° | Right Lateral Bend | 20° w/pain | 25° | 45° | Left Lateral Bend | 10° with pain | 20° w/pain | 45° | Right Rotation | 20° | 25° | 80° | Left Rotation | 10° w/pain | 20° | 80° |  |
| Joint              | Motion        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Normative Data |        |  |                |          |         |               |     |          |           |               |     |  |  |      |       |          |           |               |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |          |         |        |         |            |            |     |           |            |            |     |                    |            |     |     |                   |               |            |     |                |     |     |     |               |            |     |     |  |
| Cervical           | Flexion       | 25° with pain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 50°            |        |  |                |          |         |               |     |          |           |               |     |  |  |      |       |          |           |               |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |          |         |        |         |            |            |     |           |            |            |     |                    |            |     |     |                   |               |            |     |                |     |     |     |               |            |     |     |  |
| Cervical           | Extension     | 10° with pain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 60°            |        |  |                |          |         |               |     |          |           |               |     |  |  |      |       |          |           |               |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |          |         |        |         |            |            |     |           |            |            |     |                    |            |     |     |                   |               |            |     |                |     |     |     |               |            |     |     |  |
|                    |               | Left                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Right          |        |  |                |          |         |               |     |          |           |               |     |  |  |      |       |          |           |               |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |          |         |        |         |            |            |     |           |            |            |     |                    |            |     |     |                   |               |            |     |                |     |     |     |               |            |     |     |  |
| Cervical           | Lat. Bend     | 20° with pain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 25°            | 45°    |  |                |          |         |               |     |          |           |               |     |  |  |      |       |          |           |               |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |          |         |        |         |            |            |     |           |            |            |     |                    |            |     |     |                   |               |            |     |                |     |     |     |               |            |     |     |  |
| Cervical           | Rotation      | 20°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 25°            | 80°    |  |                |          |         |               |     |          |           |               |     |  |  |      |       |          |           |               |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |          |         |        |         |            |            |     |           |            |            |     |                    |            |     |     |                   |               |            |     |                |     |     |     |               |            |     |     |  |
| Motion             | Previous      | Current                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Normal         |        |  |                |          |         |               |     |          |           |               |     |  |  |      |       |          |           |               |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |          |         |        |         |            |            |     |           |            |            |     |                    |            |     |     |                   |               |            |     |                |     |     |     |               |            |     |     |  |
| Flexion            | 20° w/pain    | 25° w/pain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 50°            |        |  |                |          |         |               |     |          |           |               |     |  |  |      |       |          |           |               |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |          |         |        |         |            |            |     |           |            |            |     |                    |            |     |     |                   |               |            |     |                |     |     |     |               |            |     |     |  |
| Extension          | 10° w/pain    | 10° w/pain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 60°            |        |  |                |          |         |               |     |          |           |               |     |  |  |      |       |          |           |               |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |          |         |        |         |            |            |     |           |            |            |     |                    |            |     |     |                   |               |            |     |                |     |     |     |               |            |     |     |  |
| Right Lateral Bend | 20° w/pain    | 25°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 45°            |        |  |                |          |         |               |     |          |           |               |     |  |  |      |       |          |           |               |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |          |         |        |         |            |            |     |           |            |            |     |                    |            |     |     |                   |               |            |     |                |     |     |     |               |            |     |     |  |
| Left Lateral Bend  | 10° with pain | 20° w/pain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 45°            |        |  |                |          |         |               |     |          |           |               |     |  |  |      |       |          |           |               |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |          |         |        |         |            |            |     |           |            |            |     |                    |            |     |     |                   |               |            |     |                |     |     |     |               |            |     |     |  |
| Right Rotation     | 20°           | 25°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 80°            |        |  |                |          |         |               |     |          |           |               |     |  |  |      |       |          |           |               |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |          |         |        |         |            |            |     |           |            |            |     |                    |            |     |     |                   |               |            |     |                |     |     |     |               |            |     |     |  |
| Left Rotation      | 10° w/pain    | 20°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 80°            |        |  |                |          |         |               |     |          |           |               |     |  |  |      |       |          |           |               |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |          |         |        |         |            |            |     |           |            |            |     |                    |            |     |     |                   |               |            |     |                |     |     |     |               |            |     |     |  |

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**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Comments                                                                                                                                                                                                                         | Page # |
|------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      |          | <p><b><u>TREATMENT PLAN AND DISCUSSION:</u></b></p> <p>Mr. Doe presents for follow up orthopedic reevaluation regarding unimproved symptoms. Mr. Doe has tried and failed a course of conservative management. During my physical exam I noted decreased range of motion with pain, decreased range of motion with pain, as well as deficit to C6-T1 nerve distribution motor strength as well as sensation to touch, as well as decreased upper extremity deep tendon reflexes.</p> <p>He has had several chiropractic therapy sessions with only temporary benefit. He was administered epidural steroid injections to his cervical spine, providing only temporary pain relief. Mr. Doe has clear cervical pathology in the form of cervical spondylotic radiculopathy with all of the following criteria listed below:</p> <p>a) Mr. Doe has significant symptoms that correlate with physical exam findings AND radiologist interpreted imaging reports.</p> | <p><b><u>Cervical Spondylotic Radiculopathy:</u></b> A pinched nerve in the neck.</p> <p><b><u>Nerve Root Compression:</u></b> Happens when something in the spine presses on the nerve causing pain, numbness, or weakness.</p> |        |

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**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Page # |
|------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      |          | <p>b) Mr. Doe has had persistent and progressive radicular pain with documented weakness secondary to nerve root compression and moderate to severe neck pain, despite several sessions of conservative therapy which consisted of the following:</p> <ul style="list-style-type: none"><li>-Active pain management with pharmacotherapy that addresses neuropathic pain and other pain sources in the form of NSAIDs [nonsteroidal anti-inflammatory drugs], and muscle relaxants</li><li>-Medical management with oral steroids</li><li>-Epidural steroid injections to the cervical spine</li><li>-Chiropractic therapy; Mr. Doe has documented participation in a formal, active physical therapy program as directed by a physical therapist, including a home exercise program and activity modification afterwards.</li></ul> <p>c) Mr. Doe has clinically significant function limitation, resulting in inability or significantly decreased ability to perform normal, daily activities at work or at-home duties...</p> | <p><b><u>Pharmacotherapy:</u></b> Medical treatment using prescription drugs to manage, cure, prevent, or treat diseases and symptoms.</p> <p><b><u>Neuropathic Pain:</u></b> Nerve pain.</p> <p>“Mr. Doe has clinically significant function limitation, resulting in inability or significantly decreased ability to perform normal, daily activities at work or at-home duties.” Dr. Jane Doe [Orthopedic Surgeon] <i>Orthopedic Clinic</i> 07.16.2019</p> <p>-3 options were provided by Dr. Jane Doe [Orthopedic Surgeon] for Mr. Doe to choose how to proceed due to his lack of adequate progress.</p> |        |

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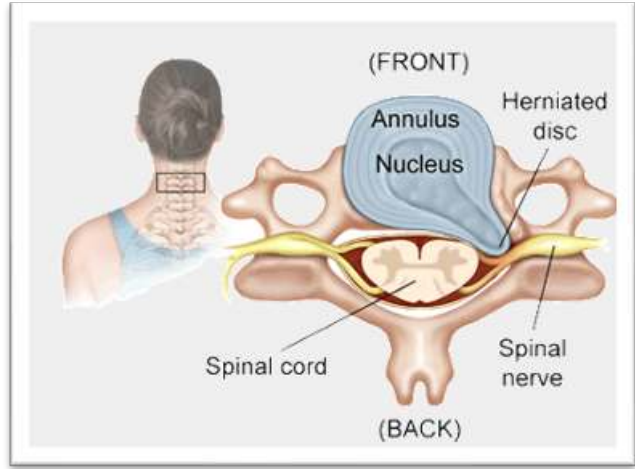
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**Name:** Doe, John

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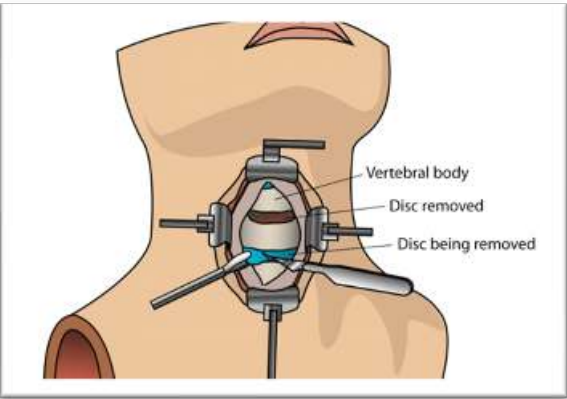
| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Comments                                                                                                                                                                                                                                                               | Page # |
|------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      |          | <p>...We discussed the clinical issues and the nature of the clinical decision. We reviewed the alternatives, including doing nothing...</p> <p>...Option 1 includes lifestyle modifications such as a daily exercise program focusing on maintaining one's core body, a stringent weight loss program to eliminate any excess weight and in doing so achieve an ideal Body Mass Index, and avoidance of any activities Mr. Doe finds uncomfortable or painful moving forwards. This will involve learning to live with the current amount of residual pain Mr. Doe has incurred as a result of this injury. He also understands this course involves dealing with painful flare ups which may arise as a result of this injury. Option 2 includes undergoing a series of conservative modalities to decrease the symptoms he is experiencing as a result of this now deficient disc and damaged shock absorber. Those modalities range from medications such as oral steroids/Medrol Dosepak, epidural injections, NSAIDs, chiropractic management, physical therapy, and</p> | <p><b>Herniated Disc:</b> Happens when the soft center of the spinal cushion pushes through a tear in the outer layer, often causing arm or leg pain, numbness, and weakness.</p>  |        |

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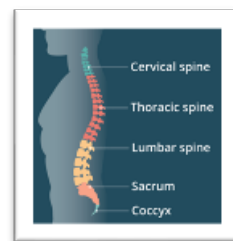
**Name:** Doe, John  
**Date of Birth:** 01.01.1965  
**Date of Injury:** 12.10.2018

| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Page # |
|------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      |          | <p>acupuncture. Option 3 includes definitive management in the form of surgery. The purpose of surgery would be geared towards addressing his underlying pain generator by removing a segment of disc which has herniated [herniated] outside of the annulus fibrosus and while there decompressing the neural elements. If Mr. Doe's pain persists he understands that he may elect to undergo definitive treatment in the form of surgery to stabilize her [his] spine and change the damaged disc all together...</p> <p>...Therefore at this time I would like to request authorization for the patient to undergo surgical intervention at the cervical spine in the form of anterior cervical discectomy and fusion of C4-5 and C6-7...</p> <p>...<b><u>WORK AND DISABILITY STATUS:</u></b> After reviewing the history of injury and examining the patient, I believe this patient is able to return to modified work duty with the following restrictions: No lifting over 10 pounds, no repetitive bending and no twisting...</p> | <p>"I would like to request authorization for the patient to undergo surgical intervention at the cervical spine in the form of anterior cervical discectomy and fusion of C4-5 and C6-7" Dr. Jane Doe [Orthopedic Surgeon] <i>Orthopedic Clinic</i> 07.16.2019</p> <p><b><u>Anterior Cervical Discectomy and Fusion of C4-5 and C6-7:</u></b> Removes damaged discs in the middle and lower neck to stop pressure on the spinal cord or nerves, then joins the vertebrae together with bone grafts and metal hardware for stability.</p>  |        |

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**Name:** Doe, John  
**Date of Birth:** 01.01.1965  
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| Date       | Provider                                                                                  | Medical Facts                                                                                                                                                                                                                                                                                                                  | Comments                                                                                                               | Page #                           |
|------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| 07.19.2019 | Jane Doe, OT<br>[Occupational<br>Therapist]<br><i>Occupational<br/>Therapy<br/>Clinic</i> | <b>OCCUPATIONAL THERAPY NOTE/<br/>TAI CHI</b><br>...Patient has no-showed twice for Tai Chi<br>class. Per PM&R [physical medicine & rehab]<br>policy, patient is discharged from Tai Chi<br>class and will need a new order to return...<br>...07/11/2019@1430 [2:30 PM] No-show...<br>...07/18/2019@1430 [2:30 PM] No-show... | <b>2 NO SHOWS - MR. DOE DISCHARGED<br/>ATTENDED 2 OUT OF 4 CLASSES</b>                                                 | LL_MR_2<br>2.3.21<br>Pg. 76      |
| 07.23.2019 | Jane Doe, PT<br>[Physical<br>Therapist]<br><i>Physical<br/>Therapy<br/>Clinic</i>         | <b>PHYSICAL THERAPY NOTES</b><br>[Same as previously noted except:]<br><br>...S: [subjective] Pt [patient] reports that he<br>performed stretches today and states he has<br>increased soreness although he does not<br>specifically cite the exercises as reason for his<br>increased discomfort...                           | <b>VISIT # 2 OUT OF 4</b>                                                                                              | LL_MR<br>2.3.21.pdf<br>Pg. 81-82 |
| 07.30.2019 | Jane Doe, PT<br>[Physical<br>Therapist]<br><i>Physical<br/>Therapy<br/>Clinic</i>         | <b>PHYSICAL THERAPY NOTES</b><br>[Same as previously noted except:]<br><br>...S: [subjective] Pt [patient] reports<br>stretching exercises shown last PT tx<br>[physical therapy treatment] have been of<br>benefit reducing discomfort in cervical and<br>thoracic spine when performed...                                    | <b>VISIT # 3 OUT OF 4</b><br><br> | LL_MR<br>2.3.21.pdf<br>Pg. 80-81 |

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**Name:** Doe, John

**Date of Birth:** 01.01.1965

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| Date       | Provider                                                                          | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                        | Comments                                                                                                                                                                                                                                                                                                                    | Page #                                                              |
|------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 08.01.2019 | Dr. John Doe<br>[Pain Clinic<br>Doctor] <i>Pain<br/>Clinic</i>                    | <b>PAIN MANAGEMENT PROCEDURE</b><br>...PROCEDURE: LESI [lumber epidural<br>steroid injection] @L5-S1<br>LAST INJ [injection] RESULT: 02/04/19<br>CESI: [cervical epidural steroid injection] 50<br>% RELIEF X 1 MONTH...<br>...S: [subjective] LBP [lower back pain] -><br>RLE [right lower extremity] > LLE [left<br>lower extremity]<br>VAS: [visual analogue scale] 8/10...<br>...Diagnosis: Lumbar Radiculopathy | <b>LUMBAR STEROID EPIDURAL<br/>INJECTION #1 out of 1</b><br><br><b><u>Lumbar Radiculopathy:</u></b> Nerve root in the lower<br>back is pinched, inflamed, or compressed causing<br>sharp radiating leg pain, numbness, and muscle<br>weakness.<br><br>8 out of 10 is very severe pain on the Visual<br>Analogue Pain Scale. | LL_MR_2<br>2.3.21<br>Pg. 68-69                                      |
| 08.15.2019 | Jane Doe, PT<br>[Physical<br>Therapist]<br><i>Physical<br/>Therapy<br/>Clinic</i> | <b>PHYSICAL THERAPY NOTE</b><br>...No Show #1<br>Patient failed to show and did not call to<br>cancel scheduled 1400 [2:00 PM) PT<br>[physical therapy] appt [appointment]. This is<br>No-Show #1...                                                                                                                                                                                                                 | <b>NO CALL/NO SHOW<br/>MISSED 1 VISIT OUT OF 4<br/>ATTENDED 3 OUT OF 4 SESSIONS</b>                                                                                                                                                                                                                                         | LL_MR_2<br>2.3.21<br>Pg. 65                                         |
| 08.19.2019 | Dr. Jane Doe<br>[Orthopedic<br>Surgeon]<br><i>Orthopedic<br/>Clinic</i>           | <b>ORTHOPAEDIC FOLLOW UP</b><br>[Same as previously noted except:]<br><br>... <b><u>CURRENT COMPLAINTS:</u></b><br>Mr. Doe relates of neck pain today, worse<br>since his last examination. The patient is                                                                                                                                                                                                           | <b>“Mr. Doe relates of neck pain today, worse since<br/>his last examination. The patient is currently<br/>undergoing a course of physical therapy, with<br/>little improvement.” Dr. Jane Doe [Orthopedic<br/>Surgeon] <i>Orthopedic Clinic</i> 08.19.2019</b>                                                             | Misc Medical<br>Records (PT,<br>Radiology,<br>etc).pdf<br>Pg. 17-19 |

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| Date               | Provider      | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Comments | Page #                |  |  |                       |          |         |     |  |     |          |           |     |  |     |  |  |      |       |  |          |           |     |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |          |         |        |         |            |     |     |           |            |     |     |                    |     |     |     |                   |               |               |     |                |     |     |     |               |     |     |     |  |
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|                    |               | <p>currently undergoing a course of physical therapy, with little improvement...</p> <p>...<b><u>CERVICAL SPINE:</u></b><br/>Tenderness is elicited upon palpation [touch] of the cervical spine. Ranges of motion are limited, as follows.</p> <table><tr><th>Joint</th><th>Motion</th><th colspan="2"></th><th>Normat<br/>ive<br/>Data</th></tr><tr><td>Cervical</td><td>Flexion</td><td colspan="2">50°</td><td>50°</td></tr><tr><td>Cervical</td><td>Extension</td><td colspan="2">10°</td><td>60°</td></tr><tr><td></td><td></td><th>Left</th><th>Right</th><td></td></tr><tr><td>Cervical</td><td>Lat. Bend</td><td>20°</td><td>25°</td><td>45°</td></tr><tr><td>Cervical</td><td>Rotation</td><td>20°</td><td>25°</td><td>80°</td></tr></table> <p><b><u>TREATMENT PLAN AND DISCUSSION:</u></b><br/>Mr. Doe is here today for orthopaedic re-evaluation of industrial injuries sustained to his cervical spine. Authorization request for cervical spine surgery was approved. The patient will return in two weeks for surgical consultation.</p> | Joint    | Motion                |  |  | Normat<br>ive<br>Data | Cervical | Flexion | 50° |  | 50° | Cervical | Extension | 10° |  | 60° |  |  | Left | Right |  | Cervical | Lat. Bend | 20° | 25° | 45° | Cervical | Rotation | 20° | 25° | 80° | <p><b><u>Neck Range of Motion Progression:</u></b></p> <table><tr><th>Motion</th><th>Previous</th><th>Current</th><th>Normal</th></tr><tr><td>Flexion</td><td>25° w/pain</td><td>50°</td><td>50°</td></tr><tr><td>Extension</td><td>10° w/pain</td><td>10°</td><td>60°</td></tr><tr><td>Right Lateral Bend</td><td>25°</td><td>25°</td><td>45°</td></tr><tr><td>Left Lateral Bend</td><td>20° with pain</td><td>20° with pain</td><td>45°</td></tr><tr><td>Right Rotation</td><td>25°</td><td>25°</td><td>80°</td></tr><tr><td>Left Rotation</td><td>20°</td><td>20°</td><td>80°</td></tr></table> <p>“Mr. Doe is here today for orthopaedic re-evaluation of industrial injuries sustained to his cervical spine.” Dr. Jane Doe [Orthopedic Surgeon] <i>Orthopedic Clinic</i> 08.19.2019</p> | Motion | Previous | Current | Normal | Flexion | 25° w/pain | 50° | 50° | Extension | 10° w/pain | 10° | 60° | Right Lateral Bend | 25° | 25° | 45° | Left Lateral Bend | 20° with pain | 20° with pain | 45° | Right Rotation | 25° | 25° | 80° | Left Rotation | 20° | 20° | 80° |  |
| Joint              | Motion        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          | Normat<br>ive<br>Data |  |  |                       |          |         |     |  |     |          |           |     |  |     |  |  |      |       |  |          |           |     |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |          |         |        |         |            |     |     |           |            |     |     |                    |     |     |     |                   |               |               |     |                |     |     |     |               |     |     |     |  |
| Cervical           | Flexion       | 50°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          | 50°                   |  |  |                       |          |         |     |  |     |          |           |     |  |     |  |  |      |       |  |          |           |     |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |          |         |        |         |            |     |     |           |            |     |     |                    |     |     |     |                   |               |               |     |                |     |     |     |               |     |     |     |  |
| Cervical           | Extension     | 10°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          | 60°                   |  |  |                       |          |         |     |  |     |          |           |     |  |     |  |  |      |       |  |          |           |     |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |          |         |        |         |            |     |     |           |            |     |     |                    |     |     |     |                   |               |               |     |                |     |     |     |               |     |     |     |  |
|                    |               | Left                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Right    |                       |  |  |                       |          |         |     |  |     |          |           |     |  |     |  |  |      |       |  |          |           |     |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |          |         |        |         |            |     |     |           |            |     |     |                    |     |     |     |                   |               |               |     |                |     |     |     |               |     |     |     |  |
| Cervical           | Lat. Bend     | 20°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 25°      | 45°                   |  |  |                       |          |         |     |  |     |          |           |     |  |     |  |  |      |       |  |          |           |     |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |          |         |        |         |            |     |     |           |            |     |     |                    |     |     |     |                   |               |               |     |                |     |     |     |               |     |     |     |  |
| Cervical           | Rotation      | 20°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 25°      | 80°                   |  |  |                       |          |         |     |  |     |          |           |     |  |     |  |  |      |       |  |          |           |     |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |          |         |        |         |            |     |     |           |            |     |     |                    |     |     |     |                   |               |               |     |                |     |     |     |               |     |     |     |  |
| Motion             | Previous      | Current                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Normal   |                       |  |  |                       |          |         |     |  |     |          |           |     |  |     |  |  |      |       |  |          |           |     |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |          |         |        |         |            |     |     |           |            |     |     |                    |     |     |     |                   |               |               |     |                |     |     |     |               |     |     |     |  |
| Flexion            | 25° w/pain    | 50°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 50°      |                       |  |  |                       |          |         |     |  |     |          |           |     |  |     |  |  |      |       |  |          |           |     |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |          |         |        |         |            |     |     |           |            |     |     |                    |     |     |     |                   |               |               |     |                |     |     |     |               |     |     |     |  |
| Extension          | 10° w/pain    | 10°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 60°      |                       |  |  |                       |          |         |     |  |     |          |           |     |  |     |  |  |      |       |  |          |           |     |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |          |         |        |         |            |     |     |           |            |     |     |                    |     |     |     |                   |               |               |     |                |     |     |     |               |     |     |     |  |
| Right Lateral Bend | 25°           | 25°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 45°      |                       |  |  |                       |          |         |     |  |     |          |           |     |  |     |  |  |      |       |  |          |           |     |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |          |         |        |         |            |     |     |           |            |     |     |                    |     |     |     |                   |               |               |     |                |     |     |     |               |     |     |     |  |
| Left Lateral Bend  | 20° with pain | 20° with pain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 45°      |                       |  |  |                       |          |         |     |  |     |          |           |     |  |     |  |  |      |       |  |          |           |     |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |          |         |        |         |            |     |     |           |            |     |     |                    |     |     |     |                   |               |               |     |                |     |     |     |               |     |     |     |  |
| Right Rotation     | 25°           | 25°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 80°      |                       |  |  |                       |          |         |     |  |     |          |           |     |  |     |  |  |      |       |  |          |           |     |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |          |         |        |         |            |     |     |           |            |     |     |                    |     |     |     |                   |               |               |     |                |     |     |     |               |     |     |     |  |
| Left Rotation      | 20°           | 20°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 80°      |                       |  |  |                       |          |         |     |  |     |          |           |     |  |     |  |  |      |       |  |          |           |     |     |     |          |          |     |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |          |         |        |         |            |     |     |           |            |     |     |                    |     |     |     |                   |               |               |     |                |     |     |     |               |     |     |     |  |

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**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date       | Provider                                                         | Medical Facts                                                                                                                                                                                                                                                                                                                                    | Comments | Page #                                                 |
|------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------|
|            |                                                                  | <b><u>WORK AND DISABILITY STATUS:</u></b><br>After reviewing the history of injury and examining the patient, I believe this patient is able to perform modified work duty with the following restrictions: No lifting over 10 pounds, no repetitive bending and no twisting...                                                                  |          |                                                        |
| 09.01.2019 | Dr. Jane Doe<br>[Orthopedic Surgeon]<br><i>Orthopedic Clinic</i> | <b>DOCTOR'S SURGERY NOTE</b><br><br>To whom it may concern,<br><br>Please excuse Mr. John Doe from work for 3 weeks following his surgery on September 20 <sup>th</sup> , 2019. Mr. Doe is medically cleared to return to work once the three weeks have passed with the following limitations:<br>-No lifting<br>-No bending<br>-No twisting... |          | Misc Medical Records (PT, Radiology, etc).pdf<br>Pg. 8 |
| 09.16.2019 | Dr. Jane Doe<br>[Psychologist]<br><i>Mental Health Clinic</i>    | <b>MENTAL HEALTH<br/>LEAVE OF ABSENCE LETTER</b><br>...To Whom It May Concern:                                                                                                                                                                                                                                                                   |          | Misc Medical Records (PT, Radiology, etc).pdf<br>Pg. 9 |

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Legal Nurse Detective reserves the right to amend this report with the discovery of further records.

Doe, John: 93



**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date       | Provider                            | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Comments                                                                                                                                                                                                                                                                                                      | Page #                                                  |
|------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
|            |                                     | This letter is being written at the request of my patient, Mr. John Doe. Mr. Doe is being treated for a stress related condition. He has been off work for approximately 9 weeks on a leave of absence. He was seen on 9/16/2019, and he needs to stay off on stress related leave for approximately another week. He then has neck surgery scheduled and will need to be off of work while he recovers from his surgery; to be determined by appropriate medical professional. I anticipate his stress will be adequately resolved such that he will be ready to return to work after recovery from the neck surgery. His plan is to be consistent at work and to continue to follow up in psychotherapy, as needed, to continue gaining stress management skills... |                                                                                                                                                                                                                                                                                                               |                                                         |
| 09.19.2019 | Jane Doe<br>[Manager]<br><i>IME</i> | <b>IME APPOINTMENT REMINDER<br/>NOTICE</b><br><br>Re: Mr. John Doe<br>Claim #: 123456789<br>DOI: 12.10.2018<br><br>...Your appointment is scheduled as follows:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>IME:</b> Independent medical exam. Is a one-time medical evaluation requested by an insurance company and performed by a doctor who has not been involved in the patient's regular treatment. This is to determine if the injury is real, if treatment is necessary, or if the patient can return to work. | Misc Medical Records (PT, Radiology, etc).pdf<br>Pg. 10 |

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Doe, John: 94



**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

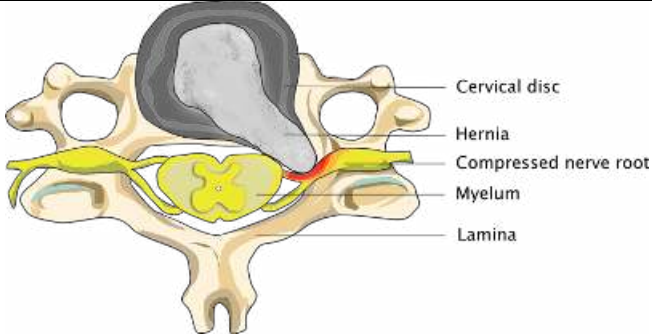
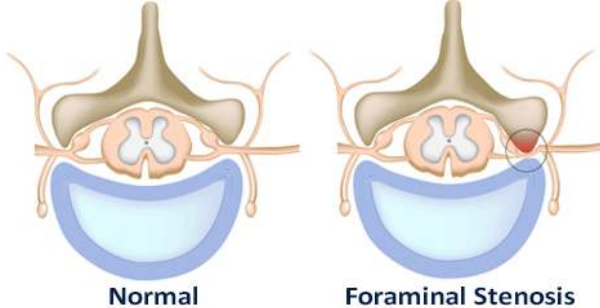
| Date       | Provider                                                         | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Comments                                                                                                                                                                                                                                                                                                                                                              | Page #                   |
|------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
|            |                                                                  | Date: October 7, 2019<br>Time: 10:00am<br>Physician: Generic Doctor<br>Address: 123 First Street Anytown, USA<br>Phone: (555) 555-5555...                                                                                                                                                                                                                                                                                                                                                                         | -The evaluation and self-reported worksheet by Mr. Doe are both missing. Records are requested in the Fact Summary Report.                                                                                                                                                                                                                                            |                          |
| 09.20.2019 | Dr. Jane Doe<br>[Orthopedic Surgeon]<br><i>Orthopedic Clinic</i> | <b>OPERATIVE REPORT</b><br>...DATE OF SURGERY: 09/20/2019<br>NAME OF SURGEON: Dr. Jane Doe<br>Orthopaedic Spine Surgeon.<br>PREOPERATIVE DIAGNOSES:<br>1. Intractable neck pain.<br>2. Radiculopathy<br>3. Herniations; C4 5, C5 C6, and C6 7<br>4. Neural foraminal stenosis C4-5, C5-C6, and C6-7.<br>5. Stenosis<br>POSTOPERATIVE DIAGNOSES:<br>1. Intractable neck pain.<br>2. Radiculopathy.<br>3. Herniations; C4 5, C5 C6, and C6 7<br>4. Neural foraminal stenoses; C4-5, C5-C6, and C6-7.<br>5. Stenosis | <b><u>Intractable Neck Pain:</u></b> Severe, constant pain that does not go away with standard treatments like rest, physical therapy, or basic medicines.<br><br><b><u>Radiculopathy:</u></b> Pinched or damaged nerve root in the spine.<br><br><b><u>Herniations:</u></b> The soft inner gel of a spinal disc in the neck pushes through a tear in the outer ring. | OR Report.pdf<br>Pg. 1-6 |

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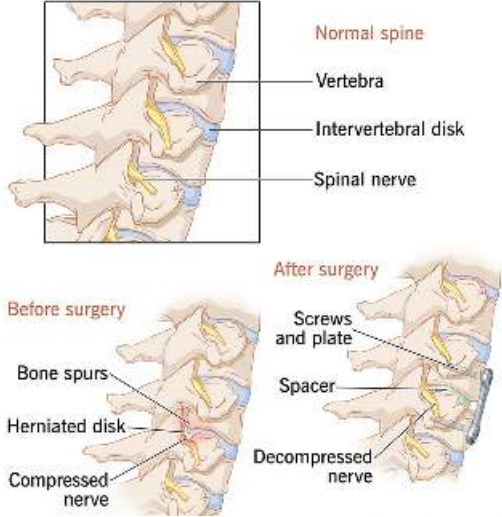


**Name:** Doe, John  
**Date of Birth:** 01.01.1965  
**Date of Injury:** 12.10.2018

| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Comments                                                                                                                                                                                                                                                                                                                                                                                                   | Page # |
|------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      |          | <p>PROCEDURE PERFORMED:</p> <ol style="list-style-type: none"><li>1. Anterior cervical discectomy and fusion of C4 C5...</li><li>2. Anterior cervical discectomy and fusion of C5-6...</li><li>3. Anterior cervical discectomy and fusion of C6 C7...</li></ol> <p>...INDICATIONS FOR SURGERY: ... We tried a course of conservative management but despite this course there was still a significant component of persistent, recalcitrant neck pain and arm pain. The MRI demonstrated significant neural foraminal compromise secondary to disc herniations at C4-5, C5-C6, and C6-7....</p> <p>...INTRAOPERATIVE FINDINGS</p> <ol style="list-style-type: none"><li>1. At C4-5, there was a large broad base disc herniation with significant encroachment on the thecal sac and spinal cord posteriorly. There was a tear in the posterior longitudinal ligament approximately 20 degrees cephalad to caudad. .</li></ol> |  <p><b>Neural Foraminal Stenosis:</b> Narrowing of the small openings where nerve roots exit the spine, causing compression that leads to pain, numbness, and weakness.</p>  <p>Normal                      Foraminal Stenosis</p> |        |



**Name:** Doe, John  
**Date of Birth:** 01.01.1965  
**Date of Injury:** 12.10.2018

| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                               | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                        | Page # |
|------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      |          | <p>2. At cervical C5-6, there was a large tear noted in the posterior longitudinal ligament, collapse of the disc height, severe encroachment on the neural foramina bilaterally.</p> <p>3. At C6-7, there was a large tear in the posterior longitudinal ligament and again another broad-based disc herniation with this disc was not as collapsed, although there was a significant disc herniation at this level...</p> | <p><b>Stenosis:</b> Narrowing of the spinal canal in the neck.</p> <p><b>Anterior Cervical Discectomy and Fusion of C4 C5, C5-6, C6-7:</b> Surgical removal of a bad disc that presses on a nerve or spinal cord. Then, a spacer and bone graft is put in that space to join the bones together.</p> <p>Anterior cervical discectomy and fusion (ACDF)</p>  |        |

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**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date       | Provider                                    | Medical Facts                                                                                                                                                                                                                                                                                        | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Page #                                                   |
|------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
|            |                                             |                                                                                                                                                                                                                                                                                                      | <b><u>INTRAOPERATIVE FINDINGS</u></b><br><b><u>EXPLANATIONS:</u></b><br>The neck has three injured levels (C4-5, C5-6, and C6-7) where discs (the soft cushions between the neck bones) and ligaments (the strong bands holding the bones together) are torn, bulging, or flattened. This is pressing heavily on the spinal cord and nerves that goes to the arms.<br><b>INDICATIONS FOR SURGERY:</b> “We tried a course of conservative management but despite this course there was still a significant component of persistent, recalcitrant neck pain and arm pain. The MRI demonstrated significant neural foraminal compromise secondary to disc herniations at C4-5, C5-C6, and C6-7” Dr. Jane Doe [Orthopedic Surgeon] <i>Orthopedic Clinic</i><br>09.20.2019 |                                                          |
| 10.04.2019 | [Workman’s Comp] <i>State of California</i> | <b>TEMPORARY DISABILITY BENEFITS<br/>PAYMENT START LETTER</b><br>...Payment for temporary disability is starting and sent separately for the period starting 09/20/19 through 10/03/19, in the amount of \$2430.54, and will continue until you are able to return to work or your medical condition |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Misc Medical Records (PT, Radiology, etc).pdf<br>Pg. 4-6 |

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**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date       | Provider                                                 | Medical Facts                                                                                                                                                                                                                                                                                                                                                               | Comments                                 | Page #                                                 |
|------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------|
|            |                                                          | becomes permanent and stationary. Your weekly compensation rate is \$1215.27 based on your earning of \$3046.25 per week. You may receive less if you are earning partial wages. The waiting period is from 9/20/2019 through 09/22/2019 and is not paid unless you are off work for more than 14 days.<br><br>Payments will be sent to you every two weeks on Thursday.... |                                          |                                                        |
| 10.09.2019 | Dr. John Doe<br>[Workman's Comp] <i>State of Arizona</i> | <b>DISABILITY STATUS</b><br>...(X) Remain off-work until 11-19-19...                                                                                                                                                                                                                                                                                                        |                                          | Misc Medical Records (PT, Radiology, etc).pdf<br>Pg. 7 |
| 10.28.2019 | Dr. John Doe<br>[Rheumatologist] <i>Health Clinic</i>    | <b>RHEUMATOLOGY KNEE INJECTIONS</b><br>[Same as previously noted except:]<br><br>...53 year old male with OA [osteoarthritis] of b/l [bilateral] knees presents for 1/3 [1 out of 3] hyalgan inj [injections] today. Pt. [patient] received his last hyalgan series 6 mos [months] ago...                                                                                   | <b>BILATERAL KNEE INJECTIONS #1 OF 3</b> | LL_MR 2.3.21.pdf<br>Pg. 70-74                          |

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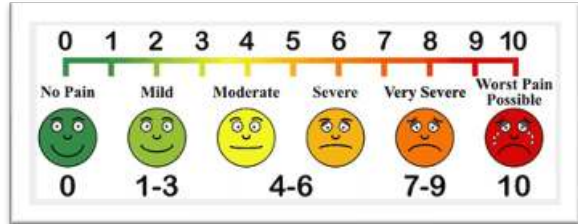
Doe, John: 99



**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date       | Provider                                                                       | Medical Facts                                                                                                                                                                                                  | Comments                                                                                                                                                                                                                                                                                       | Page #                           |
|------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| 10.28.2019 | Jane Doe,<br>LVN<br>[Licensed<br>Vocational<br>Nurse] <i>Health<br/>Clinic</i> | <b>RHEUMATOLOGY NURSING NOTES</b><br>[Same as previously noted except:]<br><br>...Pain 7/10 neck and right shoulder pain...                                                                                    | Pain 7/10 neck and right shoulder pain is very severe pain on the Visual Analogue Scale.<br><br>                                                                                                            | LL_MR<br>2.3.21.pdf<br>Pg. 74-75 |
| 10.28.2019 | Dr. John Doe<br>[Rheumatolog<br>ist] <i>Health<br/>Clinic</i>                  | <b>RHEUMATOLOGY NOTE</b><br>[Same as previously noted except:]<br>...Spinal stenosis (SCT 76107001)...<br>...Fibromyalgia (SCT 24693007)...<br>...Low back pain (SCT 279039007)<br>Neck pain (SCT 81680005)... | <b>Spinal Stenosis:</b> Narrowing of the spaces within the spine that puts pressure on the spinal cord and nerves, leading to pain, numbness, and weakness.<br><b>Fibromyalgia:</b> A long-term medical condition that causes widespread muscle pain, extreme tiredness, and trouble sleeping. | LL_MR_2<br>2.3.21<br>Pg. 58-61   |
| 11.05.2019 | Dr. John Doe<br>[Rheumatolog<br>ist] <i>Health<br/>Clinic</i>                  | <b>RHEUMATOLOGY NOTE/<br/>KNEE INJECTIONS</b><br>[Same as previously noted except:]<br>...2/3 [2 out of 3] B/L [bilateral] knee<br>hyalgan inj [injection] today...                                            | <b>BILATERAL KNEE INJECTIONS #2 OF 3</b>                                                                                                                                                                                                                                                       | LL_MR<br>2.3.21.pdf<br>Pg. 66-70 |
| 11.12.2019 | Dr. John Doe<br>[Rheumatolog<br>ist] <i>Health<br/>Clinic</i>                  | <b>RHEUMATOLOGY NOTE/<br/>KNEE INJECTIONS</b><br>[Same as previously noted except:]                                                                                                                            | <b>BILATERAL KNEE INJECTIONS #3 OF 3</b>                                                                                                                                                                                                                                                       | LL_MR<br>2.3.21.pdf<br>Pg. 60-64 |

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Doe, John:100



**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date       | Provider                                                         | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Comments                                                                                                                                                                                                                                                                                                   | Page #                        |
|------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 11.25.2019 | Dr. John Doe<br>[Primary Care Physician]<br><i>Health Clinic</i> | ...b/l [bilateral] knees presents for 3/3 hyalgan inj [injection] today....<br><b>PRIMARY CARE PHYSICIAN EMAIL</b><br>...My lower back keeps pinching and my feet and ankles feel like something is broken. (pain with every step, sometimes failing to support me)...<br>...STAFF NURSE...Pt [patient] with complaints consistent with previous chronic complaints of back/ankle pain...<br>...ATTENDING PHYSICIAN<br>11/26/2019 ADDENDUM...<br>...Please respond:<br>Dear John Doe,<br>I received your message about back, feet and ankle issues. Sounds like these areas are causing you significant discomfort and disability. I encourage you to schedule either a face to face or telephone visit so we can discuss treatment options to help relieve your suffering.<br>Sincerely,<br>Dr. John Doe... | -Email communication between Mr. John Doe and Primary Care Physician Dr. Dan Doe.<br><br>“I received your message about back, feet and ankle issues. Sounds like these areas are causing you significant discomfort and disability.” Dr. John Doe [Primary Care Physician] <i>Health Clinic</i> 11.25.2019 | LL_MR<br>2.3.21.pdf<br>Pg. 57 |

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Doe, John:101



**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date       | Provider                                                                            | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                  | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                          | Page #                           |
|------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| 12.24.2019 | Jane Doe,<br>LVN<br>[Licensed<br>Vocational<br>Nurse] <i>Health<br/>Care Clinic</i> | <b>PRIMARY CARE VISIT<br/>NURSING NOTES</b><br>...Pt [patient] here for scheduled appt<br>[appointment] with provider. Pt [patient]<br>presents with B/L [bilateral AKA both] Feet,<br>ankle, and knee pain 6/10 today. Pt [patient]<br>presented with elevated BP [blood pressure]<br>today...<br>...1 <sup>st</sup> BP [blood pressure] 146/97...<br>2 <sup>nd</sup> BP [blood pressure] 149/88 P [pulse]<br>71...Pain: 6... |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | LL_MR<br>2.3.21.pdf<br>Pg. 52-53 |
| 12.24.2019 | Dr. John Doe<br>[Primary Care<br>Physician]<br><i>Health Clinic</i>                 | <b>PRIMARY CARE VISIT<br/>PHYSICIAN NOTES</b><br>[Same as previously noted except:]<br><br>...CC [chief complaint]: f/u [follow up] on<br>HTN [hypertension] and other issues...<br><br>...1. Chronic pain. takes gabapentin 4 pills/4<br>pills/2-3 pills—helps<br>- Advised max dose is 1200 mg TID [three<br>times a day]<br>- still taking duloxetine                                                                       | <b><u>Gabapentin:</u></b> Prescription medicine used to treat<br>partial seizures and nerve pain.<br><br><b><u>Duloxetine:</u></b> Prescription SNRI (serotonin-<br>norepinephrine reuptake inhibitor) used to treat<br>major depression, generalized anxiety,<br>fibromyalgia, chronic muscle and bone pain, and<br>diabetic nerve pain.<br><br><b><u>Carvedilol:</u></b> Prescription medication used to treat<br>high blood pressure and more. | LL_MR<br>2.3.21.pdf<br>Pg. 54-57 |

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Doe, John:102



**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Page # |
|------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      |          | <p>2. Mood disorder. on duloxetine. carvedilol seems to help to control anxiety as well.</p> <p>3. HTN. [hypertension] not checking at home. feels he eats too much salt.—has dietician appt [appointment] pending.</p> <p>4. OSA. [obstructive sleep apnea] using CPAP [continuous positive airway pressure], feels it helps with sleep</p> <p>5. Has noted increased foot and ankle pain. feels like someone is cutting him with a blunt knife...increased over 2-3 months. no injury...Continues to have a quarter sized area of numbness around mid foot b/l [bilateral AKA both].This got better initially with gabapentin but then has increased again lately...</p> <p>...Diffuse OA [osteoarthritis] but also suspect fibromyalgia. Arthritis series only showed mild disease...</p> <p>...Cervical and Lumbar DDD [degenerative disc disease] (on MRIs 2018/2019)...</p> <p>...b/l [bilateral AKA both] shoulder impingement s/p [status post] steroid injections by ortho [orthopedic]</p> | <p><b><u>Mood Disorder:</u></b> A mental health condition characterized by significant, persistent disturbances in a person's emotional state —such as extreme sadness, irritability, or elevated elation.</p> <p><b><u>Hypertension:</u></b> High blood pressure</p> <p><b><u>Obstructive Sleep Apnea:</u></b> Is a chronic disorder where breathing repeatedly stops and starts during sleep because the throat muscles intermittently relax and block the airway.</p> <p><b><u>CPAP [continuous positive airway pressure] Machine:</u></b> Medical device used to treat obstructive sleep apnea.</p> <p><b><u>Diffuse Osteoarthritis:</u></b> A type of degenerative joint disease that affects multiple joints throughout the body.</p> <p><b><u>Cervical and Lumbar Degenerative Disc Disease:</u></b> Wear and tear of spinal discs in the neck and lower back.</p> |        |

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**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Page # |
|------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      |          | <p>8/2017...function: decreased—off work since 1/2019</p> <p>-f/u [follow up] pain clinic for injections prn [as needed] (more recent injections didn't help)..</p> <p>...b/l [bilateral AKA both] foot pain (likely 2/2 DJD [degenerative joint disease] and neuropathy (ddx: [differential diagnosis] polyneuropathy vs. localized nerve impingment) vs. less likely radiculopathy (still having this as well)...</p> <p>...EMG [electromyography] done 2010 showed superficial peroneal neuropathy on the left (pain has been present since at least then...)...</p> <p>...Mood disorder/adjustment disorder... seeing non-VA psychiatrist...</p> <p>...Chronic Left &gt; right shoulder pain. left shoulder is 2/2 rotator cuff tendonopathy [tendinopathy] w/o [without] tear...</p> <p>...OA [osteoarthritis] knees. f/u [follow up] rheum [Rheumatologist] for hyalgan...</p> | <p><b><u>Bilateral Shoulder Impingement:</u></b> The tendons of the rotator cuff and the bursa are being pinched or rubbed against the bones in both of the shoulders usually due to overuse or structural anatomy.</p> <p><b><u>Degenerative Joint Disease:</u></b> A condition where the protective cartilage that cushions the end of the bones gradually wears away.</p> <p><b><u>Neuropathy:</u></b> Conditions that occur when the nerves are damaged. It commonly causes numbness, tingling, weakness, or sharp, burning pain in the hands and feet.</p> <p><b><u>EMG [electromyography]:</u></b> A medical test that checks the health of muscles and the nerves that control them.</p> <p><b><u>Superficial Peroneal Neuropathy:</u></b> A compression or injury of the nerve running down the outer leg.</p> |        |

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**Name:** Doe, John  
**Date of Birth:** 01.01.1965  
**Date of Injury:** 12.10.2018

| Date       | Provider                                                              | Medical Facts                                                                                                                                                                                                                 | Comments                                                                                                                                                                                                                                                                                                                                                    | Page #                                                          |
|------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
|            |                                                                       | ...Chronic daily headaches. tension-type.                                                                                                                                                                                     | <p><b><u>Adjustment Disorder:</u></b> A stress-related condition triggered by a major life change or ongoing stressor.</p> <p><b><u>Rotator Cuff Tendinopathy:</u></b> An overuse or degenerative condition affecting the shoulder tendons, causing pain, weakness, and reduced mobility.</p> <p><b><u>Hyalgan:</u></b> Hyaluronic acid knee injections</p> |                                                                 |
| 12.27.2019 | Dr. John Doe<br>[Primary Care Physician]<br><i>Health Care Clinic</i> | <p><b>PRIMARY CARE SECURE MESSAGING</b></p> <p>...I am having problems in my feet and ankles. It feels like something is cutting into me and sometime it to the point I cant walk. My feet along my metatarsals ache.”...</p> | <p>-Email communication between Mr. John Doe and Primary Care Physician Dr. John Doe.</p>                                                                                                                                                                               | LL_MR<br>2.3.21.pdf<br>Pg. 51                                   |
| 01.28.2020 | John Doe,<br>MD<br>[Occupational Medicine]                            | <p><b>DISABILITY STATUS-RETURN TO MODIFIED WORK</b></p> <p>...Return to modified work on 1-29-20<br/> Work Restrictions<br/> (X) No heavy lifting over 15 lbs.</p>                                                            |                                                                                                                                                                                                                                                                                                                                                             | Misc Medical<br>Records (PT,<br>Radiology,<br>etc).pdf<br>Pg. 2 |

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**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date       | Provider                                                      | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Comments | Page #                                                 |
|------------|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------|
|            | <i>State of California</i>                                    | (X) Other: No repetitive bending...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                                                        |
| 01.29.2020 | Dr. Jane Doe<br>[Psychologist]<br><i>Mental Health Clinic</i> | <b>RETURN TO MODIFIED WORK LETTER</b><br>...This letter is being written to confirm that Mr. John Doe has been seen on the following dates:<br><br>September 9, 2019<br>September 16, 2019<br>October 14, 2019<br>October 30, 2019<br>December 9, 2020<br>January 13, 2020<br>January 29, 2020<br><br>Mr. Doe is insightful and works hard in his recovery. He has made great progress at stress management. He is feeling able to return to work. He has a follow-up appointment on February 13, 2020.<br>It is my professional opinion that he is able to return to work as of January 30, 2020. He is |          | Misc Medical Records (PT, Radiology, etc).pdf<br>Pg. 3 |

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Doe, John:106



**Name:** Doe, John  
**Date of Birth:** 01.01.1965  
**Date of Injury:** 12.10.2018

| Date                  | Provider                                                               | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Page #                |            |     |               |      |                 |       |                     |       |                   |       |                     |                    |
|-----------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------|-----|---------------|------|-----------------|-------|---------------------|-------|-------------------|-------|---------------------|--------------------|
|                       |                                                                        | encouraged to manage the number of hours that he works to avoid excess stress in the future. He is cleared to return to full duty of 40 hour per week...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |            |     |               |      |                 |       |                     |       |                   |       |                     |                    |
| 02.04.2020            | Jane Doe, PT<br>[Physical Therapist]<br><i>Physical Therapy Clinic</i> | <p><b>PHYSICAL THERAPY INITIAL EXAMINATION</b></p> <p>...<b>Injury/Onset/Change of Status Date:</b> 02/04/2020</p> <p><b>Diagnosis:</b> ICD10: M50.93: Cervical disc disorder, unspecified, cervicothoracic region...</p> <p>...<b>History of Present Condition/Mechanism of Injury:</b> Dec 2018</p> <p>MOI: Pt [patient] states he was hit from behind by someone who fell asleep...</p> <p>...previous treatment: Had therapy prior to surgery.</p> <p>DOS: [date of surgery] Sept 2019 ACDF [anterior cervical discectomy and fusion]</p> <p><b>Primary Concern/Chief Complaint:</b></p> <p>Pain/Pattern: Pt [patient] states he feels only discomfort right now and no pain. Pt [patient] gets numbness and tingling at night but</p> | <p><b>VISIT # 1 OUT OF 8</b></p> <p><b><u>Cervical Disc Disorder:</u></b> Happens when one of the soft, shock-absorbing cushions between the bones in your neck breaks down, bulges, or presses on a nearby nerve.</p> <div></div> <table><tr><th>Neck Disability Score</th><th>Disability</th></tr><tr><td>0-4</td><td>No Disability</td></tr><tr><td>5-14</td><td>Mild Disability</td></tr><tr><td>15-24</td><td>Moderate Disability</td></tr><tr><td>25-34</td><td>Severe Disability</td></tr><tr><td>35-50</td><td>Complete Disability</td></tr></table> <p>Source: <a href="http://www.medbridge.com">www.medbridge.com</a></p> | Neck Disability Score | Disability | 0-4 | No Disability | 5-14 | Mild Disability | 15-24 | Moderate Disability | 25-34 | Severe Disability | 35-50 | Complete Disability | PT2.pdf<br>Pg. 1-3 |
| Neck Disability Score | Disability                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |            |     |               |      |                 |       |                     |       |                   |       |                     |                    |
| 0-4                   | No Disability                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |            |     |               |      |                 |       |                     |       |                   |       |                     |                    |
| 5-14                  | Mild Disability                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |            |     |               |      |                 |       |                     |       |                   |       |                     |                    |
| 15-24                 | Moderate Disability                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |            |     |               |      |                 |       |                     |       |                   |       |                     |                    |
| 25-34                 | Severe Disability                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |            |     |               |      |                 |       |                     |       |                   |       |                     |                    |
| 35-50                 | Complete Disability                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |            |     |               |      |                 |       |                     |       |                   |       |                     |                    |

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 Legal Nurse Detective reserves the right to amend this report with the discovery of further records.



**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date               | Provider      | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Page # |          |         |        |         |     |     |     |           |     |    |     |                    |     |     |     |                   |               |     |     |                |     |     |     |               |     |     |     |  |
|--------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------|---------|--------|---------|-----|-----|-----|-----------|-----|----|-----|--------------------|-----|-----|-----|-------------------|---------------|-----|-----|----------------|-----|-----|-----|---------------|-----|-----|-----|--|
|                    |               | <p>symptoms come and go. Pt [patient] states he feels like he does not have any strength in both arms</p> <p>Aggravated by: c/s [cervical spine] rotation, driving, difficulty with lifting arm overhead</p> <p>Relieved by: nothing currently...</p> <p>...<b>Pain location:</b> c/s [cervical spine]</p> <p><b>Pain scale: Worst: 8 Best: 2 Current: 3...</b></p> <p>...<b>Patient Goals:</b> Decrease pain improve mobility...</p> <p>...<b>Spine</b></p> <p>Neck Disability Index Questionnaire</p> <p>Total Score: 23</p> <p>Total %: 46%</p> <p><b>Range of Motion</b></p> <p><b>Cervical AROM</b> [active range of motion]</p> <p>Forward Bending 35°</p> <p>Backward Bending 8°</p> <p>Right Rotation 28°</p> <p>Left Rotation 38°</p> <p>Right Side Bending 10°</p> <p>Left Side Bending 10°</p> | <p>Mr. Doe's Neck Disability Score was 23 = Moderate Disability</p> <p><b>Neck Range of Motion Regression:</b></p> <table><tr><th>Motion</th><th>Previous</th><th>Current</th><th>Normal</th></tr><tr><td>Flexion</td><td>50°</td><td>35°</td><td>50°</td></tr><tr><td>Extension</td><td>10°</td><td>8°</td><td>60°</td></tr><tr><td>Right Lateral Bend</td><td>25°</td><td>10°</td><td>45°</td></tr><tr><td>Left Lateral Bend</td><td>20° with pain</td><td>10°</td><td>45°</td></tr><tr><td>Right Rotation</td><td>25°</td><td>28°</td><td>80°</td></tr><tr><td>Left Rotation</td><td>20°</td><td>38°</td><td>80°</td></tr></table> <p>“Patient’s signs and symptoms are consistent with movement coordination impairments due to cervical spine fusion” Jane Doe, PT [Physical Therapist] <i>Physical Therapy Clinic</i> 02.04.2020</p> | Motion | Previous | Current | Normal | Flexion | 50° | 35° | 50° | Extension | 10° | 8° | 60° | Right Lateral Bend | 25° | 10° | 45° | Left Lateral Bend | 20° with pain | 10° | 45° | Right Rotation | 25° | 28° | 80° | Left Rotation | 20° | 38° | 80° |  |
| Motion             | Previous      | Current                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Normal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |          |         |        |         |     |     |     |           |     |    |     |                    |     |     |     |                   |               |     |     |                |     |     |     |               |     |     |     |  |
| Flexion            | 50°           | 35°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 50°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |          |         |        |         |     |     |     |           |     |    |     |                    |     |     |     |                   |               |     |     |                |     |     |     |               |     |     |     |  |
| Extension          | 10°           | 8°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 60°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |          |         |        |         |     |     |     |           |     |    |     |                    |     |     |     |                   |               |     |     |                |     |     |     |               |     |     |     |  |
| Right Lateral Bend | 25°           | 10°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 45°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |          |         |        |         |     |     |     |           |     |    |     |                    |     |     |     |                   |               |     |     |                |     |     |     |               |     |     |     |  |
| Left Lateral Bend  | 20° with pain | 10°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 45°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |          |         |        |         |     |     |     |           |     |    |     |                    |     |     |     |                   |               |     |     |                |     |     |     |               |     |     |     |  |
| Right Rotation     | 25°           | 28°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 80°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |          |         |        |         |     |     |     |           |     |    |     |                    |     |     |     |                   |               |     |     |                |     |     |     |               |     |     |     |  |
| Left Rotation      | 20°           | 38°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 80°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |          |         |        |         |     |     |     |           |     |    |     |                    |     |     |     |                   |               |     |     |                |     |     |     |               |     |     |     |  |

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Doe, John:108



**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date       | Provider                                                   | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Comments                  | Page #             |
|------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|
|            |                                                            | <p>...<b>Assessment/Diagnosis:</b> Patient's signs and symptoms are consistent with movement coordination impairments due to cervical spine fusion.<br/>PT [physical therapy] interventions will address these limitations and help patient achieve stated functional goals<br/><b>Patient Clinical Presentation:</b> The clinical presentation is unstable with unpredictable characteristics...<br/>...<b>Rehab Potential:</b> Fair (c/s fusion)...<br/>...<b>Long Term Goals:</b><br/>1: (8 Weeks)   Decrease pain to a 2-3/10 for cervical spine mobility.<br/>2: (8 Weeks)   Improve c/s [cervical spine] AROM [active range of motion] in all planes by 15-20 degrees.<br/><b>Plan</b><br/><b>Frequency:</b> 2 times a week<br/><b>Duration:</b> 4 weeks...</p> |                           |                    |
| 02.10.2020 | Jane Doe, PT<br>[Physical<br>Therapist]<br><i>Physical</i> | <b>PHYSICAL THERAPY VISIT</b><br>[Same as previously noted except:]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>VISIT # 2 OUT OF 8</b> | PT2.pdf<br>Pg. 6-7 |

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Doe, John:109



**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date       | Provider                                                               | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Comments                  | Page #           |
|------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
|            | <i>Therapy Clinic</i>                                                  | <b>...Current Complaints/Gains:</b> Pt [patient] claims that he is unsure if neck is improving because he has nothing to compare to. He claims that he is able to tolerate 3 hours of standing or sitting upright until he needs to lay down due to discomfort...<br><b>...Objective Findings</b> pain: achiness, no pain...<br><b>...Assessment/Diagnosis:</b> R [right] > L [left] c/s [cervical spine] paraspinal tightness. Pt [patient] able to tolerate all exercises with minimal pain... |                           |                  |
| 02.12.2020 | Jane Doe, PT<br>[Physical Therapist]<br><i>Physical Therapy Clinic</i> | <b>PHYSICAL THERAPY VISIT</b><br>[Same as previously noted except:]<br><br><b>...Current Complaints/Gains:</b> Pt [patient] claims that neck is very tight due to sitting all day; he was able to tolerate sitting more than 3 hours without laying down but now he is “paying for it”... <b>Objective Findings</b> pain: 5-6/10... <b>Assessment/Diagnosis:</b> No c/o [complaints of] pain just “heaviness” with new UE [upper extremity] exercises.                                           | <b>VISIT # 3 OUT OF 8</b> | PT2.pdf<br>Pg. 9 |

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Doe, John:110



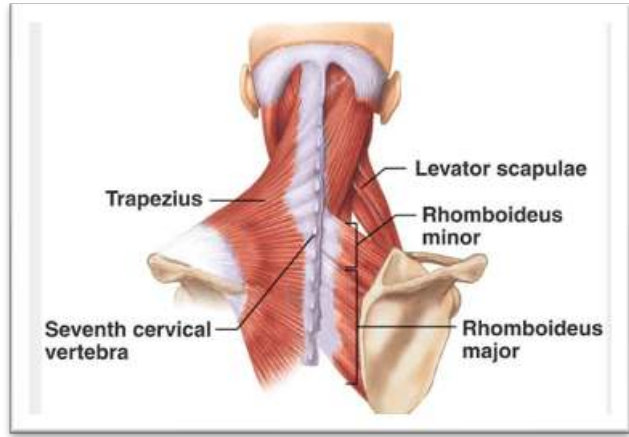
**Name:** Doe, John  
**Date of Birth:** 01.01.1965  
**Date of Injury:** 12.10.2018

| Date       | Provider                                                                    | Medical Facts                                                                                                                                                                                                                                                                                                                                                                      | Comments                                                                                                                                                                                                                                                                                                                                                                                     | Page #                |
|------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
|            |                                                                             | Continued tightness R [right] > L [left] c/s [cervical spine] paraspinals...                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                           |                       |
| 02.13.2020 | Unknown Mental Healthcare Provider<br><i>Unknown Mental Health Facility</i> | <b>MENTAL HEALTH VISIT</b><br>...Patient returned to work. He has a headache when he puts on his hardhat. She [he] feels exhausted at the end of the day. They took several of his projects away with the restriction of 40 h/w. he is hunting for someone to replace the guy that quit the day he returned.<br>Diagnosis: i. Major depressive disorder, recurrent episode, severe | -This excerpt is taken from Neurology Consultation Notes. Medical Records requested in Fact Summary Report.<br><br><b><u>Major Depressive Disorder, Recurrent Episode, Severe:</u></b> A person has experienced multiple distinct episodes of clinical depression separated by periods of remission, and the current episode causes severe impairment in daily, social, or work functioning. | Neuro Notes<br>Pg. 22 |

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**Name:** Doe, John  
**Date of Birth:** 01.01.1965  
**Date of Injury:** 12.10.2018

| Date       | Provider                                                                          | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Comments                                                                                                                                                                                                                                                                                                                                                                               | Page #            |
|------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 02.17.2020 | Jane Doe, PT<br>[Physical<br>Therapist]<br><i>Physical<br/>Therapy<br/>Clinic</i> | <p><b>PHYSICAL THERAPY VISIT</b><br/>           [Same as previously noted except:]</p> <p>...<b>Current Complaints/Gains:</b> Pt [patient] claims mostly no change however his knot on right side of upper shoulder has decreased... pain: 4/10...<b>Assessment/Diagnosis:</b> R [right] cervical trap [trapezius], UT [upper trapezius]/Levator scap [scapula] tightness. Any movement with shoulder causes discomfort however exercises are tolerable...</p> | <p><b>VISIT # 4 OUT OF 8</b></p>                                                                                                                                                                                                                                                                    | PT2.pdf<br>Pg. 12 |
| 02.19.2020 | Jane Doe, PT<br>[Physical<br>Therapist]<br><i>Physical<br/>Therapy<br/>Clinic</i> | <p><b>PHYSICAL THERAPY VISIT</b><br/>           [Same as previously noted except:]</p> <p>...<b>Current Complaints/Gains:</b> Pt [patient] claims that knot in right shoulder has been getting better. He also states that neck is not bothering him much today because his feet are hurting more...pain: 3-4/10...<br/>           ...<b>Assessment/Diagnosis:</b> Decrease tightness in bilateral UT [upper trapezius]/Levator</p>                            | <p><b>VISIT # 5 OUT OF 8</b></p> <p>-This is the last Physical Therapy record available. There were three other dates noted to be missing 02.24.2020, 02.26.2020, 03.02.2020. These are requested in the Fact Summary Report.</p> <p>-According to the available records, Mr. Doe did not miss any visits in this round of Physical Therapy. <b>Total visits for this round: 8</b></p> | PT2.pdf<br>Pg. 15 |

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**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date       | Provider                                                                                     | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                  | Comments                                                                                                                                                                                                                                                                          | Page #                           |
|------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
|            |                                                                                              | region. Pt [patient] tolerated exercises well with inimal [minimal] complaints of pain...                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                   |                                  |
| 02.20.2020 | Jane Doe,<br>LVN<br>[Licensed<br>Vocational<br>Nurse] <i>Health<br/>Clinic</i>               | <b>PRIMARY CARE VISIT/<br/>NURSING NOTE</b><br>...54 y/o [year old] male presents for<br>unscheduled visit requesting BP [blood<br>pressure] check d/t [due to] HA [headache]<br>pressure behind eyes and increased<br>irritability...Patient states he had a<br>confrontation with his boss at work causing<br>increased stress...159/101 81...                                                                                               | Blood pressure was checked due to headache<br>pressure behind eyes and increased irritability.<br>Confrontation with boss at work causing<br>increased stress.<br><br><b><u>Normal Blood Pressure Range &lt; or = 120/80</u></b><br>Mr. Doe's blood pressure was elevated 159/101 | LL_MR<br>2.3.21.pdf<br>Pg. 44-45 |
| 03.06.2020 | Unknown<br>Mental<br>Healthcare<br>Provider<br><i>Unknown<br/>Mental Health<br/>Facility</i> | <b>MENTAL HEALTH VISIT</b><br>[Same as previously noted except:]<br>Patient is no longer at XYZ Company he was<br>being asked to take a<br>drug test to get a purple badge. He felt there<br>was an invasion of<br>privacy with the saliva test. said if you won't<br>take the saliva<br>test, you need to take the urine test. He was<br>willing to take it but told<br>him it was reasonable suspicion. He took the<br>test and came back to | -This excerpt is taken from Neurology Evaluation<br>Notes. The missing medical records are requested<br>in Fact Summary Report.                                                                                                                                                   | Neuro Notes<br>Pg. 22            |

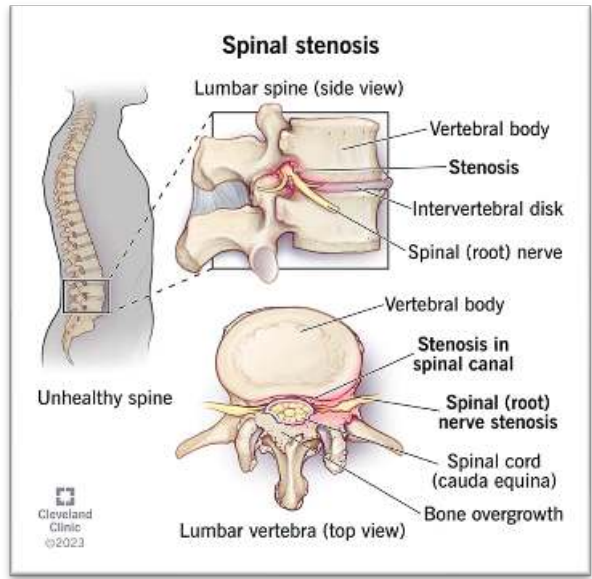
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Doe, John:113



**Name:** Doe, John  
**Date of Birth:** 01.01.1965  
**Date of Injury:** 12.10.2018

| Date       | Provider                                                                    | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Comments                                                                                                                  | Page #                   |
|------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------|
|            |                                                                             | work two days later...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           |                          |
| 03.30.2020 | Unknown Mental Healthcare Provider<br><i>Unknown Mental Health Facility</i> | <p><b>MENTAL HEALTH VISIT</b><br/>           [Same as previously noted except:]</p> <p>...Patient is happy he did not take the drug test with people coughing on each other. Patient is doing quite a bit better...</p>                                                                                                                                                                                                                                                                                                                                                                                                                                          | -This excerpt is taken from Neurology Evaluation Notes. The missing medical records are requested in Fact Summary Report. | Neuro Notes Pg 22        |
| 08.18.2020 | Dr. Jane Doe [Neurosurgeon] <i>Generic Hospital</i>                         | <p><b>NEUROSURGICAL EVALUATION</b></p> <p>...<b>CHIEF COMPLAINT:</b></p> <p>*Neck pain with radiation to bilateral [both] upper extremities until fingertips, right worse than left. Numbness, weakness, tingling and burning sensation in neck and bilateral [both] upper extremities until fingertips, right worse than left. Headaches. Short term memory issues. Cognitive issues.</p> <p>*herni in lumbar spine. Lower back pain radiates bilaterally to lower extremities. Shooting pain in bilateral feet. Numbness, weakness, tingling and burning sensation in lower back and bilateral lower extremities. Balance issues uses cane intermittently.</p> |                                       | Neuro notes.pdf Pg. 1-26 |

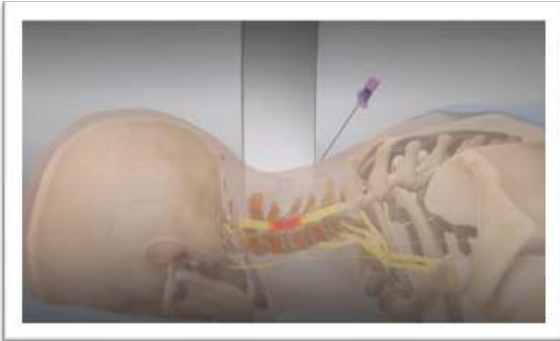
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**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Page # |
|------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      |          | <p>*Bilateral ear ringing...</p> <p><b>HISTORY OF PRESENT ILLNESS:</b></p> <p>...status post motor vehicular collision on December 10, 2018. The patient was the restrained driver stopped in a company vehicle, 2017 Ford F150 waiting for the light to turn green when a Prius rear ended and slid under the patient's vehicle. The patient reports the impact felt like an "explosion", the glove compartment opened, and items flew out. The patient was jolted multiple times. The patient is amnesic to the events of the collision. The patient experienced immediate pain in his neck, bilateral [both] shoulder, arms, and hands. The paramedics and police arrived, and a police report was filed. Immediately after the collision the patient drove to Generic Hospital, the patient was evaluated by ER [emergency room] Doctors with neck pain, lower back pain, bilateral shoulder and leg pain. The patient underwent imaging studies. The patient then underwent chiropractic intervention for about 6 sessions. He reports the treatment was ineffective in</p> | <p><b><u>Anesthetic:</u></b> The loss of memories.</p>  <p><b><u>Cervical Epidural Steroid Injection:</u></b> An outpatient procedure that delivers anti-inflammatory steroid medicine and a numbing agent into the epidural space of the neck.</p> <p><b><u>Three-level Cervical Fusion AKA Anterior Cervical Discectomy and Fusion (ACDF):</u></b> A major neck surgery that removes 3 damaged discs, relieves pressure on the spinal cord, and joins 4 vertebrae together using bone grafts, metal plates, and screws to stop painful movement.</p> |        |

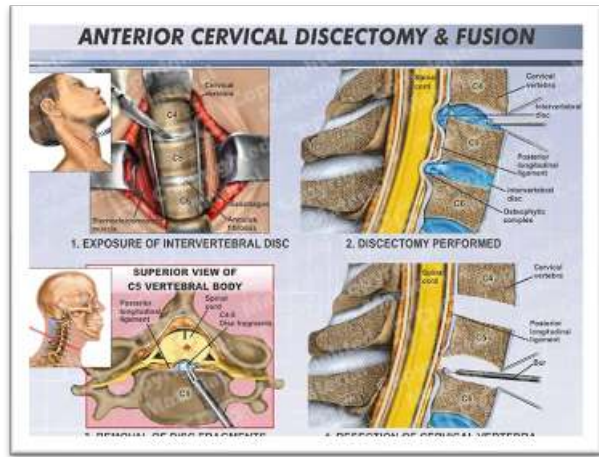
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Name: Doe, John

Date of Birth: 01.01.1965

Date of Injury: 12.10.2018

| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Page # |
|------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      |          | <p>reducing his pain. He was then evaluated by a pain specialist and underwent one cervical [neck] epidural injection. He reports the injection provided relief for 2-3 days following. He then underwent physical therapy treatment for about 3 weeks, 3x a week. He reports the treatment was ineffective in reducing his pain. The patient then underwent another round of physical therapy. He underwent treatment for about 2 months, 2-3x a. week. He reports the treatment was ineffective in reducing his pain. The patient was then evaluated by Dr. Jane Doe, orthopedic spine. Dr. Doe recommended the patient undergo a cervical fusion. The patient underwent three-level cervical fusion surgery on September 23, 2019 and reports it was effective in stopping his pain. The patient underwent another round of physical therapy treatment and reports a slight increase in his range of motion. He underwent treatment for about 4 weeks, twice a week. The patient was then evaluated by an Orthopedic surgeon and</p> |  <p>“The patient was then evaluated by an Orthopedic surgeon and recommends the patient undergo right shoulder surgery. He reports recent weight gain of about 25 pounds” Dr. Jane Doe [Neurosurgeon] <i>Generic Hospital</i> 08.18.2020</p> <p>“He reports urinary urgency, bowel, and bladder incontinence, twice a week, since the accident.” Dr. Jane Doe [ Neurosurgeon ] <i>Generic Hospital</i> 08.18.2020</p> |        |

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**Name:** Doe, John  
**Date of Birth:** 01.01.1965  
**Date of Injury:** 12.10.2018

| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Page # |
|------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      |          | <p>recommends the patient undergo right shoulder surgery.</p> <p>He reports recent weight gain of about 25 pounds. He reports urinary urgency, bowel, and bladder incontinence, twice a week, since the accident.</p> <p>He reports increased neck pain with sneezing and coughing. He reports balance issues. He reports buckling in his bilateral [both] legs. He reports to constantly lean on surfaces for support with increasing lower back pain with more frequent radiation in bilateral lower extremity. Patient had a history of prior radiation into the right leg. He reports more frequent and worse radiation of pain and increased [increased] weakness in the lower extremities since the subject accident. Patient has noticed muscle loss in his right calf.</p> <p>He reports difficulty with activities of daily living. He reports difficulty with walking up stairs and climbing ladders. He reports</p> | <p><b><u>Activities of Daily Living:</u></b></p>  <p>-Mr. Doe's quality of life has significantly decreased since the accident. Incontinence, neurological issues, increased/constant pain and discomfort, having trouble playing with grandchild, having trouble driving, having trouble with activities of daily living.</p> <p>-An extensive list of Mr. Doe's pain and suffering is located in the Fact Summary Report.</p> |        |

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**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Page # |
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|      |          | <p>difficulty performing intercourse. He reports difficulty with bending, twisting, and lifting. He reports difficulty with lifting his arms above his shoulders. He reports difficulty with looking upwards. He reports he is unable to sit, stand and walk for prolonged periods of time. He reports difficulty with playing with his grandson. He reports his shoulder and bilateral hand pain disrupts his sleep nightly. He reports difficulty getting up from a supine position is difficult. He reports increased pain with writing and typing. "I've dropped my phone so many times. I feel weak all the time. I recently have trouble driving."</p> <p><b>CURRENT STATUS:</b><br/>Neck pain is constant 4-5/10. He reports interment [intermittent] neck pain at 7/10 intensity. Low back pain is constant at 3-4/10. He reports interment [intermittent] low back pain at 8-10/10 intensity. Pain is aggravated by physical activity and activities of daily living. Pain is relieved temporarily by rest.</p> | <p>Mr. Doe's pain ranges from moderate to very severe pain.</p> <p>July 2020: The patient was the driver in a vehicle driving straight when another vehicle was making a left-hand turn. The patient hit the other driver's tail end. The patient's vehicle was totaled. The patient reports no worsening pain from this collision. He did not require any particular treatments for this accident. Dr. Jane Doe [Neurosurgeon] Generic Hospital 08.18.2020</p> <p>History of low back pain treated by Dr. Doe with right-sided sciatica. Dr. Jane Doe [Neurosurgeon] Generic Hospital 08.18.2020</p> |        |

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**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Page # |
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|      |          | <p><b>TREATMENTS:</b><br/>Treatments have included chiropractic intervention, cervical epidural injection, three-level anterior cervical fusion, 3 rounds of physical therapy</p> <p><b>PREVIOUS INJURIES:</b><br/>July 2020: The patient was the driver in a vehicle driving straight when another vehicle was making a left-hand turn. The patient hit the other driver's tail end. The patient's vehicle was totaled. The patient reports no worsening pain from this collision. He did not require any particular treatments for this accident.</p> <p>History of low back pain treated by Dr. Doe with right-sided sciatica. Pain was tolerable prior to the subject accident. No active neck pain prior to the subject collision. Patient did not require any treatments for the neck prior to the accident.</p> <p><b>PAST MEDICAL HISTORY:</b></p> | <p>“Pain was tolerable prior to the subject accident. No active neck pain prior to the subject collision. Patient did not require any treatments for the neck prior to the accident.” [Referencing the 12.10.2018 motor vehicle accident] Dr. Jane Doe [Neurosurgeon] <i>Generic Hospital</i> 08.18.2020</p> <p><b>Lumbar Stenosis:</b> Narrowing of the spinal canal in the lower back that squeezes the nerves, causing pain, numbness, or weakness in the legs. Most often caused by aging and wear-and-tear arthritis.</p>  |        |

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**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Page # |
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|      |          | <p>High blood pressure. History of lumbar stenosis and left knee pain. Had honorable discharge in 2002 due to left knee pain. Patient uses a cane as needed on and off last 10 to 15 years.</p> <p><b>PAST SURGICAL HISTORY:</b><br/>Anterior cervical fusion surgery in 2019.</p> <p><b>OCCUPATIONAL STATUS:</b> Currently working full time in construction management. No lifting.</p> <p><b>MEDICATIONS:</b><br/>Currently taking<br/>Gabapentin 800 mg<br/>Omeprazole 20 mg<br/>Duloxetine 30 mg<br/>Lisinopril 40 mg<br/>Carvedilol 6.26 mg<br/>Chlorthalidone...</p> <p><b>...REVIEW OF SYSTEMS</b><br/>[All within normal limits except:]</p> | <p><b><u>Gabapentin:</u></b> A prescription anti-convulsant and nerve-pain medication</p> <p><b><u>Omeprazole:</u></b> Treats acid reflux</p> <p><b><u>Duloxetine:</u></b> Treats generalized anxiety disorder, depression, and chronic pain conditions like fibromyalgia and diabetic nerve pain.</p> <p><b><u>Lisinopril:</u></b> Treats high blood pressure</p> <p><b><u>Carvedilol:</u></b> Treats high blood pressure</p> <p><b><u>Chlorthalidone:</u></b> Treats high blood pressure by removing extra salt and water from the body into the urine.</p> |        |

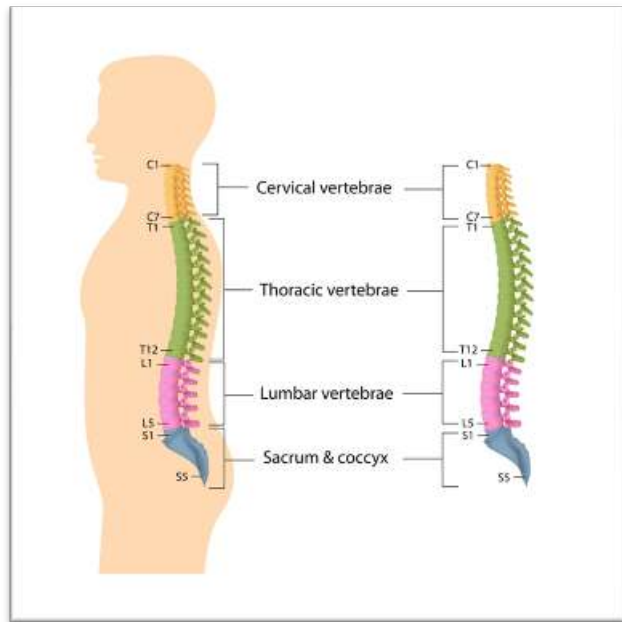
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Doe, John:120



**Name:** Doe, John  
**Date of Birth:** 01.01.1965  
**Date of Injury:** 12.10.2018

| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Comments                                                                                                                                                                                                                                                                      | Page # |
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|      |          | <p><b>General:</b> Reports 25 lbs. weight gain. Reports difficulty sleeping, excessive sleeping or irregular heartbeat. Reports weakness and numbness of the extremities...</p> <p><b>...Gastrointestinal:</b>... Reports trouble with bowel movements...</p> <p><b>...Genitourinary:</b> ...Reports urinary urgency or trouble starting or stopping urine flow.</p> <p><b>Musculoskeletal:</b> Reports cramping of the muscles. Reports pain in the joints. Reports limitation in range of motion.</p> <p><b>Neurologic/Psychiatric:</b> Reports problems controlling mood or loss of appetite. Reports report trouble with balance walked. Reports problems with hearing...</p> <p><b>...Neck:</b> Right-sided vertical incision well-healed. Decreased range of motion in flexion to three-fingerbreadths from the chest. Decreased lateral rotation to 50% of normal. Pain in the posterior neck with cervical extension...</p> | <p>-Hearing problems are pre-existing.</p>  <p><b>Straight Leg Raise:</b> A physical exam maneuver used to check for lower back nerve root compression, disc herniation, or sciatica.</p> |        |

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**Name:** Doe, John

**Date of Birth:** 01.01.1965

**Date of Injury:** 12.10.2018

| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Page # |
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|      |          | <p><b>...Lumbar Spine:</b> Limited in flexion to 50% of normal with pain in the lumbrosacral region....Tenderness in the midline L4 to S1. Decrease lateral bending to the right.</p> <p><b>Straight Leg Raise:</b> SLR positive bilaterally [both sides] with tingling and pain in the back of the thigh and the leg, left worse than the right...</p> <p><b>...Gait:</b> Antalgic. Favors the left leg when ambulating....</p> <p><b>...DIAGNOSTIC IMPRESSION:</b></p> <ol style="list-style-type: none"><li>1. Status post a rear end motor vehicular collision with cervical spine, lumbar spine, bilateral [both] shoulder and lower extremity injury.</li><li>2. Cervical disc herniation with posttraumatic neck pain and radiculopathy status post anterior cervical discectomy fusion stabilization at C4-C7 levels.</li><li>3. Posttraumatic aggravation of underlying degenerative spinal condition with mechanical axial back pain and radiculopathy.</li></ol> | <p><b><u>Antalgic:</u></b> Painful limp</p> <p><b><u>Diagnostic Impression Explanation:</u></b></p> <ol style="list-style-type: none"><li>1. Mr. Doe experienced injuries to his neck, lower back, both shoulders, and legs caused by the car accident.</li><li>2. Mr. Doe had a damaged cushion (disc) that slipped out of place (herniated) due to the car accident. This pressed on his nerves, causing neck pain and shooting or numb feelings down his arm. He subsequently had surgery to remove the bad disc and lock the neck bones together and stabilize them with a graft and hardware.</li><li>3. The car accident made the existing spinal wear-and-tear worse. This caused back pain that hurts when he moves or holds a certain posture. It also caused a pinched nerve that caused pain, numbness, and/or tingling down his leg.</li><li>4. The current flare-up of right shoulder pain hurts more than usual due to the accident.</li><li>5. Chronic Pain: Persistent pain that lasts for more than three months, or past the normal time of healing.</li></ol> |        |

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**Name:** Doe, John

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| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Page # |
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|      |          | <p>4. Aggravation of right shoulder degenerative joint disease with impingement syndrome.</p> <p>5. Chronic pain...</p> <p><b>...DISCUSSION AND RECOMMENDATIONS:</b></p> <p>...Patient had prior history of left knee pain and right-sided sciatica for which he had treatment including lumbar epidural injection. He states that his pain was tolerable prior to the subject accident. My direct review of the available records, show scant chiropractic intervention prior to the subject collision and a prior lumbar epidural in December 2013, nearly 5 years prior to subject accident. In the aftermath of the subject collision, patient had appropriate treatment at urgent care clinic with imaging studies, he had appropriate conservative measures including chiropractic intervention, medical therapy with escalation of the care to evaluation by pain management specialist and cervical epidural steroid injection/nerve block. This was properly followed by physical therapy and evaluation</p> | <p><b><u>Lumbar Epidural Steroid Injection:</u></b><br/>Delivers anti-inflammatory medication into the lower back to treat lower back pain.</p>  <p><b><u>Scant:</u></b> Very little, barely enough.</p> <p><b><u>Extruded Disc Herniation:</u></b> Happens when the jelly-like center of a spinal disc pushes completely through a tear in the outer wall into the spinal canal.</p> |        |

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Doe, John:123



**Name:** Doe, John  
**Date of Birth:** 01.01.1965  
**Date of Injury:** 12.10.2018

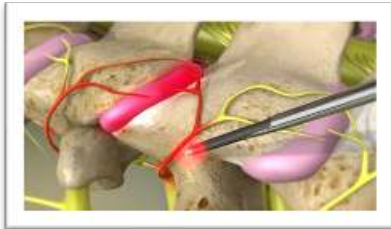
| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Page # |
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|      |          | <p>by orthopedic spine surgeon. He had appropriate follow-up and evaluation with MRIs of the cervical spine, which showed evidence of extruded disc herniation consistent with his complaints of neck pain or radiculopathy.</p> <p>Based upon history, physical examination, review of the available records and imaging studies, I am of the opinion that the subject collision is directly responsible for his injuries, with cervical, lumbar spine, and bilateral shoulder injury, aggravation of underlying degenerative joint disease in his shoulders and aggravation of his lumbar spine disc disease condition. He has undergone a number of conservative measures, interventional pain injection and surgical intervention mentioned above, which were medically reasonable, necessary and related to the subject collision. He is under care of an orthopedic Joint specialist who has recommended right shoulder surgery for him.</p> | <p><b><u>Radiculopathy:</u></b> A pinched or damaged nerve.</p> <p>“Posttraumatic aggravation of underlying degenerative spinal condition with mechanical axial back pain and radiculopathy” Dr. Jane Doe [Neurosurgeon] <i>Generic Hospital</i> 08.18.2020</p> <p>According to Dr. Jane Doe (Neurosurgeon), Mr. Doe’s injuries and aggravation of pre-existing medical conditions were directly caused by the motor vehicle accident 12.10.2018. He did everything he could post-accident to treat these injuries. He will require intense future medical care.</p> <p><b><u>Facet Blocks:</u></b> Anti-inflammatory and numbing medication injected into or near the small joints of the spine.</p> |        |



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| Date | Provider | Medical Facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Page # |
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|      |          | <p>In my opinion, he will certainly require future medical care in form of access to spine surgeon, pain management specialist, orthopedic joint specialist, medical therapy, physical therapy, interventional pain injections including facet blocks, facet rhizotomy, epidural steroid injections, imaging studies of the cervical spine including x-rays, CT scan and MRIs. In case of lack of improvement from the less invasive options, with development adjacent segment breakdown in his neck, he should have access to additional surgical intervention in form of extension of that the cervical fusion. In my opinion, patient is permanently totally disabled in terms of performing cast requiring repetitive bending, lifting, twisting, pushing, pulling or stooping. He has a difficulty with past requiring him to be in a seated position for more than 2 hours at a time continuously. He will require appropriate vocational rehabilitation evaluation to determine his work capacity.</p> | <div><p><b>Facet Rhizotomy:</b> A minimally invasive procedure that uses heat to turn off chronic pain signals coming from the small facet joints of the spine.</p><div></div><p>“In my opinion, patient is permanently totally disabled in terms of performing cast requiring repetitive bending, lifting, twisting, pushing, pulling or stooping” Dr. Jane Doe<br/>[Neurosurgeon] <i>Generic Hospital</i> 08.18.2020</p></div> <div></div> |        |

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