

CASILLAS, WILLIAM

Letters

ACCESS OMNICARE • 39180 FARWELL DR. FREMONT CA 94538-1000

CASILLAS, WILLIAM MARTIN

Access OmniCare

State of California Division of Workers' Compensation
PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

The reason for PR-2 Submission is identified below:

- Periodic Report (required 45 days after last report)
- Change in work status
- X Change in patient's condition
- Released from care
- Need for referral or consultation
- REQUEST FOR AUTHORIZATION**
- Need for surgery or hospitalization
- Change in Treatment Plan
- Response to request for information
- Interpreter used for today's service

Last: Casillas	First: William	M.I.: Martin	Sex: M
Address: [REDACTED]	City: [REDACTED]	State: CA	Zip: [REDACTED]
Date of Birth: [REDACTED]	SSN: [REDACTED]	Phone: [REDACTED]	
Insurance: ZURICH INSURANCE ATTN WORKERS COMP PO BOX 968002			
City: SCHAUMBURG IL	State: IL	Zip: 60196-8002	
Employer Name: TESLA MOTORS		Date of Injury: 12/06/2017	Date of Exam: 01/26/2018
Claims Adjuster: LAVINIA MERCA		Claim Number: [REDACTED]	
Surgical history:			
Surgical History not reviewed (last reviewed 12/11/2017)			
Subjective complaints:			
Case Closure: WC - Follow-Up			
WC MA HPI			
Reported by patient.			
Room Location: Room: 6			
Chief Complaint: Chief Complaint: (pain in back and arms, tingling in limbs, ears ringing.)			
What is your recent pain history? What is your current pain level: 9: What was your worst pain level this week: 10 worst pain			
Since your last visit, how do you feel? Worse, my symptoms are worse than last visit.			
Are you taking your medication as directed? No, I am not taking any medication.			
Do you need any refills on medication? Yes, I need the following medication refilled: (Naproxen, muscle relaxer, pain medication)			
Are you working? I am working modified duty as directed.			
Symptoms Modification: Improved with rest; Improved with application of ice; Improved by: (Stretching)			
Care Summary Completed 9 visits of Physical Therapy, 3 Physical Therapy visits to complete			
Pending Appointments No, I do not have any pending referral appointments.; PT pending scheduling, chiro pending scheduling			
The patient that he is "miserable". He is c/o pain in the back, neck, shoulder, and arms, hands and wrists, with numbing and tingling. He says that symptoms are about the same from last visit. He tries ice/heat was temporarily. He received some chiropractic therapy to the back and neck which were helpful. But physical therapy causes pain. He's tried Tylenol from work which did not help. He is working with modified duties.			

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Objective Findings:

Patient is a 46-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: appears comfortably sitting. Ambulation: **ambulation with cane.**

Psychiatric: Mental Status: normal mood and affect and active and alert and no sign of symptom magnification.

Head: Head: normocephalic and atraumatic.

Eyes: Pupils: PERRLA. EOM: EOMI.

ENMT: Ears: no lesions on external ear; **cerumen in canal of right ear; tympanic membrane intact.**

Lungs: Respiratory effort: no dyspnea. Auscultation: breath sounds normal, good air movement, and clear to auscultation.

Cardiovascular: Heart Auscultation: RRR and no murmurs noted.

Musculoskeletal: Motor Strength and Tone: normal and normal tone. Extremities: no cyanosis, edema, varicosities, or palpable cord; **overall body pain, myofascial tenderness present all over UE, LE, lower back.**

Skin: Inspection and palpation: no rash or lesions.

Thoracic Spine: Inspection: **kyphosis; Upper thoracic.** Range of motion: **limited range of motion to right and left rotation to 20 bilaterally.**

Cervical Spine: Inspection: alignment normal; **mild kyphosis at C5-C7.** Soft Tissue Palpation on the Right: **tenderness of the paracervicals.** Active Range of Motion: **pain elicited with right lateral movement, left lateral, extension and flexion.**

Lumbar Spine: Inspection: normal alignment and no induration; **leaning towards his left side.** Soft Tissue Palpation on the Right: no tenderness of the lumbal region. Active Range of Motion: **lateral flexion to the left (15 deg.) and the right (15 deg.) and flexion (40 deg.) and extension (25 deg.); painful with left lateral movement.**

Imaging Results/Test Interpretation:

None recorded

Diagnosis:

Reviewed Problems

- Low back pain - Onset: 12/14/2017
- Myofascial pain - Onset: 12/11/2017
- Strain of neck muscle - Onset: 12/14/2017
- Thoracic back sprain - Onset: 12/14/2017
- Injury due to electrical exposure - Onset: 12/11/2017

Treatment Plan:

Patient presents today for follow up care regarding their open worker's compensation claim. The Interval history for the patient was reviewed and discussed in detail.

I have counseled the patient about his mechanism of injury, if any. I am having doubts and questions about the industrial etiology of the patients' symptoms. I would like to get further clarification from the employer about the dysfunctional forklift, if it is, and to whether there was actually an electric current running through the outside box. His exam did not show any skin damages of his hand which is typical of high voltage currents. In addition, his EKG on the same day was normal and he was able to work for several hours after the exposure. I told him that other etiologies can involved in his symptoms, cardiac or neurologic, but these are non-industrial.

When asked about prior use of cane, prior low back injury, he was reluctant to give say no or not sure. Retrieve of medical records from his PTP would be essential as well to verify pre-existing injuries or conditions.

Today:

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The patient is accompanied by his partner, and the MA - Susie - was in the room as well. I have spoken again with Mr. Sharif at Tesla and he informed that the forklift did not have electric current running. With that said, in my medical opinion, the patient does not have an industrial injury attributed to an electric current. In addition, he did have the objective findings that match with such injuries, like skin burn or cardiac abnormalities. Nevertheless, I advised the patient that if he has musculoskeletal symptoms he believe related to his duties to discuss those with his employer.

The patient is welcomed to bring any new information that can otherwise support his claim - different from what we have - and we will be happy to look into it again.

He is released today on full duty. Employer informed.

The Patient's condition is much improved. No further symptoms of concern. Normal exam relative to the injury. Will proceed with case closure.

1. Thoracic back sprain -

- The presentation IS CONSISTENT with arising out of OR occurring in the course of employment - Insurance Reportable
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter

2. Injury due to electrical exposure -

- The presentation IS CONSISTENT with arising out of OR occurring in the course of employment - Insurance Reportable
T14.90XD: Injury, unspecified, subsequent encounter

3. Myofascial pain -

- The presentation IS CONSISTENT with arising out of OR occurring in the course of employment - Insurance Reportable
M79.1: Myalgia

4. Strain of neck muscle -

- The presentation IS CONSISTENT with arising out of OR occurring in the course of employment - Insurance Reportable
S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter

5. Low back pain -

- The presentation IS CONSISTENT with arising out of OR occurring in the course of employment - Insurance Reportable
M54.5: Low back pain

Discussion

Patient Instructions

Patients workers' compensation case has been RESOLVED to the status of Maximum Medical Improvement. Their condition no longer requires ongoing medical care and no future medical needs are anticipated. Cased RESOLVED as of this date. No follow up appointment is scheduled.

Discussion Notes

The patient is recommended for FULL DUTY, no modifications recommended.

Primary Treating Physician: Date of exam: 01/26/2018

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

Signature:

Electronically Signed by: MUHANNAD HAFI, MD