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11
12 **UNITED STATES DISTRICT COURT**
13 **EASTERN DISTRICT OF CALIFORNIA**

14 RUBY CHACKO,

15 Plaintiff,

16 vs.

17 AT&T UMBRELLA BENEFIT PLAN NO. 3,

18 Defendant.

CASE NO.: 2:19-cv-01837-JAM-DB

**PLAINTIFF’S NOTICE OF MOTION AND
MOTION FOR SUMMARY JUDGMENT**

Hon. John A. Mendez
Date: March 1, 2022
Location: 501 I Street, Room 4-200
Sacramento, CA 95814
Courtroom No. 6 - 14th Floor
Time: 1:30 p.m.

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Notice of Motion

TO DEFENDANT IN THE ABOVE-CAPTIONED ACTION AND ITS ATTORNEYS
OF RECORD:

PLEASE TAKE NOTICE that on March 1, 2022, at 1:30 p.m. or as soon thereafter as counsel may be heard, in Courtroom 6 (14th Floor) of this Court, located at 501 “I” Street, Sacramento, California, Plaintiff Ruby Chacko will, and hereby does, move this Court for an order granting her claim for long-term disability benefits under the Defendant AT&T Umbrella Benefit Plan No. 3. This grounds for this motion are ERISA § 502(a)(1)(B), 29 U.S.C. § 1132(a)(1)(B); Fed. R. Civ. P. 56; and Civil Local Rule 260.

This motion is based on this Notice and Motion; the Memorandum of Points and Authorities filed herewith; the Administrative Record filed by Defendant (ECF No. 105-1 to 105-25); the accompanying Declaration of Michelle L. Roberts and exhibits thereto; the pleadings and other documents in the Court’s file in this matter; and such other evidence and argument as may be presented at the hearing on this Motion.

Dated: December 7, 2021

Respectfully submitted,

/s/Michelle L. Roberts
Michelle L. Roberts
Attorney for Plaintiff, Ruby Chacko

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1 **I. INTRODUCTION**

2 Plaintiff Ruby Chacko spent her entire post-graduate working career employed by AT&T
3 as a software engineer, a profession universally understood to require the constant use of a
4 computer. Due to severe and unremitting pain resulting from overuse disorder of the soft tissues
5 and cervical radiculopathy, Ms. Chacko’s doctors advised her to spend no more than 10 minutes of
6 every hour performing any type of computer work requiring the use of her hands. Ms. Chacko is
7 also unable to sit for extended periods of time at a computer. These physical limitations prevent
8 Ms. Chacko from performing the job duties she successfully performed during her 20-year career
9 with AT&T.

10 Ms. Chacko was a participant in the Defendant AT&T Umbrella Benefit Plan No. 3 (“the
11 Plan”), an employee-benefit plan governed by ERISA, which provides, among other benefits,
12 long-term disability (“LTD”) benefits. Predicated upon its acknowledgement of her inability to
13 perform her occupational duties, the Plan initially approved and paid LTD benefits. However,
14 absent any showing of improvement in her condition, the Plan terminated Ms. Chacko’s benefits
15 in reliance on faulty and biased medical and vocational reviews which neither adequately assessed
16 her work restrictions nor considered how these same restrictions would prevent her from being
17 able to perform effectively at any job for which she is qualified. Even under a deferential standard
18 of review, the record before the Court demonstrates Ms. Chacko’s entitlement to the disputed LTD
19 benefits. Judgment should be entered in her favor.

20 **II. STATEMENT OF ISSUES TO BE DECIDED**

21 1. Whether the Administrative Record should be expanded to include Ms. Chacko’s
22 Workers’ Compensation claim documents which were in the Plan’s possession when it decided
23 Ms. Chacko’s LTD claim.

24 2. Whether any deference afforded the Plan’s decision to terminate Ms. Chacko’s LTD
25 claim should be substantially reduced due to the Plan’s demonstrated conflict of interest and the
26 procedural irregularities in its administration of Ms. Chacko’s LTD claim.

27 3. Whether the Plan’s termination of Ms. Chacko’s LTD claim was an abuse of discretion
28 considering that she met the Plan definition of disability due to her inability to perform the

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1 computer work which comprised most of her regular occupation, or any alternate occupation for
2 which she may be qualified based on her education, training or experience.

3 **III. STATEMENT OF FACTS**

4 **a. After 20 Years with AT&T as a System Engineer, Ms. Chacko Develops**
5 **Overuse Disorder of Her Soft Tissues and Is Forced to Stop Working.**

6 Ms. Chacko received her master's degree in Information Systems in April 1997 and began
7 working for AT&T on October 28, 1997, as a Professional System Engineer (Software Engineer).
8 AR58.¹ The responsibilities of this position required that she "participate in and help shape the
9 development of business requirements and develop complex functional designs based on these
10 requirements." AR430. Plaintiff's position required strong communication skills, ability to work
11 independently, and experience in: designing and building applications using third and fourth
12 generation coding languages, designing UI and batch applications, working with and bridging
13 gaps between End Users and IT staff, working with applications that are rules and/or data-driven,
14 working as an application and end user, and working with software such as SQL, Oracle, and MS
15 Access. *Id.* Physically, her job involved sitting 100% of the time and keyboarding and use of a
16 computer mouse 99% of the time. AR441; 475. Krysta Cedano, MA, CRC with Sedgwick Claims
17 Management Services, Inc. ("Sedgwick"), the Plan's third-party Claims Administrator of the
18 AT&T Integrated Disability Service Center (also referred to as "IDSC"), acknowledged that
19 "typing or using the computer, [] is entirely what her position is about." AR532.

20 After working for AT&T for 20 years, on October 29, 2017, Ms. Chacko began
21 experiencing severe pain/ache in her eyes, neck, shoulders, and both arms. AR434; 479. She also
22 experienced blurred vision which continued for a few weeks. AR434. After two weeks of
23 treatment, her eye problems got better but not her body pain. *Id.* Her primary care physician
24 suspected that her symptoms were caused by years of continuous typing and sitting. *Id.* He then
25 placed her off work. AR475. After Ms. Chacko reported her injury to her supervisor, AT&T

26
27 ¹Defendant has filed the "Administrative Record" in this case which contains documents bates-
28 stamped Chacko AR 000001-675. ECF No. 105-1 to 105-25. Citations to the Administrative
Record will be to the pre-fix "AR" followed by the bates number without the leading zeros.

1 opened a Workers' Compensation ("WC") claim and Ms. Chacko was referred to Kaiser
2 Permanente for evaluation and treatment.² Over the next few months, the records show that Ms.
3 Chacko reported several significant symptoms to her treating providers, including shoulder and
4 arm pain, headaches, tingling in her hands and upper arms, and swelling. AR479. Her treating
5 providers documented the following objective physical exam findings:

- 6 • HEAD: Very tender to palpation over both [sic] temporal areas and parietal scalp.
FOREARMS: Both forearms are tender to palpation. AR479 (10/29/17 visit).
- 7 • PHYSICAL EXAM: Mild give away weakness in the thumbs bilaterally. *Id.*
(11/7/17 visit).
- 8 • NECK: Diffuse tender to palpation along right and left trapezius with guarding.
9 HEAD: Very tender to palpation over both [sic] temporal areas and parietal scalp.
Shoulder restricted. Forearms both forearms are tender to palpation. *Id.* (12/5/17
visit).

10 On December 5, 2017, Dr. Ronald T. Whitmore determined that Ms. Chacko required
11 restrictions of modified activity at work and at home through December 19, 2017. AR479. Also,
12 on December 5, 2017, Dr. Anna Pinlac diagnosed Ms. Chacko with Bilateral dry eye syndrome,
13 cervical radiculopathy, and hyperlipidemia. *Id.* Evaluations through December 2017 showed no
14 improvement. On December 12, 2017, Ms. Chacko began seeing Dr. Wesley Kay Hashimoto, an
15 Occupational Medicine doctor with Kaiser Permanente. He documented that Ms. Chacko was
16 "very stiff appearing and moves slowly. Volar pain with extension and fair flexion with volar pan,
17 generally tender to palpation." AR480. He diagnosed her with overuse disorder of soft tissue,
18 bilateral forearm. *Id.* An x-ray of Ms. Chacko's spine taken on December 28, 2017, confirmed Ms.
19 Chacko's diagnosis of Bilateral cervical radiculopathy. *Id.* Dr. Hashimoto extended Ms. Chacko's
20 modified activity through January 18, 2018. *Id.* He recommended that her screen time be limited
21 to 10 minutes per hour and keyboarding and mousing limited to 10 minutes her hour. *Id.*

22 ///

23 ///

24 _____
25 ²Defendant did not obtain all of Ms. Chacko's relevant medical records or displaced them. Thus,
26 many medical records are not in the AR and are only summarized in reports by doctors who
27 reviewed those records, for instance, Dr. Donald Lee who performed a Qualified Medical
28 Evaluation ("QME") of Ms. Chacko in connection with her WC claim. *See* AR474-97.
Defendant's failure to request the original records is one of the several ways it did not provide Ms.
Chacko with a full and fair review required by ERISA.

b. Sedgwick Approves Ms. Chacko’s Claim for Short-Term Disability (“STD”) Benefits.

Based on Ms. Chacko’s inability to perform her job as a Software Engineer, Sedgwick approved Ms. Chacko’s STD benefits under the Plan. To qualify for STD benefits, a claimant must be Totally or Partially Disabled. *See* AR616. Total Disability means “you are unable to perform all of the essential functions of your job or another available job assigned by your Participating Company with the same full-time or part-time classification for which you are qualified.” *Id.* STD benefits are payable after a 7-day waiting period for a total of 26 weeks of available benefits. AR605-606.

During this 26-week period, the records continued to support Ms. Chacko’s ongoing disability, preventing her from doing her job. An MRI of Ms. Chacko’s cervical spine taken on January 11, 2018, showed a “slight posterior bulging disc at C5-6 which is not compressing the underlying spinal cord.” AR480. Dr. Hashimoto’s physical examination on the same day showed the following “OBJECTIVE FINDINGS: Very stiff appearing and moves slowly. Bilaterally trapezius pain. Trapezius tender to palpation bilateral with spasm. Volar pain with extension and fair flexion with volar pain. Generally, tender to palpation.” *Id.* Multiple treatment visits over the next few months showed that Ms. Chacko was in significant and worsening pain, and this was corroborated by physical exam findings. AR481-82 [CHACKO141-43]. For example,

- ASSESSMENT: Patient ratchets with movements during formal testing. Some increase in range of motion but continues to be very limited with constant poor posture. AR482 (3/9/18 PT visit).
- OBJECTIVE FINDINGS: On palpation muscle tenderness, tightness in sub-occipitals, paraspinals and upper trapezius.
- ASSESSMENT: Patient requires multiple rest breaks with all exercises. Constant forward head posture. Patient continues with poor strength and poor function. *Id.* (4/12/18 PT visit).
- OBJECTIVE FINDINGS: Very stiff appearing and moves slowly. There is bilateral trapezius pain, trapezius tender to palpation bilaterally with spasm. Most pain to levators bilaterally today. Most pain with neck extension. Volar pain with extension and fair flexion with volar pain. AR483 (4/30/18 visit).

Dr. Hashimoto extended Ms. Chacko’s work restrictions of keyboarding and mousing of 10 minutes per hour. *Id.* He also limited screen time to 10 minutes per hour. *See* CHACKO111, 114. In multiple subsequent visits, Dr. Hashimoto continued to document Ms. Chacko’s significant complaints and objective abnormalities which he observed during the office visits. *See* CHACKO107-09; 121-22; 126-128; 135-139. Based on this evidence, Sedgwick approved Ms.

1 Chacko’s STD benefit claim for the full 26 weeks of available payments ending on May 31,
2 2018.³ See AR524.

3 **c. Sedgwick Approves Ms. Chacko’s Claim for Long-Term Disability (“LTD”)**
4 **Benefits Through September 16, 2018.**

5 Under the terms of the Plan, Ms. Chacko was entitled to receive LTD and Supplemental
6 LTD (“SLTD”)⁴ (collectively, “LTD”) benefits if she met the following definition of disability:

7
8 You are considered Totally Disabled for purposes of Company-Provided Long-Term
9 Disability Benefits under this Program when you have an Illness or Injury that prevents
10 you from engaging in any employment for which you are qualified or may reasonably
11 become qualified based on education, training or experience. You will be considered
12 Totally Disabled for a long-term disability if you are incapable of performing the
13 requirements of a job other than one for which the rate of pay is less than 50 percent of
14 your Pay (prior to any Offsets) at the time your long-term disability started.

12 AR624. Ms. Chacko applied for LTD benefits on March 22, 2018, stating in her application that
13 she was “in constant pain on both hands shoulders down to fingers.” AR544. Shortly thereafter,
14 Sedgwick contacted Allsup to authorize Allsup to work with Ms. Chacko to obtain approval for
15 Social Security Disability Insurance (“SSDI”) benefits. AR62. Sedgwick explained to Ms. Chacko
16 that IDSC has partnered with Allsup, an organization that provides SSDI representation. AR561.
17 “Allsup works directly with our staff to ensure that you receive your maximum benefit.” *Id.*
18 Sedgwick also sent Ms. Chacko promotional material about Allsup’s services, encouraging her to
19 apply. AR570-73. Ms. Chacko accepted Allsup’s representation. AR73. Allsup then kept
20 Sedgwick updated on its progress with her claim. AR75; 76; 90; 95.

21 In evaluating her LTD claim, Sedgwick obtained a Transferable Skill Assessment (“TSA”)
22 on April 27, 2018, from Ms. Cedano, Job Accommodation Specialist. AR533-34. The TSA
23 applied Ms. Chacko’s restrictions of screen time, keyboarding, and mousing limited to 10 minutes
24 in an hour. AR533. Ms. Cedano concluded that “[a]lthough Ms. Chacko has transferable skills,
25

26 ³It is unclear why the Plan paid STD benefits through May 31, 2018, given the date of disability of
27 October 29, 2017. Nonetheless, Sedgwick did find Ms. Chacko continuously disabled.

28 ⁴Ms. Chacko enrolled voluntarily and paid for coverage for SLTD benefits which provides for
more income replacement than the basic 50% LTD benefit. SLTD benefits are payable
automatically if the LTD benefit claim is approved. See AR629-30.

1 based on her restrictions and gainful wage, no alternative occupations can be identified.” AR534.
2 She explained that “no alternate occupation could be identified as she is very limited from typing
3 or using the computer, which is entirely what her position is about.” AR532. Sedgwick then
4 sought an ergonomic evaluation for Ms. Chacko, but they never followed through with it. *See*
5 AR502-506.

6 Ms. Chacko’s medical visits throughout the first part of 2018 documented her continued
7 struggles with her condition. For example, on April 30, 2018, a Primary Treating Physician’s
8 Progress Report (PR-2) by Dr. Hashimoto noted that on Ms. Chacko’s 11-day follow up that Ms.
9 Chacko reported that her neck is most bothersome, “still very stiff and more stiff sitting,” and that
10 she had constant pain in her arms. CHACKO79. For “Objective Findings,” Dr. Hashimoto noted
11 the following:

12 Neck. Flexion 75% and extension minimal and right and left rotation 50% There is
13 bilateral trapezius pain; trapezius tender to palpation bilaterally with spasm. Most pain to
14 levators bilaterally today. Most pain with neck extension. Shoulder bilaterally Anterior
15 shoulder pain FF 110 and abduct 90 degrees. Elbows Not tender to palpation Poor flexion
causes shoulder pain. Right and left wrist. No swelling. Not hot and no synovitis. Volar
pain with extension and fair flexion with volar pain. Pain with tight gripping and most pain
to dorsal hands. Generally tender to palpation Phalen’s negative.

16 *Id.* On May 21, 2018, a PR-2 by Dr. Hashimoto noted that on Ms. Chacko’s 21-day follow up that
17 Ms. Chacko complained of having most pain to the shoulders and she can only type for one
18 minute. CHACKO75. He noted her reported difficulty of sleeping and blurred vision and headache
19 while working on a computer. *Id.* Her reported pain severity was a 7/10, which gets worse with
20 activity. *Id.* Ms. Chacko was noted to be “very stiff appearing and moves slowly.” *Id.* Under
21 “objective findings,” Dr. Hashimoto documented “more neck pain if sitting.” *Id.* In an Industrial
22 Work Status Report completed on the same date, Dr. Hashimoto noted her diagnoses of “overuse
23 disorder of soft tissues, bilat forearms, overuse disorder of soft tissues, bilat hands, neck muscle
24 strain, subseq, overuse disorder of soft tissues, bilat shoulders.” CHACKO78. He gave her
25 restrictions of keyboarding and mousing limited to 10 minutes per hour. *Id.* Ms. Chacko
26 underwent multiple physical therapy treatments and did not improve. *See* CHACKO83-85. She
27 was noted to have “extremely poor tolerance to exercises, needing frequent rest breaks. Endurance
28

1 to therapeutic exercise has not improved. Poor range of motion, strength and function continues.”
2 CHACKO85.

3 On May 24, 2018, Sedgwick approved Ms. Chacko’s claims for LTD and SLTD benefits
4 effective June 1, 2018. AR524-25. A June 11, 2018, PR-2 by Dr. Hashimoto reported that Ms.
5 Chacko continued to have pain in her shoulders and upper back, as well as arm numbness and
6 tingling. AR483 [CHACKO72-74]. He observed similar objective findings consistent with those
7 over the past few months: “Very stiff appearing and moves slowly. More neck pain if sitting. Most
8 pain to levators bilaterally today. Most pain with neck extension. Very tender to palpation. Most
9 pain to posterior shoulders infraspinatus area and very tender to palpation. Generally, tender to
10 palpation. Mild degenerative changes at scaphotrapezial joint.” AR483-84 [CHACKO72]. Dr.
11 Hashimoto and Ms. Chacko’s primary care physician, Dr. Adel Agaiby, continued to assign
12 restrictions of keyboarding and mousing limited to 10 minutes per hour. AR378; 511.⁵ On July 2,
13 2018, Ms. Cedano completed another TSA for Ms. Chacko’s claim. AR508-09. Again, Ms.
14 Cedano could not identify any occupations for Ms. Chacko based on her restrictions. *Id.* Ms.
15 Cedano stated that “no alternate occupations were identified as she is still extremely restricted
16 from even performing sedentary duty.” AR507.

17 On July 20, 2018, Ms. Chacko underwent a QME with Dr. Donald T. Lee in connection
18 with her WC claim. AR474-97. Dr. Lee noted Ms. Chacko’s job as a Software Engineer requiring
19 significant typing and the need “to frequently grip, grasp, or handle with left, right, and/or both
20 hands.” AR475. His physical exam of Ms. Chacko revealed multiple abnormal findings. *See*
21 AR484-91. Dr. Lee noted the following subjective factors of disability, which are in his opinion to
22 a reasonable degree of medical probability:

- 23 • The patient has pain in the cervical spine that is slight and constant increasing to
24 moderate and intermittent with certain activities, specifically lifting, carrying,
pushing, or pulling; repeated bending, twisting, or turning,

25 ⁵On June 11, 2018, Dr. Hashimoto issued two industrial work status reports. He was discharging
26 her from care since her WC stopped as of that date. *See* AR377, 378. The discharge status on one
27 form stated “Regular duty. Released from care.” AR377. However, he did not release her from
28 modified duty. He stated on the same form to continue modified duty and treatment by her
personal physician. In the second form, he placed her on modified activity at work and at home
through July 2, 2018, and restricted her to keyboarding and mousing to 10 minutes per hour.
AR378.

- The patient has pain in the upper extremities, involving the shoulders, arms, wrists, and hands that is slight and constant increasing to moderate and intermittent with certain activities, specifically lifting, carrying, pushing, or pulling; repeated gripping, grasping, or handling.
Dr. Lee then noted the following objective factors of disability:
- Motor and sensory examination was normal except for slight sensory and motor deficits in the nerve root distribution of C/5 bilaterally. Reflexes for the upper extremities were 1+ and symmetrical. Neck was supple, with tenderness, tightness, and spasms to palpation. Positive Spurling's with pain radiating from neck down into both forearms.
- There was slight weakness of deltoid muscles bilaterally. Reflexes were 1+ and symmetrical.
- Decreased active range of motion of the cervical spine and bilateral shoulder joint.

AR491. Though Dr. Lee noted in his report that Ms. Chacko was not working and on disability (AR476, 490), he stated in the same report that Ms. Chacko had returned to full duty work without restrictions (she had not) so he found that no formal work restrictions were required. AR492. He did, however, provide restrictions precluding lifting, carrying, pulling, or pushing over 20 lb. and to avoid repeated bending or stooping. *Id.*

In a report dated August 13, 2018, Dr. Lee provided a supplemental report to correct his report of July 20th. AR443-46. He opined that Ms. Chacko could alternate between sitting, standing, or walking for one hour a time, with 5-minute breaks, for a total of eight hours per eight-hour day. AR445. He also opined, among other things, that she could perform fine manipulation and simple and firm grasping (right/left) *occasionally*. *Id.*¹ "Occasional" means that an activity can be performed in the range of 5-33% of the time. *See* AR208. If Ms. Chacko can type and mouse for only 10 minutes per hour, that constitutes 16.67% of an 8-hour workday.

Based on the supplemented QME report, Sedgwick obtained a new TSA from Ms. Cedano. AR469-71. The TSA only used the restrictions provided by Dr. Lee and not those provided by her treating doctor, including the 10-minute limitation on her keyboarding and mousing (the 10-minute limitation is within the "occasional" limit noted by Dr. Lee). Though Ms. Cedano could not find occupations for Ms. Chacko previously, she was able to now find two jobs for her, including Systems Analyst and Systems Engineer. AR470. On September 12, 2018, Sedgwick informed Ms. Chacko that it was terminating her LTD benefits. AR457-60.

d. Ms. Chacko Appeals the Termination of her LTD Benefits.

On September 27, 2018, without the benefit of counsel, Ms. Chacko submitted her initial

1 appeal of the Plan’s denial of her LTD benefits. AR433-55. In her accompanying appeal letter,
2 Ms. Chacko provides a history of her medical treatments and the then current state of her
3 disability. AR434-36. She explained that despite the conclusions in the QME report, she was not
4 able to work. AR435-36. In her own words,

5 But, in reality, I am not able to sit more than few muscles [sic], I am not able to type more
6 than few minutes, and anything that I use my arm muscles with more than few minutes
7 aggravates the pain/ache on the arms, shoulders and neck. When the pain/ache increases,
8 my hand get tired and I need to laydown/stand up/walk for a while to reduce the level of
9 pain.

10 As a part of the Long-Term Disability process, my claim manager submitted the QME
11 report findings to my employer, AT&T, and they offered me my current job - software
12 engineer. With my current state of disability, I am not able to perform any of duties of my
13 current job, which requires me to sit down, type, which requires me to use of arm muscles.
14 Upon receiving the message from Debra Lawlor that my Long-Term Disability is being
15 denied since my employer is offering the job, I contacted my manager Gary Schmidt and
16 explained the situation. My manger suggested me to contact IDSC with my current state of
17 disability.

18 *Id.* She also advised Sedgwick that she was filing a Workers’ Comp appeal to review the work
19 status and work restriction section of her QME report. AR436.

20 On October 31, 2018, Ms. Chacko supplemented her appeal with a copy of a notice that
21 her SSDI claim was approved. AR413-15. There is no evidence in the claim file that Sedgwick
22 sought to obtain SSA’s claim file for Ms. Chacko to understand the basis of the SSA’s approval.

23 On November 16, 2018, IDSC sent a notice to Mr. Schmidt advising him that Ms.
24 Chacko’s leave of absence was approved from June 1, 2018, through November 30, 2018 because,
25 **“The IDSC has determined that this employee is unable to return to his/her own job at this
26 time.”** AR120.

27 A few days later, on November 19, 2018, Ms. Chacko supplemented her appeal to IDSC
28 with additional doctor support, her WC disability rating, and her SSDI approval and determination
letters. AR376-87. On September 18, 2018, Dr. Agaiby certified Ms. Chacko’s disability through
November 1, 2018. AR379. On September 19, 2018, the WC Department gave Ms. Chacko a
permanent disability rating of 21%, which is the equivalent to 80.50 weeks of disability payments
to start within two weeks of her last temporary disability indemnity payment. AR383. The SSA’s

1 Disability Determination and Transmittal explained that on reconsideration of its initial denial that
2 Ms. Chacko’s disability onset was “medically established.” AR386.

3 On November 29, 2018, Ms. Chacko again supplemented her appeal, this time with a letter
4 from California’s Employment Development Department explaining that her claim for disability
5 insurance has been approved beginning on October 1, 2018. AR367-68.

6 On January 2, 2019, Ms. Chacko sent IDSC a medical certification from Dr. Hayatullah
7 Niazi which he completed on December 18, 2018. AR333-38. He noted a diagnosis of overuse
8 disorder of soft tissue—neck and shoulders—and explained that Ms. Chacko was impaired from
9 working due to “intolerable pain and pressure on the neck, shoulder and arms.” AR337.

10 Ms. Chacko submitted her final appeal supplement on March 13, 2019. AR229-39. She
11 enclosed her initial consultation and evaluation by Dr. Brian Bernhardt (IPM Medical Group)
12 through Workers’ Comp, an authorization for her treatment with the IPM Medical Group, and Dr.
13 Bernhardt’s medical certification of disability. *Id.* Dr. Bernhardt diagnosed Ms. Chacko with
14 radiculopathy of the cervical region confirmed by an MRI. AR231. In his March 7, 2019,
15 treatment note, Dr. Bernhardt documented Ms. Chacko’s consistent complaints of constant pain in
16 her neck, bilateral shoulders and elbows. AR234. Her pain without medications is a 7 on a scale of
17 1 to 10. *Id.* She sleeps about 3 hours per day without interruption. *Id.* Ms. Chacko’s general review
18 of symptoms (ROS) was positive for poor energy, poor sleep, and unhappiness. AR235. Objective
19 findings based on physical exam showed “Neck: Cervical TP identified bilat trapezius and
20 Rhomboids muscle.” AR236. Dr. Bernhardt was unable to evaluate her shoulders due to cervical
21 pain. *Id.* He requested approval for acupuncture and a cervical epidural injection. *Id.* He also
22 discussed with Ms. Chacko psychological counseling since she “has severe sleep and mood
23 disorder related to the chronic pain and loss of function.” *Id.*

24 **e. Sedgwick Upholds Its Decision to Terminate LTD Benefits Based on Reviews**
25 **by Dr. Howard Grattan.**

26 Sedgwick obtained a pure paper review of Ms. Chacko’s claim from Dr. Howard Grattan
27 through Network Medical Review Co. Ltd. (NMR). AR205-222. Dr. Grattan’s review consisted of
28 an initial report dated October 23, 2018, followed by five addenda through March 22, 2019. Each

1 time Sedgwick obtained additional information or records from Ms. Chacko it sent those to Dr.
2 Grattan to review to see if they changed his opinion. *See id.*

3 In his first report dated October 23, 2018, Dr. Grattan opined that Ms. Chacko “is not
4 disabled from any type of work as of 09/16/18 through the present time.” AR208. He gave the
5 following work restrictions:

6 She would have the capacity to sustain full time employment with restrictions throughout
7 an 8 hour day, and 40 hour week to include: Lifting, carrying, pushing and pulling 20
8 pounds occasionally (5 to 33% of the time) and 10 pounds frequently (33-66% of the
9 time). Unrestricted walking, standing, and sitting. Occasionally (5-33% of the time)
10 twisting, bending, kneeling, crouching, and squatting. Climbing stairs is unrestricted. No
climbing ladders and no working at heights. She would be limited to no reaching overhead
with the bilateral upper extremities. Frequently (33-66% of the time) fingering, handling,
and feeling with the bilateral hands.

11 *Id.* In an addendum dated November 17, 2018, Dr. Grattan addressed Ms. Chacko’s Social
12 Security award letter and another appeal letter from Ms. Chacko. AR210-12. Though he
13 recognized Social Security found Ms. Chacko disabled, without the benefit of ever having spoken
14 to her, much less actually examine her, he continued to opine that Ms. Chacko was not disabled
15 from any type of work. AR211. In an addendum dated December 3, 2018, Dr. Grattan reviewed
16 additional records provided by Ms. Chacko, including work status reports from her doctors
17 continuing to limit her keyboarding and mousing to no greater than 10 minutes per hour and a
18 letter explaining that she has constant pain in her arms, shoulder, and neck which limits her use of
19 her arms for more than a few minutes at a time. AR212-15. Dr. Grattan found that none of this
20 evidence changed his opinion. AR214. He also continued to rely on the assumption that “there are
21 no particular physical exertion requirements for [her] occupation.” AR214. In subsequent addenda
22 dated January 16, 2019, and February 8, 2019, Dr. Grattan held steadfast to his opinion after
23 receiving more records which documented Ms. Chacko’s treating providers’ assessments that she
24 cannot work due to pain and pressure of her neck, shoulder, and arms. AR265-269. However, he
25 changed his assigned restrictions and limitations to state that Ms. Chacko could do “[l]ifting,
26 carrying, pushing and pulling 10 pounds occasionally (5 to 33% of the time) and 5 pounds
27 frequently (33-66% of the time).” AR268. He previously opined that she could do “[l]ifting,
28 carrying, pushing and pulling 20 pounds occasionally (5 to 33% of the time) and 10 pounds

1 frequently (33-66% of the time).” AR258. After receiving additional information which showed
2 that Ms. Chacko was diagnosed with cervical radiculopathy confirmed by MRI, Dr. Grattan
3 inexplicably changed his restrictions and limitations to find that Ms. Chacko could do more than
4 he stated previously, that is, lift and carry up to 20 lb. occasionally and 10 lb. frequently. AR220.

5 On February 12, 2019, Sedgwick obtained another TSA from Ms. Cedano. AR250-52. Ms.
6 Cedano solely used Dr. Grattan’s assigned limitations from his February 8, 2019, addendum,
7 ignoring the limitations imposed by her treating physicians. AR250. Ms. Cedano determined that
8 Ms. Chacko could perform alternative occupations of Systems Analyst and Systems Engineer,
9 both which are rated at the Sedentary level of physical demand like her job for AT&T. AR251.⁶
10 On May 13, 2019, Sedgwick issued its final determination upholding its decision to terminate Ms.
11 Chacko’s benefits effective September 16, 2018. AR199-201.

12 IV. STANDARD OF REVIEW

13 There is no dispute that the Plan conferred Sedgwick with fiduciary discretionary authority
14 to determine eligibility for benefits. *See* Joint Report, ECF No. 19. The Court will apply abuse of
15 discretion review to the Plan’s decision to terminate Ms. Chacko’s LTD claim. *Firestone Tire &*
16 *Rubber Co. v. Bruch*, 489 U.S. 101, 115 (1989). Under this standard, the Plan’s decision should
17 only be upheld if it is reasonable. *Id.* at 111. “[I]f a benefit plan gives discretion to an
18 administrator or fiduciary who is operating under a conflict of interest, that conflict must be
19 weighed as a ‘facto[r]’ in determining whether there is an abuse of discretion.” *Id.* at 115 (quoting
20 Restatement (Second) of Trusts § 187, Comment d (1959)). Abuse of discretion review must be
21 tempered by skepticism based on case-specific factors, including the Plan’s conflict of interest and
22 procedural irregularities. *Abatie v. Alta Health & Life Ins. Co.*, 458 F.3d 955, 968 (9th Cir. 2006);
23 *see Metro. Life Ins. Co. v. Glenn*, 554 U.S. 105, 117 (2008). A reviewing court must factor in
24 evidence of conflict; “scanning the record for medical evidence supporting the plan
25
26

27 ⁶A vocational report which relies on a faulty medical review is fundamentally flawed and cannot
28 be relied upon. *See Parr v. First Reliance Standard Life Ins. Co.*, No. 15-CV-01868-HSG, 2017
WL 1364610, at *13 (N.D. Cal. Mar. 31, 2017) (criticizing vocational evaluation).

1 administrator's decision is not enough." *Montour v. Hartford Life & Acc. Ins. Co.*, 588 F.3d 623,
2 630 (9th Cir. 2009).

3 In determining how much weight to give a conflict of interest, a court may consider
4 extrinsic evidence on the question of a conflict of interest and procedural irregularities. *Abatie*,
5 458 F.3d at 970. The degree of skepticism depends on the extent of the conflict. *Id.* A court may
6 consider evidence outside the administrative record in assessing the degree of the conflict. *Abatie*,
7 458 F.3d at 970.

8 The Court directed the parties to file summary judgment motions under Fed. R. Civ. P. 56.
9 ECF No. 11. Summary judgment is appropriate "if the movant shows that there is no genuine
10 dispute as to any material fact and the movant is entitled to judgment as a matter of law." Fed. R.
11 Civ. P. 56(a). Once the moving party establishes the absence of a genuine dispute of material fact,
12 the nonmoving party must go beyond the pleadings and identify facts showing the existence of a
13 genuine issue for trial. *Celotex Corp. v. Catrett*, 477 U.S. 317, 324 (1986). In other words,
14 "summary judgment should be granted where the nonmoving party fails to offer evidence from
15 which a reasonable [fact finder] could return a [decision] in its favor." *Triton Energy Corp. v.*
16 *Square D Co.*, 68 F.3d 1216, 1221 (9th Cir. 1995). In this ERISA case, the Court must review
17 extra-record evidence of bias through the lens of the traditional rules of summary judgment and, if
18 necessary, conduct a bench trial on the evidence of bias. *See Nolan v. Heald Coll.*, 551 F.3d 1148,
19 1155 (9th Cir. 2009).

20 V. ARGUMENT

21 a. The Administrative Record Should Be Expanded to Include Documents in 22 Sedgwick's Possession When It Decided Ms. Chacko's Claim.

23 Sedgwick had Ms. Chacko's WC file in its possession when it decided her LTD claim and
24 it explicitly relied on some WC evidence when it decided her claim. However, when it produced
25 the LTD Administrative Record in this case, it left out many of the medical records that it had in
26 its possession, and which were referenced in reports it relied upon.⁷ These records are attached as

27 _____
28 ⁷Plaintiff sought the Plan's stipulation to include these as part of the AR but the Plan refused to stipulate. Roberts Decl., ¶ 3.

1 Exh. 3 to the Roberts Declaration. These documents should be considered by the Court because
 2 they constitute part of the AR. In the ERISA context, the ‘administrative record’ consists of ‘the
 3 papers the insurer had when it denied the claim.’” *Montour v. Hartford Life & Acc. Ins. Co.*, 588
 4 F.3d 623, 632, n.4 (9th Cir. 2009). ERISA defines the administrative record as those documents
 5 described in 29 C.F.R. § 2560.503-1(h)(2)(iii), (m)(8), and (b)(5). *Andrew C. v. Oracle Am. Inc.*
 6 *Flexible Benefit Plan*, No. 17-CV-02072-YGR, 2019 WL 1931974, at *3 (N.D. Cal. May 1, 2019).

7 In a recent case concerning this Plan and similar facts, *Walker v. AT & T Benefit Plan No.*
 8 *3*, 338 F.R.D. 658 (C.D. Cal. 2021), the district court found that the plaintiff’s WC file was part of
 9 the administrative record. The court explained,

10 What is more, the premise of Defendants’ argument—that the administrative record is
 11 “complete”—crumbles under minimal scrutiny. To take just one example, Defendants do
 12 not seriously dispute Plaintiff’s claim that the “administrative record” he received from
 13 them in May 2021 includes only parts of Plaintiff’s worker’s compensation file—even
 14 though Sedgwick apparently has (or had) the entire file in its possession, custody, or
 15 control. They brush that argument aside because Defendants think (implicitly or explicitly)
 16 that they need only include in the administrative record information that was “relied on by
 17 Sedgwick” in denying Plaintiff’s benefits claim. (ECF 35 at 18). That understanding is
 18 wrong. *See* 29 C.F.R. §§ 2560.503-1(m)(8)(i)—(iv). The administrative record—properly
 19 defined—comprises all documents, records, and other information relevant to Plaintiff’s
 20 disability benefits claim. *See id.* §§ 2560.503-1(g)(1)(vii)(D), (h)(2)(3), (j)(3). So a
 21 document, record, or other information is “relevant” to that claim not only if it “[w]as
 22 relied upon in making the benefit determination.” *Id.* § 2560.503-1(m)(8)(i). It is also
 23 relevant—and thus part of the administrative record—if it “[w]as submitted, considered, or
 24 generated in the course of making the benefit determination, without regard to whether
 25 such document, record, or other information was relied upon in making the benefit
 26 determination.” *Id.* § 2560.503-1(m)(8)(ii) (emphasis added). And those are just two of the
 27 four categories of information that must be part of the administrative record to comply
 28 with the applicable ERISA regulations. *See id.* §§ 2560.503-1(m)(8)(iii), (iv). All of which,
 of course, only stands to reason. Otherwise, ERISA plan administrators could cherry-pick
 evidence that supports the denial of a claim when compiling the administrative record—
 and all but guarantee victory in every ERISA benefits case—since the District Court’s
 abuse-of-discretion review would (under Defendants’ skewed view) be strictly confined to
 that one-sided evidence. *See Toven v. Metro. Life Ins. Co.*, 517 F. Supp. 2d 1171, 1173
 (C.D. Cal. 2007). Nothing in ERISA law allows, let alone mandates, such a blinkered, see-
 no-evil construction of the reviewable administrative record.

24 *Id.* at 661-62. For these reasons, Plaintiff requests that the Court find documents bates-stamped
 25 CHACKO 0072-218 as properly included in the AR.

26 **b. Ms. Chacko Established Disability Under the Terms of the Plan.**

27 Ms. Chacko is Totally Disabled under the Plan because her illness or injury prevents her
 28

1 from engaging in any employment for which she is qualified or may reasonably become qualified
2 based on education, training or experience. As illustrated above, Ms. Chacko suffers from
3 significant upper extremity pain caused by overuse disorder of soft tissue and cervical
4 radiculopathy. Her treatment records document many objective findings which corroborate her
5 credible complaints of pain. Ms. Chacko worked for AT&T for twenty years as a software
6 engineer. Her pain prevents her from being able to perform the essential physical tasks required of
7 jobs that demand significant computer use. She is unable to sit in front of a computer for long
8 periods of time without the need for regular breaks to alleviate the pain occurring from constant
9 sitting and keyboarding which disrupt her focus and productivity.

10 Ms. Chacko's disability is supported by her medical records (*see* AR234-236, 434, 475,
11 479, 480-82, CHACKO 72-218); her treating doctors (AR234-236, 333-38, 378, 379, 479, 480,
12 483-84, 511); the WC Department finding of 21% permanent disability (AR383); the SSA finding
13 of disability (AR386); and Sedgwick's earlier determinations of disability (her functionality did
14 not improve) (AR524-25, 533-34). The Plan's contrary evidence, for the reasons set forth below,
15 do not undermine Ms. Chacko's claim that she is unable to maintain regular employment in a job
16 for which she is qualified.

17 **c. The Court Should Apply Abuse of Discretion Review with Significant**
18 **Skepticism.**

19 The Plan's decision to terminate Ms. Chacko's benefits, despite no improvement in her
20 condition, was based on procedural irregularities in the way it reviewed her claim as well as its
21 unreasonable reliance on the opinions of Dr. Howard Grattan, a retained expert who has exhibited
22 significant bias towards finding a claimant capable of working. Viewing the Plan's conduct
23 (discussed more fully below) and Dr. Grattan's bias, the Court should apply abuse of discretion
24 review with a high degree of skepticism. *Demer v. IBM Corp. LTD Plan*, 835 F.3d 893, 902 (9th
25 Cir. 2016) ("Even if MetLife operated with no structural conflict, reliance on the reports of its
26 retained experts who have a financial incentive to make findings favorable to MetLife may
27 warrant skepticism.")

28 ///

1. Dr. Grattan Exhibits Bias Against Disability Claimants.

As part of discovery in this case, the Plan produced 88 reviews prepared by Dr. Grattan for the Plan for the years 2017, 2018, and 2019. These 88 reviews involved 61 claims (for some claims he provided multiple reviews). Of those claims, Dr. Grattan found that 50 claimants (82%) were not disabled, 8 claimants (13%) were disabled from some type of work, and 3 claimants (5%) were only partially disabled or could perform some work. When the statistics show that a doctor finds an overwhelming number of claimants alleging disability to be capable of work, the Court can infer from this that the doctor harbors significant bias towards finding a claimant capable of working. *See Caplan v. CNA Fin. Corp.*, 544 F. Supp. 2d 984, 992 (N.D. Cal. 2008) (“Because Hartford’s reliance on these apparently biased sources casts serious doubt on the neutrality of its decision-making process, the Court will view the decision with commensurate skepticism.”); *see also Hertz v. Hartford Life & Acc. Ins. Co.*, 991 F. Supp. 2d 1121, 1136 (D. Nev. 2014) (“The Court finds these statistics strongly suggest that both MLS and Dr. Rim harbored a significant bias towards finding a claimant capable of performing some type of work.”)

In addition to the bias exhibited by the frequency in which he finds claimants not disabled, courts have also criticized the quality of Dr. Grattan’s medical reviews. In *Thoma v. Fox Long Term Disability Plan*, No. 17 CIV. 4389, 2018 WL 6514757 (S.D.N.Y. Dec. 11, 2018), Dr. Grattan was faulted for stating his functional findings were based on objective evidence and that the treatment provider functional findings were not based on objective evidence without providing any explanation as to why these positions were correct and while rejecting pain evidence. *Id.* at *23. Similarly, in *Brainard v. Liberty Life Assurance Co. of Bos.*, 173 F. Supp. 3d 482 (E.D. Ky. 2016), the court found that “Dr. Grattan’s report is conclusory and not well reasoned. Moreover, he calls into question Brainard’s subjective complaints of pain without the benefit of a physical examination.” *Id.* at 492; *see also Miller v. PNC Fin. Servs. Grp., Inc.*, 278 F. Supp. 3d 1333, 1344 (S.D. Fla. 2017) (finding that Dr. Grattan “ignored Plaintiff’s evidence contrary to [his] conclusions and showed no sign of substantively addressing such evidence). The Plan’s use of a

1 biased physician reviewer and the procedural irregularities described below warrant highly
2 skeptical abuse of discretion review.⁸

3 **2. The Plan and Sedgwick Have an Actual Conflict of Interest.**

4 As explained fully by Plaintiff in her opening and reply memoranda in support of her
5 Motion for Relief under FRCP 60, the Plan and Sedgwick have demonstrated an actual conflict of
6 interest as it relates to Sedgwick’s administration of Plan benefits. *See* ECF Nos. 87, 103. In
7 reliance on an “oral” Joint Defense Agreement, the Plan refused to disclose its communications
8 with Sedgwick concerning its efforts to comply with discovery-related court orders where the Plan
9 claimed that it had no ability to produce certain information that was in Sedgwick’s possession.
10 The Plan explained that “AT&T and Sedgwick exchanged information and communications
11 because the companies have a common interest in the litigation and its outcome, including the
12 financial conflict of interest issue raised by Plaintiff.” ECF No. 87 at 7. Even though the Plan and
13 Sedgwick claimed to be so closely aligned as it relates to Plaintiff’s allegations of their conflict of
14 interest that all their communications regarding the discovery dispute in this case are privileged,
15 the Plan filed a motion to compel against Sedgwick in another forum related to the very same
16 discovery dispute. The Plan made misleading representations to Magistrate Judge Deborah Barnes
17 about its relationship with Sedgwick and its inability to obtain responsive documents in
18 Sedgwick’s possession. The apparent conflict of interest demonstrated by the Plan’s and
19 Sedgwick’s actions in this litigation is another reason to apply increased skepticism to Sedgwick’s
20 decision to terminate Ms. Chacko’s LTD claim.

21 **d. The Plan’s Administration of Ms. Chacko’s LTD Claim Demonstrates**
22 **Procedural Irregularities Warranting Increased Skepticism and Also**
23 **Constituting an Abuse of Discretion.**

24 Procedural irregularities in the administration of a claim increase the level of skepticism
25 afforded to an administrator’s decision. *Lavino v. Metro. Life Ins. Co.*, 779 F. Supp. 2d 1095, 1105
26 (C.D. Cal. 2011). In addition to increasing the level of skepticism, “a procedural irregularity, like a

27 ⁸The Plan relied solely upon Dr. Grattan’s finding in his role as a paper reviewer, when it had the
28 right under the Plan to obtain its own IME. Its failure to do so, while outright rejecting the
findings of her treating physicians, is evidence of its bias and result-oriented claims handling.

1 conflict of interest, is a matter to be weighed in deciding whether an administrator’s decision was
2 an abuse of discretion.” *Abatie*, 458 F.3d at 972. The Plan’s review of Ms. Chacko’s claim was
3 fraught with procedural irregularities which constitute an abuse of discretion.

4 **i. The Plan Did Not Consider the Physical Exertion Requirements of Ms.
5 Chacko’s Job.**

6 Sedgwick admitted that in order “[t]o provide a fair and quality review of the claimant’s
7 file a ‘formal’ job description is needed and there is none on file for this claimant.” AR427.
8 Despite recognizing this, the Plan evaluated Ms. Chacko’s disability in a vacuum, with no
9 reference to the physical exertion requirements of her job. Rather, the Plan wrongly assumed that
10 her job as a Professional System Engineer had no physical exertion requirements. *See* AR535
11 (supervisor listing job description and stating “there are no particular physical exertion
12 requirements for this job). But this contradicted Ms. Cedano’s finding that Ms. Chacko could not
13 work in any alternate occupation “as she is very limited from typing or using the computer, which
14 is entirely what her position is about.” AR532. The Plan’s failure to adequately consider the
15 physical exertion requirements of Ms. Chacko’s job, including the significant need to use a
16 keyboard, is just one of many factors supporting its abuse of discretion.

17 **ii. The Plan, Without Explanation, Stopped Considering Ms. Chacko’s
18 Significant Typing Restriction.**

19 The Plan relied on faulty TSA reports to terminate Ms. Chacko’s LTD claim because the
20 vocational consultant, Ms. Cedano, failed to consider all the records relevant to Ms. Chacko’s
21 ability to work. *Givens v. Prudential Ins. Co. of Am.*, 778 F. Supp. 2d 1011, 1025–26 (W.D. Mo.
22 2011) (finding “that it was arbitrary and capricious for Prudential to have only sent Dr. Mace’s
23 report to rehabilitation counselor Laurie Martin when there existed other physician reports
24 indicating limitations on Givens’ abilities). The Plan initially approved Ms. Chacko’s LTD claim
25 because it considered the significant restrictions placed on her by her treating doctors, including
26 keyboarding and mousing limited to 10 minutes in an hour. AR533. *See supra* III(c). Because Ms.
27 Chacko effectively cannot do any job that requires significant computer use, and her only
28 experience and training is in computers, she meets the definition of disability. *See* AR508-09

1 (TSA considering 10-minute keyboarding restriction and finding no alternative occupations);
2 AR533-34 (same).

3 Without any explanation, ignoring the information received from Ms. Chacko’s doctors
4 wherein they continued to apply the same keyboarding limitation, Sedgwick conducted another
5 TSA without considering her doctor’s restriction and only applied the restrictions provided by Dr.
6 Lee in Ms. Chacko’s WC case. Though Ms. Cedano noted fine manipulation and simple grasping
7 occasionally (as explained above, Ms. Chacko’s keyboarding was restricted by her doctors to only
8 16.67% of a workday which is in the “occasional” range), Ms. Cedano did not apply the same
9 prior typing restrictions her past TSAs included. It was only then that Ms. Cedano was able to
10 come up with alternate occupations that Ms. Chacko could perform—**both computer-based**
11 **occupations**. AR470. In so doing, Ms. Cedano only focused on the “Sedentary” nature of these
12 jobs but with no mention of the jobs’ obvious keyboarding/mousing requirements.

13 In *Kochenderfer v. Reliance Standard Life Ins. Co.*, No. 06-CV-620 JLS (NLS), 2009 WL
14 4722831, at *6 (S.D. Cal. Dec. 4, 2009), the Court concluded that a similar “Medical/Vocational
15 Review” was inadequate because it did not take into consideration medical restrictions provided
16 by the plaintiff’s doctor or the plaintiff’s self-reported limitations. “Failing to consider and include
17 this information makes this an incomplete and inadequate summary of the records in Defendant’s
18 possession.” *Id.* The court also found that the “Transferrable Skills Analysis” was highly
19 conclusory where it did not, among other things, explain the tasks performed in those jobs or how
20 the plaintiff could perform the material duties of the identified occupations with her restrictions.
21 *Id.* The court was also critical of the TSA because it was premised on an incomplete summary of
22 the plaintiff’s medical records and did not reflect the plaintiff’s medical or practical limitations.
23 The court concluded that, “[w]ithout this information, the report lacks any meaningful use in
24 determining whether Plaintiff was disabled. It is indicative of a failure to adequately investigate
25 Plaintiff’s claim.” *Id.*

26 The final TSA performed by Ms. Cedano which was relied upon to support the final denial
27 is even more indicative of a bad faith failure to adequately investigate Ms. Chacko’s claim. Ms.
28 Cedano was well aware of Ms. Chacko’s significant keyboarding limitation based on her past

1 TSAs. *See Parr*, No. 15-CV-01868-HSG, 2017 WL 1364610, at *14 (criticizing vocational
2 evaluation for being “in tension with internal reports”). As such, Sedgwick’s irrational and
3 unsupportable refusal to consider Ms. Chacko’s primary disabling restriction of limited
4 keyboarding and mousing—especially when it was consistent with Dr. Lee’s proposed restriction
5 of “occasional” for fine manipulation—is a procedural irregularity and an abuse of discretion.

6 **iii. The Plan Relied on Biased and Flawed Paper Reviews by Dr. Howard**
7 **Grattan.**

8 The Ninth Circuit has stated that an insurer’s decision “to conduct a ‘pure paper’ review . .
9 . raise[s] questions about the thoroughness and accuracy of the benefits determination” and also
10 warrants according more weight to the conflict of interest factor. *Montour*, 588 F.3d at 634
11 (internal citations omitted); *see also Salomaa v. Honda Long Term Disability Plan*, 642 F.3d 666,
12 676 (9th Cir. 2011) (finding medical opinions based on in-person examinations were more
13 persuasive than an administrator’s paper-only review); *Schramm v. CNA Fin. Corp. Insured Grp.*
14 *Ben. Program*, 718 F. Supp. 2d 1151, 1164 (N.D. Cal. 2010) (affording “little weight to the
15 opinions” of doctors who just reviewed the plaintiff’s records but did not examine her in person);
16 *Oldoerp v. Wells Fargo & Co. Long Term Disability Plan*, 12 F. Supp. 3d 1237, 1254 (N.D. Cal.
17 2014) (finding in-person observations more persuasive than a paper review).

18 **1. Dr. Grattan Ignored Ms. Chacko’s Credible Complaints of Pain.**

19 Dr. Grattan’s conclusion that Ms. Chacko can work completely ignored Ms. Chacko’s
20 consistent and severe complaints of pain which were documented by her treating doctors. *See*
21 *supra* III(a)-(d). In ERISA cases, while treating doctors are not afforded special deference, courts
22 recognize the fact that a treating physician has a greater opportunity to know and observe the
23 patient than a physician retained by the plan administrator. *Shaikh v. Aetna Life Ins. Co.*, 445
24 F.Supp.3d 1, 4–5 (N.D. Cal. 2020). “[O]ne would expect any doubts as to whether [the claimant]
25 in fact suffered the pain he alleged, or the effect thereof, would be reflected in the medical
26 records.” *Id.* at 6; *see also Salomaa*, 642 F.3d at 676 (finding that when treating doctors who have
27 personally examined a claimant support disability, a claim denial in the face of such evidence is
28 one of several factors that demonstrate that the claim decision was illogical); *Demer*, 835 F.3d at

1 905 (criticizing reviewing doctors for rejecting the claimant’s credibility when his subjective
2 complaints were corroborated by his treating physicians as well as a friend).

3 Because Sedgwick ultimately upheld its claim decision based on Dr. Grattan’s report, the
4 Plan also effectively disregarded Ms. Chacko’s severe pain symptoms. A plan administrator may
5 not disregard a claimant’s report of pain symptoms in the absence of a specific, clear, and
6 convincing reason such as a demonstrated lack of credibility on the part of the claimant. *Lavino v.*
7 *Metro. Life Ins. Co.*, No. CV 08-2910 SVW(FMCX), 2010 WL 234817, at *10 (C.D. Cal. Jan. 13,
8 2010) (“Caselaw suggests that there is no ‘objective’ method for measuring pain.”); *Saffon v.*
9 *Wells Fargo & Co. Long Term Disability Plan*, 522 F.3d 863, 872 n.3 (9th Cir. 2008) (noting “the
10 factual observation that disabling pain cannot always be measured objectively...is as true for
11 ERISA beneficiaries as it is for Social Security claimants”); *Marcus v. Califano*, 615 F.2d 23, 27
12 (2d Cir. 1979) (“subjective evidence of appellant’s pain, based on her own testimony and the
13 medical reports of examining physicians, is more than ample to establish her disability, if
14 believed.”); *Carradine v. Barnhart*, 360 F.3d 751, 753 (7th Cir. 2004) (“Medical science confirms
15 that pain can be severe and disabling even in the absence of ‘objective’ medical findings . . .”);
16 *Connors v. Connecticut General Life Ins. Co.*, 272 F.3d 127, 136 (2d Cir. 2001) (holding that a
17 reviewing court cannot dismiss complaints of pain as legally insufficient evidence of disability).

18 If the Plan had reason to question Ms. Chacko’s pain complaints, then it should have had
19 her evaluated in person. *Godmar v. Hewlett-Packard Co.*, 631 F. App’x 397, 407 (6th Cir. 2015)
20 (“Sedgwick improperly determined that Godmar’s pain symptoms were not objective evidence of
21 disability without a medical examination.”) It could not just arbitrarily refuse to consider her pain
22 symptoms. The Plan’s refusal to credit Ms. Chacko’s reliable reports of pain warrants increased
23 skepticism and is also an abuse of discretion. *Abatie*, 458 F.3d at 968-69 (weighing a conflict more
24 heavily when an administrator fails to credit a claimant’s reliable evidence).

25 **2. Dr. Grattan Arbitrarily Changed His Assigned Restrictions and**
26 **Limitations.**

27 Dr. Grattan’s conclusions deserve significant skepticism given the conclusory and arbitrary
28

1 nature of his assigned restrictions and limitations. As noted above, when presented with
2 information which showed that Ms. Chacko was diagnosed with cervical radiculopathy confirmed
3 by MRI, Dr. Grattan inexplicably changed his restrictions and limitations to find that Ms. Chacko
4 could lift and carry more than he did in his prior addendum. *Compare* AR 220 and 258. The Plan
5 did not question Dr. Grattan’s change in restrictions and limitations. Not only were his provided
6 restrictions significantly less than those provided by her treating doctors and Dr. Lee, Dr. Grattan
7 did next to nothing to even attempt to provide a medical rationale for his differing opinions. The
8 sloppiness of Dr. Grattan’s reviews, as well as the Plan’s reliance on them, is another factor
9 supporting an abuse of discretion.

10 **3. Dr. Grattan Opined that Ms. Chacko Could Work Eight Hours**
11 **a Day Without Reference to Any Job Requirements.**

12 Dr. Grattan noted that Ms. Chacko worked as a Professional Systems Engineer but
13 continued the Plan’s fiction that “there are no particular physical exertion requirements for this
14 occupation.” AR206. Dr. Grattan then claimed that Ms. Chacko can work an 8-hour day with
15 certain limitations but did not address the job requirements of any relevant occupation even
16 though he was provided with Ms. Cedano’s TSA reports which identified alternate occupations.
17 *See* AR205. He was also provided with records wherein Ms. Chacko noted that she must keyboard
18 and mouse 99% of the time and sit 100% of the time. *See* AR208. Dr. Grattan’s failure to consider
19 the actual job requirements Ms. Chacko would have to perform renders his opinion of her ability
20 to perform a suitable alternate occupation virtually worthless.

21 **4. Dr. Grattan’s Restrictions and Limitations Do Not Support the**
22 **Plan’s Claim Decision.**

23 Despite no other doctor finding that Ms. Chacko could type or mouse frequently, Dr.
24 Grattan’s review of her records alone purportedly afforded him the ability to determine that Ms.
25 Chacko could frequently (33-66% of the time) finger, handle, and feel with bilateral hands.
26 AR208. Ms. Chacko’s computer-based job requires the ability to keyboard and mouse *constantly*.
27 It was for that reason that Ms. Cedano determined that Ms. Chacko could not perform any
28 alternate occupations. AR532 (finding that Ms. Chacko could not work in any alternate occupation

1 “as she is very limited from typing or using the computer, which is entirely what her position is
 2 about.”). Even if the Court were inclined to find Dr. Grattan’s work restrictions reasonable, they
 3 simply do not support the claim that she can work in the alternate occupations identified by
 4 Sedgwick. Ms. Cedano’s February 12, 2019, TSA, which relies on Dr. Grattan’s assessment, does
 5 not address the keyboarding requirements of the alternative occupations she identified. *See*
 6 AR251-52. Her TSA is fundamentally flawed for this reason. The Plan’s reliance on Dr. Grattan’s
 7 assessment, and the TSA based solely on his assessment, equate to a claims process and claims
 8 decision which was anything but full and fair. *Kochenderfer*, 2009 WL 4722831, at *6.

9 **iv. The Plan Failed to Properly Consider the Social Security**
 10 **Administration’s Decision.**

11 Ms. Chacko was deemed disabled by the Social Security Administration (“SSA”). AR370.
 12 To qualify for SSDI, a claimant must be unable “to engage in any substantial gainful activity by
 13 reason of any medically determinable physical or mental impairment or combination of
 14 impairments that can be expected to result in death or that has lasted or can be expected to last for
 15 a continuous period of not less than 12 months.” *Sangha v. Cigna Life Ins. Co. of New York*, 314
 16 F. Supp. 3d 1027, 1039 (N.D. Cal. 2018) (internal citation omitted). If an ERISA claims
 17 administrator denies a disability benefit claim where the claimant was deemed disabled by the
 18 SSA, ERISA regulation, 29 C.F.R. § 2560.503-1(j)(6)(i)(C), requires that the administrator
 19 explain the basis for disagreeing with “[a] disability determination regarding the claimant
 20 presented by the claimant to the plan made by the [SSA].” A plan administrator’s failure to
 21 adequately consider a Social Security disability award denies a claimant the full and fair review
 22 she is entitled under ERISA § 503. *Melech v. Life Ins. Co. of N. Am.*, 739 F.3d 663, 675 (11th Cir.
 23 2014) (holding that procedural fairness required administrator to consider evidence from the SSA
 24 process before deciding the disability benefits claim); *Nuffer v. Aetna Life Ins. Co.*, No. 1:20-CV-
 25 10935, 2021 WL 4391119, at *7 (E.D. Mich. Sept. 24, 2021).

26 In *Metro. Life Ins. Co. v. Glenn*, 554 U.S. 105, 118, 128 S. Ct. 2343, 2352, 171 L. Ed. 2d
 27 299 (2008), the Supreme Court noted that MetLife had encouraged Glenn to argue to the Social
 28 Security Administration that she could do no work, received the bulk of the benefits of her

1 success in doing so (being entitled to receive an offset from her retroactive Social Security
2 award), and then ignored the agency’s finding in concluding that she could do sedentary work.
3 The Supreme Court found that it was proper for the reviewing court to take this into consideration
4 as one factor supporting its decision to set aside MetLife’s discretionary decision. *Id.* Although it
5 is generally held that plan administrators are not bound by the SSA’s award of disability benefits,
6 federal courts have recognized that a determination that an individual is eligible for such benefits
7 is relevant evidence that merits consideration in ERISA disability cases. *See Montour v. Hartford*
8 *Life & Accident Insurance Company*, 588 F.3d 623, 635 (9th Cir. 2009) (disregarding a favorable
9 Social Security decision “raises questions about whether an adverse benefits determination was
10 ‘the product of a principled and deliberative reasoning process.’”) (internal citations omitted);
11 *Elliott v. Life Ins. Co. of N. Am., Inc.*, No. 16-CV-01348-MMC, 2019 WL 2970843, at *5 (N.D.
12 Cal. July 9, 2019) (explaining that findings by government agencies such as SSA constitute
13 evidence that the claimant is unable to work); *Nagy*, 183 F. Supp. 3d at 1030 (finding the SSA
14 decision persuasive evidence of disability).

15 Here, Sedgwick encouraged Ms. Chacko to apply for SSDI benefits and offered her cost-
16 free assistance from its Social Security vendor. *See* AR62, 73, 75, 76, 90, 95, 561, 570-73. The
17 SSA granted Ms. Chacko’s benefits, but the Plan did not give the approval any meaningful
18 consideration. The Plan made no effort to obtain Ms. Chacko’s SSA claim file to evaluate the
19 basis upon which her claim was granted. It would have been easy to do so since the Plan was in
20 regular contact with Allsup about Ms. Chacko’s SSDI claim and Allsup represented her in the
21 process. The only thing the Plan did was send the determination transmittal to Dr. Grattan who
22 dismissed it summarily. The Plan’s inadequate consideration of Ms. Chacko’s SSDI award is
23 additional evidence of its failure to afford Ms. Chacko with a full and fair review.

24 VI. CONCLUSION

25 For the reasons stated above, there remains no genuine issue of material fact as to whether
26 the Plan abused its discretion in terminating Ms. Chacko’s LTD claim. As Ms. Chacko has been
27 without benefits since September 16, 2018, Plaintiff requests that this Court enter judgment in
28 favor of Ms. Chacko for past-due benefits through the date of judgment and continued benefits

1 under the terms of the Plan. *See Pannebecker v. Liberty Life Assur. Co. of Bos.*, 542 F.3d 1213,
2 1221 (9th Cir. 2008).

3
4 Dated: December 7, 2021

ROBERTS DISABILITY LAW

5
6 /s/Michelle L. Roberts

Michelle L. Roberts
Attorney for Plaintiff
RUBY CHACKO

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10 Attorneys for Plaintiff,
11 RUBY CHACKO

12 **UNITED STATES DISTRICT COURT**
13 **EASTERN DISTRICT OF CALIFORNIA**

14 RUBY CHACKO,

15 Plaintiff,

16 vs.

17 AT&T UMBRELLA BENEFIT PLAN NO. 3,

18 Defendant.

CASE NO.: 2:19-cv-01837-JAM-DB

**DECLARATION OF MICHELLE L.
ROBERTS IN SUPPORT OF PLAINTIFF'S
MOTION FOR SUMMARY JUDGMENT**

19
20 I, Michelle L. Roberts, declare under the penalty of perjury of the laws of the United States
21 as follows:

22 1. I am an attorney licensed to practice before this Court, and the Principal of Roberts
23 Disability Law, located at 66 Franklin Street, Suite 300, Oakland, CA 94607, and counsel for
24 Plaintiff in the above-referenced matter. I make this declaration upon my personal knowledge and,
25 if called as a witness, would competently testify thereto.

26 2. Defendant AT&T Umbrella Benefit Plan No. 3 ("the Plan") produced the
27 conclusion pages from 88 medical reviews performed by Dr. Howard Grattan for the Plan for the
28 years 2017, 2018, and 2019. Attached as Exhibit 1 is a true and correct copy of Defendant's

1 Fourth Supplemental Responses to Plaintiff’s First and Second Set of Interrogatories to Defendant.
2 The Plan produced the medical reviews in lieu of providing specific responses to Plaintiff’s
3 interrogatories concerning how many times Dr. Grattan opined that a claimant did not have
4 functional capacity for full-time work or where he opined that the medical evidence did not
5 support restrictions from full-time work (Interrogatory No. 19), and how many times Dr. Grattan
6 opined that a claimant did not have functional capacity for full-time work (Interrogatory No. 18).
7 Exhibit 2 is a spreadsheet prepared by the undersigned containing an analysis of the 88 medical
8 reviews that the Plan produced in this case. Though the Plan claims these reports are subject to the
9 parties’ protective order, the parties agreed that Exhibit 2 would not be subject to the protective
10 order and does not need to be sealed. The 88 reviews involved a total of 61 claims because some
11 claims involved multiple reviews by Dr. Grattan. Of the 61 claims, Dr. Grattan found that 50
12 claimants (82%) were not disabled, 8 claimants (13%) were disabled from some type of work, and
13 3 claimants (5%) were only partially disabled.

14 3. Attached as Exhibit 3 is a true and correct copy of Plaintiff’s Fourth Supplemental
15 Disclosures which contain medical records in Sedgwick’s possession and considered by Sedgwick
16 in connection with Ms. Chacko’s Workers’ Compensation case. The documents are bates-stamped
17 CHACKO 0072-218. On September 28, 2021, Plaintiff served her Fourth Supplemental
18 Disclosures and emailed Plan counsel on September 28 and November 12, 2021 asking if the Plan
19 would stipulate to including these in the AR. On December 2, 2021, Plan counsel, Stacey
20 Campbell, responded and declined to stipulate.

21 Executed this 7th day in December, 2021, at San Francisco, California.

22 ROBERTS DISABILITY LAW

23 By: /s/ Michelle L. Roberts

24 Michelle L. Roberts
25 Attorneys for Plaintiff
26 RUBY CHACKO
27
28

INDEX OF EXHIBITS

Exhibit 1: Defendant's Fourth Supplemental Responses to Plaintiff's First and Second Set of Interrogatories to Defendant

Exhibit 2: Spreadsheet Analyzing Dr. Grattan's Medical Reviews

Exhibit 3: Plaintiff's Fourth Supplemental Disclosures containing Workers' Compensation Records

EXHIBIT 1

EXHIBIT 1

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2 (appearing *pro hac vice*)
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8 Stephen W. Robertson, #228708
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17 Attorneys for Defendant AT&T Umbrella Benefit Plan
18 No. 3

19 **IN THE UNITED STATES DISTRICT COURT**
20 **IN AND FOR THE EASTERN DISTRICT OF CALIFORNIA**

21 RUBY CHACKO,
22 Plaintiff,
23 v.
24 AT&T UMBRELLA PLAN NO. 3,
25 Defendant.

Case No. 2:19-CV-01837-JAM-DB

**DEFENDANT’S FOURTH
SUPPLEMENTAL RESPONSES TO
PLAINTIFF’S FIRST AND SECOND
SET OF INTERROGATORIES TO
DEFENDANT**

26 Defendant, the AT&T Umbrella Benefit Plan No. 3 (“Defendant” or the “Plan”), by and
27 through its undersigned counsel, respectfully submits its Fourth Supplemental Responses to
28 Plaintiff’s First and Second Set of Interrogatories to Defendant.

GENERAL OBJECTIONS

1. Defendant’s responses to Plaintiff’s Discovery Requests are made for purposes of
this action only.

1 2. Defendant's responses are based upon information known to Defendant at this
2 time. Defendant will supplement its responses with additional information and documents that
3 become available, as appropriate, pursuant to Fed. R. Civ. P. 26(e).

4 3. Defendant submits these responses and objections without conceding the relevancy
5 or materiality of the subject matter of any Request or of any document, or that any responsive
6 information or materials exist. Defendant reserves and does not waive objections regarding the
7 admissibility of evidence at trial, including the admissibility of any information and documents
8 produced in response to Plaintiff's Discovery Requests. Defendant's responses and objections
9 are not intended to be, and shall not be construed as, agreement with Plaintiff's characterization
10 of any facts, circumstances, or legal obligations. Defendant reserves the right to contest any such
11 characterization as inaccurate. Defendant also objects to the Requests to the extent they contain
12 any express or implied assumptions of fact or law concerning matters at issue in this litigation.

13 4. Defendant objects to Plaintiff's definition of "You" to the extent it includes
14 Defendant's undersigned attorneys in the definition, and as a result requests information and
15 documents that are protected by the attorney-client privilege and the attorney work product
16 doctrine. The inclusion of Defendant's counsel in the definition of "You" is improper, and in
17 responding to Plaintiff's discovery requests, Defendant responds only with information in the
18 possession, custody, and control of Defendant—not Defendant's counsel.

19 5. The inadvertent production or disclosure of any privileged documents or
20 information shall not constitute or be deemed to be a waiver of any applicable privilege with
21 respect to such document or information (or the contents or subject matter thereof) or with respect
22 to any other such document or discovery now or hereafter requested or provided. Defendant
23 reserves the right not to produce documents that are in part protected by privilege, except on a
24 redacted basis, and to require the return of any document (and all copies thereof) inadvertently
25 produced. Defendant likewise does not waive the right to object, on any and all grounds, to (1)
26 the evidentiary use of documents produced in response to these Discovery Requests; and (2)
27 Discovery Requests relating to those documents.

28

1 6. Defendant will provide its responses based on terms as they are commonly
2 understood, and consistent with the Federal Rules of Civil Procedure. Defendant objects to and
3 will refrain from extending or modifying any words employed in the Requests to comport with
4 expanded definitions or instructions.

5 7. Defendant notes that on May 8, 2020, Plaintiff's counsel informed Defendant's
6 counsel that she would only pursue Interrogatories 9, 10, 11, 14, 15, 18 and 19. The parties also
7 agreed that the relevant time period for these Interrogatories is limited to 2017 to 2019.

8 8. Defendant objects to Plaintiff's discovery requests in this case because such
9 requests are contrary to the policy interests of the Employee Retirement Income Security Act of
10 1974 ("ERISA") in minimizing costs of claim disputes and ensuring prompt claims-resolution
11 procedures, especially since Defendant has taken steps to reduce potential bias and promote
12 accuracy by walling off its Claims Administrator from those interested in Defendant's finances,
13 preventing a conflict of interest.

14 **PLAINTIFF'S FIRST SET OF INTERROGATORIES**

15 **INTERROGATORY NO. 9:** State the number of CLAIMS and APPEALS under the
16 PLAN as to which NMR provided medical review services annually from 2015 to the present,
17 indicating separately for each year.

18 **RESPONSE:** Defendant objects to the phrase "medical review services" as it is
19 undefined by Plaintiff, making the Interrogatory vague and ambiguous. Defendant further
20 objects to this Interrogatory on the grounds that it is overly broad to the extent it seeks
21 claims when NMR was not involved in Plaintiff's claim in this case, but was only involved
22 in Plaintiff's appeal, and to the extent it seeks the total number of claims and appeals for
23 which NMR provided medical review services over a three-year period from 2017 to 2019,
24 and is not limited to long term disability appeals, which is the subject of Plaintiff's ERISA
25 claim. Defendant objects that the total number of claims and appeals for which NMR
26 provides medical review services is not relevant to whether a financial conflict of interest
27 exists between the Plan and the Claims Administrator Sedgwick Claims Management

1 Services, Inc. (“Sedgwick”), or whether a financial conflict of interests exists for NMR,
2 making the Interrogatory not proportional to the needs of the case considering the factors
3 set forth in Fed. R. Civ. P. 26(b)(1), including: 1) the importance of the issues at stake in
4 the case, given *Day v. AT&T Disability Income Plan*, 698 F.3d 1091 (9th Cir. 2012)(finding
5 no conflict of interest exists because “[t]he Plan is funded by AT&T and not Sedgwick, and
6 administered by Sedgwick and not AT&T.”); 2) the parties’ relative access to relevant
7 information; and 3) the importance of this discovery in resolving the issues in the case.
8 Plaintiff’s Interrogatory also assumes that such information is readily available.

9 Subject to and without waiving the foregoing objections, Defendant states that
10 AT&T does not have any affiliation with any of the medical professionals who complete the
11 independent physician advisor reports or independent medical examinations or reviews,
12 including physicians retained by NMR. AT&T does not have any role in selecting the
13 medical professionals who complete the independent physician advisor reports or
14 independent medical examinations or reviews. *See* Exhibit A, Declaration of Jeremy Seigel;
15 and Exhibit B, Declaration of Charles French. Defendant will further move the Court for
16 an Order of protection from the undue burden and expense from responding to the
17 Interrogatory and ask the Court to forbid Plaintiff’s Interrogatory.

18 **FIRST SUPPLEMENTAL RESPONSE:** Subject to and without waiving the
19 foregoing objections and answers, Defendant states that it conducted a diligent search and
20 reasonable inquiry for information responsive to this Interrogatory by searching its own
21 records and requested that Sedgwick diligently search its records for responsive
22 information regarding the number of claims and appeals under the Plan that NMR
23 provided medical review services for, annually from 2017 to 2019. Neither the Plan nor the
24 Plan Administrator possess information responsive to this Interrogatory. From its inquiry,
25 Defendant understands that Sedgwick contracts with NMR to provide medical review
26 services, and Sedgwick renders monthly, lump-sum payments to NMR for all services it
27 provides, and such information is not itemized per client-entity.

28

1 Defendant requested that NMR diligently search its records for responsive
2 information and, although NMR stands on its objections made in response to Plaintiff's
3 Subpoena requesting the same information, it has informed Defendant that it believes
4 Sedgwick may have information responsive to this request, but upon Defendant requesting
5 information from Sedgwick, Sedgwick informed Defendant that it objects to disclosing
6 information regarding the number of claims and appeals to which NMR provided medical
7 review services without a subpoena. Defendant exhausted its efforts to obtain responsive
8 information and has no such information in its possession to answer the interrogatory.

9 **SECOND SUPPLEMENTAL RESPONSE:** Subject to and without waiving the
10 foregoing objections, Defendant states that NMR provided medical review services for 529
11 long term disability appeals under the Plan between 2017 and 2019. Approximately 212 in
12 2017; 172 in 2018; and 145 in 2019.

13 **INTERROGATORY NO. 10:** State the number of CLAIMS and APPEALS under the
14 PLAN as to which NMR provided medical review services that resulted in the approval of
15 disability CLAIMS and/or APPEALS. Please indicate the number separately for each year from
16 2015 to the present.

17 **RESPONSE:** Defendant objects to the phrase "medical review services" as it is
18 undefined by Plaintiff, making on the Interrogatory vague and ambiguous. Defendant
19 further objects to this Interrogatory on the grounds that it is overly broad to the extent it
20 seeks claims when NMR was not involved in Plaintiff's claim in this case, but was only
21 involved in Plaintiff's appeal, and to the extent it seeks the total number of claims and
22 appeals for which NMR provided medical review services over a three-year period from
23 2017 to 2019, and is not limited to long term disability appeals, which is the subject of
24 Plaintiff's ERISA claim. Defendant objects that the total number of claims and appeals for
25 which NMR provides medical review services that resulted in the approval of a disability
26 claim and/or appeal is not relevant to whether a financial conflict of interest exists between
27 the Plan and the Claims Administrator Sedgwick, or whether a financial conflict of

28

1 interests exists for NMR, making the Interrogatory not proportional to the needs of the
2 case considering the factors set forth in Fed. R. Civ. P. 26(b)(1), including: 1) the
3 importance of the issues at stake in the case, given *Day*, 698 F.3d 1091 (finding no conflict
4 of interest exists because “[t]he Plan is funded by AT&T and not Sedgwick, and
5 administered by Sedgwick and not AT&T.”); 2) the parties’ relative access to relevant
6 information; and 3) the importance of this discovery in resolving the issues in the case.
7 Plaintiff has not shown the propriety of this area of inquiry, and the Interrogatory assumes
8 that such information is readily available.

9 Subject to and without waiving the foregoing objections, Defendant states that
10 AT&T does not have any affiliation with any of the medical professionals who complete the
11 independent physician advisor reports or independent medical examinations or reviews,
12 including physicians retained by NMR. AT&T does not have any role in selecting the
13 medical professionals who complete the independent physician advisor reports or
14 independent medical examinations or reviews. *See Exhibits A and B.* Defendant will further
15 move the Court for an Order of protection from the undue burden and expense from
16 responding to the Interrogatory and ask the Court to forbid Plaintiff’s Interrogatory.

17 **FIRST SUPPLEMENTAL RESPONSE:** Subject to and without waiving the
18 foregoing objections and answers, Defendant states that it conducted a diligent search and
19 reasonable inquiry for information responsive to this Interrogatory by searching its own
20 records and requested that Sedgwick diligently search its records for responsive
21 information regarding the number of claims and appeals under the Plan that NMR
22 provided medical review services for that resulted in the approval of disability claims
23 and/or appeals, annually from 2017 to 2019. Neither the Plan nor the Plan Administrator
24 possess information responsive to this Interrogatory. From its inquiry, Defendant
25 understands that Sedgwick contracts with NMR to provide medical review services, and
26 Sedgwick renders monthly, lump-sum payments to NMR for all services it provides, and
27 such information is not itemized per client-entity.

28

1 Defendant requested that NMR diligently search its records for responsive
2 information and, although NMR stands on its objections made in response to Plaintiff's
3 Subpoena requesting the same information, it has informed Defendant that it believes
4 Sedgwick may have information responsive to this request, but upon Defendant requesting
5 information from Sedgwick, Sedgwick informed Defendant that it objects to disclosing
6 information regarding the number of claims and appeals to which NMR provided medical
7 review services without a subpoena. Defendant exhausted its efforts to obtain responsive
8 information and has no such information in its possession to answer the interrogatory.

9 **SECOND SUPPLEMENTAL RESPONSE:** Subject to and without waiving the
10 foregoing objections, Defendant states that between 2017 and 2019, the number of long
11 term disability appeals under the Plan that NMR provided medical review services for that
12 resulted in approval is approximately 169 or 31.95%; and partial approval is
13 approximately 72 or 13%.

14 The breakdown of LTD appeals that resulted in approvals, by year, is as follows:
15 2019: 51; 2018: 39; and 2017: 79.

16 The breakdown of LTD appeals that resulted in partial-approvals, by year, is as
17 follows: 2019: 21; 2018: 23; 2017: 28.

18 **INTERROGATORY NO. 11:** State the number of CLAIMS and APPEALS under the
19 PLAN as to which NMR provided medical review services that resulted in the denial of disability
20 CLAIMS and/or APPEALS. Please indicate the number separately for each year from 2015 to
21 the present.

22 **RESPONSE:** Defendant objects to the phrase "medical review services" as it is
23 undefined by Plaintiff, making the Interrogatory vague and ambiguous. Defendant further
24 objects to this Interrogatory on the grounds that it is overly broad to the extent it seeks
25 claims when NMR was not involved in Plaintiff's claim in this case, but was only involved
26 in Plaintiff's appeal, and to the extent it seeks the total number of claims and appeals for
27 which NMR provided medical review services resulting in denial of disability claims and
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1 appeals over a three-year period from 2017 to 2019, and is not limited to long term disability
2 appeals, which is the subject of Plaintiff's ERISA claim. Defendant objects that the total
3 number of claims and appeals for which NMR provides medical review services that
4 resulted in the denial of a disability claim and/or appeal is not relevant to whether a
5 financial conflict of interest exists between the Plan and the Claims Administrator
6 Sedgwick, or whether a financial conflict of interests exists for NMR, making the
7 Interrogatory not proportional to the needs of the case considering the factors set forth in
8 Fed. R. Civ. P. 26(b)(1), including: 1) the importance of the issues at stake in the case, given
9 *Day*, 698 F.3d 1091 (finding no conflict of interest exists because "[t]he Plan is funded by
10 AT&T and not Sedgwick, and administered by Sedgwick and not AT&T."); 2) the parties'
11 relative access to relevant information; and 3) the importance of this discovery in resolving
12 the issues in the case. Plaintiff has not shown the propriety of this area of inquiry and the
13 Interrogatory also assumes that such information is readily available.

14 Subject to and without waiving the foregoing objections, Defendant states that
15 AT&T does not have any affiliation with any of the medical professionals who complete the
16 independent physician advisor reports or independent medical examinations or reviews,
17 including physicians retained by NMR. AT&T does not have any role in selecting the
18 medical professionals who complete the independent physician advisor reports or
19 independent medical examinations or reviews. *See* Exhibits A and B. Defendant will further
20 move the Court for an Order of protection from the undue burden and expense from
21 responding to the Interrogatory and ask the Court to forbid Plaintiff's Interrogatory.

22 **FIRST SUPPLEMENTAL RESPONSE:** Subject to and without waiving the
23 foregoing objections and answers, Defendant states that it conducted a diligent search and
24 reasonable inquiry for information responsive to this Interrogatory by searching its own
25 records and requested that Sedgwick diligently search its records for responsive
26 information regarding the number of claims and appeals under the Plan that NMR
27 provided medical review services for that resulted in the approval of disability claims

1 and/or appeals, annually from 2017 to 2019. Neither the Plan nor the Plan Administrator
2 possess information responsive to this Interrogatory. From its inquiry, Defendant
3 understands that Sedgwick contracts with NMR to provide medical review services, and
4 Sedgwick renders monthly, lump-sum payments to NMR for all services it provides, and
5 such information is not itemized per client-entity.

6 Defendant requested that NMR diligently search its records for responsive
7 information and, although NMR stands on its objections made in response to Plaintiff's
8 Subpoena requesting the same information, it has informed Defendant that it believes
9 Sedgwick may have information responsive to this request, but upon Defendant requesting
10 information from Sedgwick, Sedgwick informed Defendant that it objects to disclosing
11 information regarding the number of claims and appeals to which NMR provided medical
12 review services without a subpoena. Defendant exhausted its efforts to obtain responsive
13 information and has no such information in its possession to answer the interrogatory.

14 **SECOND SUPPLEMENTAL RESPONSE:** Subject to and without waiving the
15 foregoing objections, Defendant states that between 2017 and 2019, the number of long
16 term disability appeals under the Plan that NMR provided medical review services for that
17 resulted in denials is approximately 288 or 54.44%. The breakdown of LTD appeals that
18 resulted in denials, by year, is as follows: 2019: 73; 2018: 110; and 2017: 105.

19 **PLAINTIFF'S SECOND SET OF INTERROGATORIES**

20 **INTERROGATORY NO. 14:** State the number of CLAIMS and APPEALS under the
21 PLAN for which Dr. Howard Grattan provided medical review services annually from 2015 to
22 the present, indicating separately for each year.

23 **RESPONSE:** Defendant objects to the phrase "medical review services" as it is
24 undefined by Plaintiff, making the Interrogatory vague and ambiguous. Defendant further
25 objects on the grounds that this Interrogatory is overly broad and unduly burdensome to
26 the extent it seeks information of the number of "claims," when Dr. Grattan was not
27 involved in Plaintiff's claim in this case, but was only involved in Plaintiff's LTD appeal,

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1 and to the extent it seeks the total number of claims and appeals under the Plan for which
2 Dr. Howard Grattan provided medical review services on an annual basis, over a three-
3 year period from 2017 to 2019. Specifically, because Dr. Grattan is retained by NMR, which
4 has no affiliation with either the Plan or Sedgwick (*see* Exhibit B), the burden and expense
5 of requesting NMR to provide information regarding the number of claims and appeals for
6 which Dr. Grattan provided medical review services from 2017 to 2019 outweighs its likely
7 benefit in determining whether a financial conflict exists between the Plan and Sedgwick,
8 or whether any financial conflict of interest exists for Dr. Grattan. Plaintiff’s Interrogatory
9 also assumes that such information is readily available.

10 Defendant objects to this Interrogatory on the grounds that it is not relevant to the
11 parties’ claims or defenses in this case because the request is not limited to appeals
12 concerning long term disability benefits, and therefore not proportional to the needs of the
13 case considering the factors set forth in Fed. R. Civ. P. 26(b)(1), including: 1) the
14 importance of the issues at stake in the case, given *Day v. AT&T Disability Income Plan*,
15 698 F.3d 1091 (9th Cir. 2012)(finding no conflict of interest exists because “[t]he Plan is
16 funded by AT&T and not Sedgwick, and administered by Sedgwick and not AT&T.”); 2)
17 the parties’ relative access to relevant information; and 3) the importance of this discovery
18 in resolving the issues in the case . Plaintiff does not allege, and fails to show, the propriety
19 of this area of inquiry. Such information is only possibly relevant if the number of claims
20 and appeals for which Dr. Grattan provided medical review services show a bias in favor
21 of a “no disability” finding, and if the claims personnel who selected Dr. Grattan knew of
22 the skewed findings, *see Santos v. Quebecor World Long Term Disability Plan*, 1:08-CV-565
23 AWI GSA, 2009 WL 1362696, at *9 (E.D. Cal. May 14, 2009) (only permitting plaintiff to
24 inquire whether her employer perceived or was actually aware of any tendency by the
25 doctors or their employing agency to routinely or disproportionately make findings of “no
26 disability” or the like), and that inquiry is more appropriate for NMR, not the Plan.
27 Defendant will further move the Court for an Order of protection from the undue burden

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1 and expense from responding to the Interrogatory and ask the Court to forbid Plaintiff's
2 Interrogatory.

3 **FIRST SUPPLEMENTAL RESPONSE:** Subject to and without waiving the
4 foregoing objections and answers, Defendant states that it conducted a diligent search and
5 reasonable inquiry for information responsive to this Interrogatory by searching its own
6 records and requested that Sedgwick diligently search its records for responsive
7 information regarding the number of claims and appeals under the Plan that Dr. Howard
8 Grattan provided medical review services for between 2017 and 2019. Neither the Plan nor
9 the Plan Administrator possess information responsive to this Interrogatory. From its
10 inquiry, Defendant understands that Sedgwick contracts with NMR to provide medical
11 review services, and Sedgwick renders monthly, lump-sum payments to NMR for all
12 services it provides, and such information is neither itemized per client-entity nor is it
13 itemized per independent medical examiner/reviewer providing review services.

14 Defendant requested that NMR diligently search its records for responsive
15 information and, although NMR stands on its objections made in response to Plaintiff's
16 Subpoena requesting the same information, it has informed Defendant that it believes
17 Sedgwick may have information responsive to this request, but upon Defendant requesting
18 information from Sedgwick, Sedgwick informed Defendant that it objects to disclosing
19 information regarding the number of claims and appeals to which NMR and/or Dr. Grattan
20 provided medical review services without a subpoena, to the extent it has responsive
21 information. Defendant exhausted its efforts to obtain responsive information and has no
22 such information in its possession to answer the interrogatory.

23 **SECOND SUPPLEMENTAL RESPONSE:** Subject to and without waiving the
24 foregoing objections, Defendant states that between 2017 and 2019, the number of long
25 term disability appeals under the Plan that Dr. Grattan provided medical review services
26 for is approximately 88. Approximately 27 in 2017; 31 in 2018; and 30 in 2019.

1 **INTERROGATORY NO. 15:** State the total compensation paid to Dr. Howard Grattan
2 on behalf of the PLAN for medical review services each year from 2015 to the present.

3 **RESPONSE:** Defendant objects to the phrase “medical review services” as it is
4 undefined by Plaintiff, making on the Interrogatory vague and ambiguous. Defendant
5 further objects that information regarding the total compensation paid to Dr. Grattan is
6 not relevant to the parties’ claims or defenses in this case because neither the Plan nor
7 Sedgwick compensated Dr. Grattan. Neither the Plan nor Sedgwick have any affiliation
8 with Dr. Grattan, and compensation he received from NMR does not make it less or more
9 likely that his compensation influenced his opinion regarding Plaintiff’s long term disability
10 benefit claim and/or appeal.

11 Moreover, pay records of individual physicians who reviewed Plaintiff’s claim is
12 overly burdensome because its intrusiveness outweighs its likely benefit and is therefore
13 not proportional to the needs of this case considering the factors set forth in Fed. R. Civ. P.
14 26(b)(1), including: 1) the importance of the issues at stake in the case, given *Day*, 698 F.3d
15 1091 (finding no conflict of interest exists because “[t]he Plan is funded by AT&T and not
16 Sedgwick, and administered by Sedgwick and not AT&T.”); 2) the parties’ relative access
17 to relevant information; and 3) the importance of this discovery in resolving the issues in
18 the case. *See Myers v. Prudential Ins. Co. of Am.*, 581 F. Supp. 2d 904, 915 (E.D. Tenn.
19 2008) (disallowing discovery of pay records and personnel files of the individual physicians
20 who reviewed plaintiff’s claim, but allowing plaintiff to discover the identity of the
21 physician’s employer (which was an entity other than the defendant) and information
22 regarding the temporal and financial depth of the physician-employer’s relationship to the
23 defendant). Plaintiff’s Interrogatory assumes that information regarding compensation
24 paid to Dr. Grattan for medical services he provided to the Plan, specifically, is available.
25 Plaintiff’s inquiry is more appropriate for NMR, not the Plan.

26 Subject to and without waiving the foregoing objections, Defendant states that
27 neither the Plan nor Sedgwick have any affiliation with any of the medical professionals

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1 who complete the independent physician advisor reports or independent medical
2 examinations or reviews, including physicians retained by NMR. Sedgwick also does not
3 have any role in selecting the medical professionals who complete the independent
4 physician advisor reports or independent medical examinations or reviews, except to
5 designate the specialty of the medical professional that is required based upon the nature
6 of the claim and stated medical condition(s). *See Exhibits A and B.*

7 Defendant further refers Plaintiff, pursuant to Fed. R. Civ. P. 33(d), to Chacko AR
8 000209-000422, in which Dr. Grattan certifies and attests that he does “not accept
9 compensation for review activities that is dependent in any way on the specific outcome of
10 the case,” and does not have any financial conflict of interest regarding the referring entity;
11 the group health plan that is the subject of review; or any group health plan administrator,
12 plan fiduciary, or plan employee. Similarly, NMR attests that it has no conflict of interest
13 with the medical review, the referring entity, benefit plan, or attending provider, and also
14 attests that “its compensation is not dependent on the specific outcome of this review.”
15 Defendant will further move the Court for an Order of protection from the undue burden
16 and expense from responding to the Interrogatory and ask the Court to forbid Plaintiff’s
17 Interrogatory.

18 **FIRST SUPPLEMENTAL RESPONSE:** Subject to and without waiving the
19 foregoing objections and answers, Defendant states that it conducted a diligent search and
20 reasonable inquiry for information responsive to this Interrogatory by searching its own
21 records and requested that Sedgwick diligently search its records for responsive
22 information regarding the total compensation NMR paid to Dr. Grattan for medical review
23 services under the Plan between 2017 and 2019. Neither the Plan nor the Plan
24 Administrator possess information responsive to this Interrogatory. From its inquiry,
25 Defendant understands that Sedgwick contracts with NMR to provide medical review
26 services, and Sedgwick renders monthly, lump-sum payments to NMR for all services it
27 provides, and such information is neither itemized per client-entity nor is it itemized per

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1 independent medical examiner/reviewer providing review services. Further, neither
2 Sedgwick nor the Plan provide any financial compensation to the medical professionals
3 engaged to provide review services, including Dr. Grattan.

4 Defendant requested that NMR diligently search its records for information
5 regarding the total amount of compensation it paid to Dr. Grattan for medical review
6 services provided under the Plan between 2017 and 2019, to which NMR provided that it
7 stands on its objections made in response to Plaintiff's Subpoena requesting the same
8 information. NMR, which is not a party to this litigation, objects to disclosing information
9 regarding compensation it pays to its independent medical examiners/reviewers without a
10 subpoena or court order compelling it to do so. Defendant exhausted its efforts to obtain
11 responsive information and has no such information in its possession to answer the
12 Interrogatory.

13 **THIRD SUPPLEMENTAL RESPONSE:** Subject to and without waiving the
14 foregoing objections and answers, Defendant states from 2017 to 2019 that NMR invoiced
15 Sedgwick for medical review services provided by Dr. Grattan regarding Plaintiff's claim
16 for a total of \$1,175.00. *See Documents AT&T-Chacko 000295-000300.* Further answering,
17 Defendant states that from 2017-2019, excluding the fees related to Plaintiff, NMR invoiced
18 Sedgwick the amount of \$29,895.00 for medical review services provided by Dr. Grattan
19 under the Plan. *See Documents Sedgwick_Production_000001-000083.*

20 **INTERROGATORY NO. 18:** State the number of CLAIMS and APPEALS under the
21 PLAN for which Dr. Howard Grattan provided medical review services where he opined that the
22 claimant did not have the functional capacity for full-time work. Please indicate the number
23 separately for each year from 2015 to the present.

24 **RESPONSE:** Defendant objects to the phrase "medical review services" as it is
25 undefined by Plaintiff, making on the Interrogatory vague and ambiguous. Defendant
26 further objects on the grounds that this Interrogatory is overly broad, unduly burdensome,
27 and not proportional to the needs of this case because it seeks information on the number

1 of “claims,” when Dr. Grattan was not involved in Plaintiff’s claim in this case, but was
2 only involved in Plaintiff’s LTD appeal, and because Plaintiff fails to show how the number
3 of claims and appeals where Dr. Grattan opined that the claimant did not have the
4 functional capacity for full-time work is relevant to establish a financial conflict. Plaintiff’s
5 Interrogatory requires the Court to assume that, or analyze whether, Dr. Grattan’s
6 findings were incorrect, and such information goes more to the merits of Plaintiff’s claim
7 rather than the assessment of whether a financial conflict exists between the Plan and
8 Sedgwick, or whether a financial conflict of interest exists for Dr. Grattan, making the
9 request improper. Defendant also objects because Plaintiff’s Interrogatory assumes the
10 availability of such information. Defendant will further move the Court for an Order of
11 protection from the undue burden and expense from responding to the Interrogatory and
12 ask the Court to forbid Plaintiff’s Interrogatory.

13 **FIRST SUPPLEMENTAL RESPONSE:** Subject to and without waiving the
14 foregoing objections and answers, including Defendant’s objection that this Interrogatory
15 seeks to ascertain facts pertinent to Plaintiff’s claim on the merits, Defendant states that it
16 has conducted a diligent search and reasonable inquiry for information responsive to this
17 Interrogatory by searching its own records and requested that Sedgwick diligently search
18 its records for information regarding the number of claims and appeals where Dr. Grattan
19 opined that the claimant did not have the functional capacity to perform full-time work
20 between 2017 and 2019. Neither the Plan nor the Plan Administrator have records which
21 categorize this type of information. In light of Defendant’s size, it would be unduly
22 burdensome and costly for Defendant or Sedgwick to review claims and appeals for over a
23 two-year period to find those which Dr. Grattan not only provided medical review services
24 for, but also to find those which Dr. Grattan made a specific finding. Defendant further
25 objects to this Interrogatory on the grounds that the information Plaintiff requests in this
26 Interrogatory is not relevant to the assessment of a potential financial conflict of interest
27 because there are a potentially endless number of reasons why Dr. Grattan may or may not

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1 have come to such a conclusion for any given claim or appeal regarding individuals who
2 are not parties to this litigation.

3 Defendant requested that NMR diligently search its records for responsive
4 information, to which NMR informed Defendant that it believes Sedgwick may have
5 information responsive to this request. Upon Defendant requesting information from
6 Sedgwick, Sedgwick informed Defendant that it objects to disclosing information regarding
7 the number of claims and appeals where Dr. Grattan opined that the claimant did not have
8 the functional capacity to perform full-time work between 2017 and 2019, without a
9 subpoena, to the extent it has responsive information. Defendant exhausted its efforts to
10 obtain responsive information and has no such information in its possession to answer the
11 Interrogatory.

12 **SECOND SUPPLEMENTAL RESPONSE:** Subject to and without waiving the
13 foregoing objections, Defendant states that between 2017 and 2019, the number of long
14 term disability appeals under the Plan that Dr. Grattan provided medical review services
15 for, where he found that the evidence supported an approval of LTD benefits is
16 approximately 28 or 31.82%; and where he found that the evidence partially supported an
17 approval is approximately 13 or 14.77%. Defendant notes that Dr. Grattan's opinion was
18 not always the only independent medical reviewer opinion provided for the LTD appeal,
19 nor was Dr. Grattan's opinion always relied upon in the Claims Administrator's ultimate
20 decision on whether to approve or deny the LTD appeal.

21 The breakdown of LTD appeals that Dr. Grattan found that the evidence supported
22 approval of LTD benefits, by year, is as follows: 2019: 10; 2018: 8; and 2017: 10.

23 The breakdown of LTD appeals that Dr. Grattan found that the evidence partially
24 supported approval of LTD benefits, by year, is as follows: 2019: 5; 2018: 6; and 2017: 2.

25 **FOURTH SUPPLEMENTAL RESPONSE:** Subject to and without waiving the
26 foregoing objections pursuant to F.R.C.P. 33(d), Defendant refers Plaintiff to the
27 conclusion pages previously produced as AT&T-Chacko 000003-000300 as well as

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1 documents Bates labeled AT&T-Chacko 000436-000709, produced herewith.

2 **INTERROGATORY NO. 19:** State the number of CLAIMS and APPEALS under the
3 PLAN for which Dr. Howard Grattan provided medical review services where he opined that the
4 claimant did have functional capacity for full-time work or where he opined that the medical
5 evidence did not support restrictions from full-time work. Please indicate the number separately
6 for each year from 2015 to the present.

7 **RESPONSE:** Defendant objects to the phrase “medical review services” as it is
8 undefined by Plaintiff, making on the Interrogatory vague and ambiguous. Defendant
9 further objects on the grounds that this Interrogatory is overly broad, unduly burdensome,
10 and not proportional to the needs of this case because it seeks information on the number
11 of “claims,” when Dr. Grattan was not involved in Plaintiff’s claim in this case, but was
12 only involved in Plaintiff’s LTD appeal, and because Plaintiff fails to show how the number
13 of claims and appeals where Dr. Grattan opined that the claimant did not have the
14 functional capacity for full-time work or where he opined that the medical evidence did not
15 support restrictions from full-time work is relevant to establish a financial conflict.
16 Plaintiff’s Interrogatory requires the Court to assume that, or analyze whether, Dr.
17 Grattan’s findings were incorrect, and such information goes more to the merits of
18 Plaintiff’s claim rather than the assessment of whether a financial conflict exists between
19 the Plan and Sedgwick, or whether a financial conflict of interest exists for Dr. Grattan,
20 making the request improper. Defendant also objects because Plaintiff’s Interrogatory
21 assumes the availability of such information. Defendant will further move the Court for an
22 Order of protection from the undue burden and expense from responding to the
23 Interrogatory and ask the Court to forbid Plaintiff’s Interrogatory.

24 **FIRST SUPPLEMENTAL RESPONSE:** Subject to and without waiving the
25 foregoing objections and answers, including Defendant’s objection that this Interrogatory
26 seeks to ascertain facts pertinent to Plaintiff’s claim on the merits, Defendant states that it
27 has conducted a diligent search and reasonable inquiry for information responsive to this

1 Interrogatory by searching its own records and requested that Sedgwick diligently search
2 its records for information regarding the number of claims and appeals where Dr. Grattan
3 opined that the claimant did have the functional capacity to perform full-time work or
4 where he opined that the medical evidence did not support restrictions from full-time work
5 between 2017 and 2019. Neither the Plan nor the Plan Administrator have records which
6 categorize this type of information. In light of Defendant's size, it would be unduly
7 burdensome and costly for Defendant or Sedgwick to review claims and appeals for over a
8 two-year period to find those which Dr. Grattan not only provided medical review services
9 for, but also to find those which Dr. Grattan made a specific finding. Defendant further
10 objects to this Interrogatory on the grounds that the information Plaintiff requests in this
11 Interrogatory is not relevant to the assessment of a potential financial conflict of interest
12 because there are a potentially endless number of reasons why Dr. Grattan may or may not
13 have come to such a conclusion for any given claim or appeal regarding individuals who
14 are not parties to this litigation.

15 Defendant requested that NMR diligently search its records for responsive
16 information, to which NMR informed Defendant that it believes Sedgwick may have
17 information responsive to this request. Upon Defendant requesting information from
18 Sedgwick, Sedgwick informed Defendant that it objects to disclosing information regarding
19 the number of claims and appeals where Dr. Grattan opined that the claimant did have the
20 functional capacity to perform full-time work or where he opined that the medical evidence
21 did not support restrictions from full-time work between 2017 and 2019, without a
22 subpoena, to the extent it has responsive information. Defendant exhausted its efforts to
23 obtain responsive information and has no such information in its possession to answer the
24 Interrogatory.

25 SECOND SUPPLEMENTAL RESPONSE: Subject to and without waiving the
26 foregoing objections, Defendant states that between 2017 and 2019, the number of long
27 term disability appeals under the Plan that Dr. Grattan provided medical review services

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1 for, where he found that the evidence did not support an approval of LTD benefits is
2 approximately 47 or 53.41%. Defendant notes that Dr. Grattan's opinion was not always
3 the only independent medical reviewer opinion provided for the LTD appeal, nor was Dr.
4 Grattan's opinion always relied upon in the Claims Administrator's ultimate decision on
5 whether to approve or deny the LTD appeal.

6 The breakdown of LTD appeals that Dr. Grattan found that the evidence did not
7 support approval of LTD benefits, by year, is as follows: 2019: 15; 2018: 17; and 2017: 15.

8 **FOURTH SUPPLEMENTAL RESPONSE:** Subject to and without waiving the
9 foregoing objections pursuant to F.R.C.P. 33(d), Defendant refers Plaintiff to the
10 conclusion pages previously produced as AT&T-Chacko 000003-000300 as well as
11 documents Bates labeled AT&T-Chacko 000436-000709, produced herewith.

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13 Dated: October 13, 2021.

14 **CAMPBELL LITIGATION, P.C.**

15 /s/Stacey A. Campbell
16 Stacey A. Campbell, Colo. Bar No. 38378
(appearing pro hac vice)

17 **HARDY ERICH BROWN & WILSON**

18 Stephen W. Robertson, #228708
19 Alexander L. Nowinski, #304967

20 *Attorneys for Defendant AT&T Umbrella Benefit*
21 *Plan No. 3*

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CERTIFICATE OF SERVICE

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I hereby certify that October 13, 2021, I served the foregoing **DEFENDANT'S FOURTH SUPPLEMENTAL RESPONSES TO PLAINTIFF'S FIRST AND SECOND SET OF INTERROGATORIES TO DEFENDANT** electronically by electronic mail/email to the following:

Michelle L. Roberts
E-mail: michelle@robertsdisability.com
ROBERTS DISABILITY LAW
66 Franklin St., Ste. 300
Oakland, CA 94607
Telephone: (510) 230-2090
Facsimile: (510) 230-2091

Glenn R. Kantor
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Email: zyarnky@kantorlaw.net
KANTOR & KANTOR LLP
19839 Nordhoff Street
Northridge, CA 91324
Telephone: (818) 886-2525
Facsimile: (818) 350-6272

By: /s/Tanya Patterson
Tanya Patterson

VERIFICATION

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I hereby declare under penalty of perjury that the facts stated in the discovery responses in the forgoing DEFENDANT’S FOURTH SUPPLEMENTAL RESPONSES TO PLAINTIFF’S FIRST AND SECOND SET OF INTERROGATORIES TO DEFENDANT INCLUDING ALL PREVIOUS SUPPLEMENTATIONS WITH THE EXCLUSION OF THE SECOND SUPPLMENTAL RESPONSE TO INTERROGATORIES 18 AND 19 are true and correct to the best of my knowledge, information, and belief.


By:  _____
Date: October 12, 2021

EXHIBIT 2

EXHIBIT 2

Bates Number of Report	Not Disabled	Disabled	Partially Disabled	Disabled (D), Not Disabled (ND), Partially Disabled (PD)	Notes
Chacko AR 255-269	1			ND	"the employee is not disabled from any type of work as of 09/16/18 through the present time."
AT&T-Chako 000010-12	1			ND	"the claimant is not disabled from performing any occupation as of 09/01/19."
AT&T-Chako 000015-23	1			ND	"the claimant is not disabled from any type of work effective 05/01/18."
AT&T-Chako 000037-43	1			ND	"the claimant is not disabled from any type of work /any occupation effective 07/03/18 through the present."
AT&T-Chako 000056-59	1			ND	"the claimant is not disabled from any occupation as of 09/14/17 through present..." and "the claimant is not disabled."
AT&T-Chako 000072-79	1			ND	"the claimant is not disabled from her job duties as of 05/16/19 through present"
AT&T-Chako 000099-100		1		D	"medical information does not support recovery that would be sufficient for the employee to return to work ... on or before 7/16/2018."
AT&T-Chako 000142-144	1			ND	"the employee is not disabled from any occupation as of 08/16/16 through present."
AT&T-Chako 000204-206		1		D	"medical information does not support the employee will be able to return to his regular job duties without restrictions by 12/11/17."
AT&T-Chako 000209-214	1			ND	"employee is not disabled from performing any occupation as of 09/13/2017 through present..."
AT&T-Chako 000260-274			1	PD	"the claimant is disabled from her regular job as of 01/01/19 through the present time, however she is not disabled from any type of work as of 01/01/19 through present."

AT&T-Chacko 000436-438	1			ND	The employee is not disabled from any occupation as of 04/07/2017 through present. From a pain medicine perspective, the employee is not disabled.
AT&T-Chacko 000439-443	1			ND	Report and one addendum. Report finds "employee is not disabled from any occupation as of 04/07/2017 through present." Addendum "not disabled from her regular job"
AT&T-Chacko 000444-447			1	PD	Found not disabled from 2/6/18 (start of disability) to 5/24/18, disabled from 5/28/18 to 6/20/18 following surgery.
AT&T-Chacko 000448-450	1			ND	"the claimant is not disabled from his regular job as of 08/16/17 through present."
AT&T-Chacko 000451-456	1			ND	Report and one addendum. Report finds, "the claimant is not disabled from performing any occupation as of 06/03/18." Addendum - opinion unchanged.
AT&T-Chacko 000457-460	1			ND	"the employee is not totally disabled" "except for a heavy level occupation." "He would have the ability to perform light ot medium physical job duties."
AT&T-Chacko 000461-464	1			ND	"there is no medical evidence to support disability from any occupation."
AT&T-Chacko 000465-467		1		D	"the claimant is disabled from her regular job duties as of 9/1/2019 through present."
AT&T-Chacko 000468-471; AT&T-Chacko 000472-478			1	PD	Multiple reports for same claim. "the employee is disabled from 06/09/18 through 07/15/19....From 07/16/19 thru present, disability is not supported without updated clinical information."
AT&T-Chacko 000479-483	1			ND	"disabled from strenuous physical demand occupation otherwise he would be capable of any occupation with restrictions as of 04/01/18 through present."

AT&T-Chacko 000484-487	1			ND	"the claimant is not disabled from performing any occupation as of 07/10/18."
AT&T-Chacko 000488-492; AT&T-Chacko 000493-496	1			ND	Multiple reports for same claim "the employee is not disabled from any occupation..."
AT&T-Chacko 000497-499	1			ND	"the employee is not disabled from any occupation as of 06/16/18 through present."
AT&T-Chacko 000500-502	1			ND	"The employee is not disabled from any type of work effective from 11/01/19 through present, as she has the ability to function with restrictions."
AT&T-Chacko 000503-504	1			ND	"there are no clinical findings which indicate the claimant would be unable to return to his regular job duties without restrictions by 04/06/2020."
AT&T-Chacko 000505-507	1			ND	"employee is not disabled from performing her regular job and any occupation as of 12/01/16."
AT&T-Chacko 000508-509	1			ND	"employee is not disabled from any occupation/any type of work as of 01/01/17 through present."
AT&T-Chacko 000510-512; AT&T-Chacko 000513-517	1			ND	Multiple reports for same claim finding "employee is not disabled from any occupation as of 07/22/16 through present."
AT&T-Chacko 000518-521	1			ND	"employee is not disabled from any type of job as of 02/01/19 through present."
AT&T-Chacko 000522-524	1			ND	"She would have impairments at functioning in an occupation performed higher than a sedentary level."
AT&T-Chacko 000525-527	1			ND	"the employee is not disabled from any occupation."
AT&T-Chacko 000528-530; AT&T-Chacko 000531-535	1			ND	Multiple reports for same claim finding "the claimant is not impaired from performing any occupation as of 05/16/18."
AT&T-Chacko 000536-537	1			ND	"claimant is expected to recover sufficiently to resume work ..."
AT&T-Chacko 000538-540	1			ND	"the employee is not disabled."

AT&T-Chacko 000541-545; AT&T-Chacko 000546-548	1			ND	Multiple reports for same claim finding "employee is not disabled from her regular job" and "not disabled from any occupation as of 07/02/17 through present."
AT&T-Chacko 000549-552	1			ND	"employee is not disabled from any occupation as of 05/16/18 from a pain medicine perspective."
AT&T-Chacko 000553-556		1		D	"employee is disabled from any type of work/any occupation as of 04/15/16 through present."
AT&T-Chacko 000557-558	1			ND	"employee is not disabled from any occupation as of 08/03/17 through present."
AT&T-Chacko 000559-562	1			ND	"claimant is not disabled from any type of work as of 08/08/17 through present."
AT&T-Chacko 000563-568	1			ND	"claimant is not disabled from any type of work as of 08/08/17 through present."
AT&T-Chacko 000569-572; AT&T-Chacko 000573-579	1			ND	Multiple reports for the same claim finding "claimant is not disabled from performing any employment as of 08/01/18 through the present time."
AT&T-Chacko 000580-589; AT&T-Chacko 000590-602; AT&T-Chacko 000603-617; AT&T-Chacko 000618-620; AT&T-Chacko 000621-623; AT&T-Chacko 000624-630	1			ND	Multiple reports for the same claim finding "employee is not disabled from performing any occupation as of 06/01/18."
AT&T-Chacko 000631-633		1		D	"the claimant is disabled from his regular job..."
AT&T-Chacko 000634-636	1			ND	"The medical information supports that recovery will be sufficient for the employee to resume work on or before 12/08/17."
AT&T-Chacko 000637-642	1			ND	"The employee is not disabled from performing any occupation or employment as of 07/01/19 through present."

AT&T-Chacko 000643-646	1			ND	"the claimant is not disabled from any type of job as of 04/23/19 through present."
AT&T-Chacko 000647-649	1			ND	"the claimant is not disabled as of 02/01/18 through present."
AT&T-Chacko 000650-652	1			ND	"the employee is not disabled."
AT&T-Chacko 000653-655	1			ND	"employee is not disabled from her regular job as of 03/01/17 through present."
AT&T-Chacko 000656-659	1			ND	"employee is not disabled from performing any occupation as of 03/16/19, as she would have the ability to function with activity restrictions and limitations."
AT&T-Chacko 000660-661	1			ND	"medical information does support that the employee's recovery will be sufficient to resume normal job duties on or before 08/12/2017."
AT&T-Chacko 000662-665	1			ND	"employee is not disabled from any occupation as of 04/12/16 through present."
AT&T-Chacko 000666-669		1		D	"disabled from performing employment at the light to heavy physical demand level as of 10/01/18 through 11/11/18, and medium to heavy physical demand level as of 11/12/18 through present..."
AT&T-Chacko 000670-671		1		D	"the claimant is unable to work as he is one year out from the cerebrovascular accident and has not make sufficient progress with aphasia and hemiplegia."
AT&T-Chacko 000672-674	1			ND	"employee is not disabled from performing any occupation as of 03/16/18."
AT&T-Chacko 000675-679	1			ND	"employee is not disabled from any occupation/any type of work as of 10/07/16 through present." Addendum, same conclusion
AT&T-Chacko 000680-681; AT&T-Chacko 000682-686; AT&T-Chacko 000687-692	1			ND	"claimant is not disabled from any job as of 05/01/19 through present due to insufficient documentation provided for review."

AT&T-Chacko 000693-695	1			ND	"employee is not disabled from her regular job as of 05/30/2017 through 06/06/2017 and 06/08/2017 through present."
AT&T-Chacko 000696-700	1			ND	"the claimant is not disabled from any occupation as of 09/14/17 through present as she would be capable of working with activity restrictions."
AT&T-Chacko 000701-703; AT&T-Chacko 000704-709		1		D	"employee would be disabled from her regular job as she would not have the ability to lift 25 pounds with the right upper extremity due to limited range of motion 03/16/18 thru present."
Total Not Disabled	50				
Total Disabled		8			
Total Partially Disabled			3		

EXHIBIT 3

EXHIBIT 3

1 Michelle L. Roberts, State Bar No. 239092
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2 ROBERTS DISABILITY LAW
66 Franklin Street, Ste. 300
3 Oakland, CA 94607
Telephone: (510) 230-2090
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8 Northridge, CA 91324
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9 Facsimile: (818) 350-6272

10 Attorneys for Plaintiff,
RUBY CHACKO

11 **UNITED STATES DISTRICT COURT**
12 **EASTERN DISTRICT OF CALIFORNIA**

13 RUBY CHACKO,

14 Plaintiff,

15 vs.

16 AT&T UMBRELLA BENEFIT PLAN NO. 3,

17 Defendant.
18

CASE NO.: 2:19-cv-01837-JAM-DB

**PLAINTIFF'S FOURTH SUPPLEMENTAL
DISCLOSURES**

19 Pursuant to Rule 26(e) of the Federal Rules of Civil Procedure, Plaintiff Ruby Chacko, by
20 her undersigned counsel, hereby submits the following supplemental disclosures:

- 21 • Medical records in Sedgwick's possession and considered in Ms. Chacko's Workers'
22 Compensation case. These should be part of the Administrative Record in this case.
23 [CHACKO 0072 - 218];

24 DATED: September 28, 2021

ROBERTS DISABILITY LAW

25 By: /s/ Michelle L. Roberts
26 Attorneys for Plaintiff,
RUBY CHACKO
27
28

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PROOF OF SERVICE

STATE OF CALIFORNIA)
) ss.
COUNTY OF ALAMEDA)

I am employed in the County of Alameda, State of California. I am over the age of 18 and not a party to the within action; my business address is 66 Franklin Street, Suite 300, Oakland, CA 94607.

On September 28, 2021, I served the foregoing document described as **PLAINTIFF’S FOURTH SUPPLEMENTAL DISCLOSURES** in this action by serving a true copy thereof addressed as follows:


Stacey A. Campbell
Richard Kaufmann
Tanya Patterson
CAMPBELL LITIGATION, P.C.
Email: Stacey@campbell-litigation.com
richard@campbell-litigation.com
tanya@campbell-litigation.com

Stephen W. Robertson
Alexander L. Nowinski
HARDY ERICH BROWN & WILSON
A Professional Law Corporation
Email: srobertson@hebw.com
anowinski@hebw.com

(BY E-MAIL SERVICE) I caused a copy of the document(s) to be sent from e-mail address michelle@robertsdisability.com to the persons at the e-mail addresses listed in the Service List. I did not receive, within a reasonable time after the transmission, any electronic message or other indication that the transmission was unsuccessful.

I declare that I am employed in the office of a member of the bar of this court at whose direction the service was made.

Executed on September 28, 2021, San Francisco, California.


/s/ _____
Michelle L. Roberts

KAISER PERMANENTE Claim#: B725030987-0001-01 DOI: 10-29-2017 Visit: 06-11-2018 09:57 ReportDate: 06-11-2018 Final: Y
 Patient: CHACKO, RUBY, S MR: 14714672 WCAB#: FAC: SSC Contact: (916) 688-2478 Carrier DOI (if available):

State of California Division of Workers' Compensation

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

Check the box(es) which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e., has reached maximum medical improvement), do not use this form. You may use DWC Form PR-3.

01.	<input type="checkbox"/> Periodic Report (required 45 days after last report)	02.	<input type="checkbox"/> Change in treatment plan	03.	<input checked="" type="checkbox"/> Released from care
04.	<input type="checkbox"/> Change in work status	05.	<input type="checkbox"/> Need for referral or consultation	06.	<input type="checkbox"/> Response to request for information
07.	<input type="checkbox"/> Change in patient's condition	08.	<input type="checkbox"/> Need for surgery or hospitalization	09.	<input type="checkbox"/> Request for Authorization
10.	<input type="checkbox"/> Other:				

11. Patient will be permanently precluded from engaging in his/her usual and customary occupation
 12. Patient's condition is permanent and stationary with residual disability on;
 13. Patient will require future medical care
If any of these boxes are checked you must use Form PR-3 or narrative report.

14. Claims Administrator SEDGWICK CLAIM MGMNT SVCS INC PO BOX 14627 LEXINGTON KY 40512	26. Phone (866) 249-1170	27. Fax (866) 224-4627	Patient: 15. MR 14714672	16. SSN XXX-XX-XXXX
			17. Name CHACKO, RUBY, S	
			18. Address 9211 BROMFIELD CT	
			19. City ELK GROVE	State CA Zip 956243509
			20. DOI 10-29-2017	21. DOB
			23. Phone (815) 477-9282	24. Fax
			25. Occupation Software engineer/architec	
			28. Claim B725030987-0001-01	29. WCAB

30. Employer Name: AT&T 31. Employer Phone (916) 684-1808

The information below must be provided. You may use this form or you may substitute or append a narrative report.

32. Subjective Complaints:

Ruby S Chacko is a 54 Y female. The patient is here for a 21 day follow up. Work STATUS: modified duty; not accommodated. Not working since December 2017. CURRENT COMPLAINTS: Doing better with trazodone at bedtime. Sleeping better and awakens with less pain for 2 hours only. Can keyboarding and mouse for a few minutes and then severe shoulder and has to stop. Having most pain to the posterior shoulders and upper back. Severe burning and ache to both posterior shoulders. Neck is not as bothersome. Neck still very stiff and more stiff sitting. Neck symptoms are tolerable. Hands feel better. Has tolerable pain. Tolerable pain to the wrists and forearms. Both arm; numb and tingling. Mostly daytime. Constant pain. Numbness off and on. Feeling down. Has fatigue and anxiety. Cannot sleep even if tired. She is worried and anxious. Appetite is fair. Cannot sleep: 2 hours. Cannot fall asleep. Could not tolerate nortriptyline; heartburn was severe. Rare frontal headache. Has blurred vision if using computer for 10 minutes. Treatment summary: --Dr. Edrissian, Rheumatology 12/7/17: blurred vision and headache while working on computer; dry eyes, dry mouth Per rheum. The patient also complains of pain in hands and arms, associated with tingling and numbness in her hands for past few months. The pain severity is 7/10, which is getting worse with activity. The pain is associated with morning stiffness which lasts about 45 minutes. He does not recommend prednisone or temporal artery biopsy at this time. To check labs and follow up as needed. --Visit number 1 with physical therapy was on 12/28 treated by David. Had physical therapy visit 10 on 4/26/18; not improving and discharged to home exercise program. --nerve conduction test and electromyogram done; negative for Carpel Tunnel Syndrome and negative for cervical radiculopathy. --ergonomic evaluation requested --Dr. Scholey, PM&R; delayed recovery unclear --nortriptyline trial 4/30; severe heartburn and stopped. Review of Systems: Constitutional: negative for fevers or chills Neurological: negative for weakness, bowel/bladder incontinence, or clumsiness. Relevant Medications: none. Allergies: Patient has no known allergies. Social History: reports that she has never smoked. She has never used smokeless tobacco.

33. Objective Findings: (Include significant physical examination, laboratory, imaging, or other diagnostic findings.)
 Physical Exam: no distress standing. Vital signs: vitals were not taken for this visit. BMI: body mass index is unknown because there is no height or weight on file. Very stiff appearing and moves slowly. Neck Range of motion 75% all directions and pain to the trapezius bilaterally. standing. More neck pain if sitting. Most pain to levators bilaterally today. Most pain with neck extension. Very tender to palpation. Shoulder bilaterally Most pain to posterior shoulders infraspinatus area and very tender to palpation. Flexion 120 degrees bilaterally. No impingement. Elbows Tender to palpation t soft tissue of upper arms and forearms. Right and left wrist. No swelling. Not hot and no synovitis. Volar pain with extension and fair flexion with volar pain Pain with tight gripping and most pain to dorsal hands. Generally tender to palpation Phelan's negative. Additional Information Reviewed Electronic Medical Record MRI of cervical spine without contrast done at DRI L Grove on 1/11/2018 Impression there is a slight posterior bulging disc at C5-6 which is not compressing the underlying spinal cord. Otherwise negative MRI of the cervical spine. Left wrist xray normal 1/29/18. Right wrist xray 1/29/18: Mild degenerative changes at scaphotrapezial joint.

34. Diagnostic Studies Ordered:

KAISER PERMANENTE Claim#:B725030987-0001-01 DOI:10-29-2017 Visit:06-11-2018 09:57 ReportDate:06-11-2018 Final:Y
 Patient:CHACKO, RUBY, S MR:14714672 WCAB#: FAC:SSC Contact:(916) 688-2478 Carrier DOI (if available):

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

35. Diagnoses

Diagnosis	ICD-10 code
1. M70.932) OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS (primary encounter diagnosis)(M70.941, M70.942) OVERUSE DISORDER OF S	M70.931
2. NECK MUSCLE STRAIN, SUBSEQ(M70.911, M70.912) OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS	S16.1XXD

36. Treatment Plan: (Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation, acupuncture). Use of CPT codes is encouraged.

OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS OVERUSE DISORDER OF SOFT TISSUES, BILAT HANDS. Note: soft tissue to muscles and tendons due to overuse. Nerve conduction test negative for Carpel Tunnel Syndrome and negative for cervical radiculopathy. Tolerable pain. Industrial symptoms would have resolved after 6 months of not working. Benign xray of wrist, bilaterally. NECK MUSCLE STRAIN . Note: bilaterally trapezius; due to computer work. Normal xray. MRI cervical spine is benign. Neck pain is tolerable due to myofascial pain. Did not improve with physical therapy. See PM&R consult . Started trial of nortriptyline 4/30. Did not tolerate. Better with trazodone. To have QME 5/18; changed to 7/20. OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS Note: anterior shoulder pain: myofascial. Normal xray and unremarkable MRI of cervical spine. Negative EMG. Not improved with physical therapy. PMR consult: unclear cause of delayed recovery; advise advance modified duty. The main problem: to infraspinatus and levators and trapezius area bilaterally. This is myofascial. Overall, not improving. Prolonged symptoms are non industrial. Symptoms consistent with depression or myofascial pain. She will get care under her health plan. I messaged her personal physician. In my opinion ongoing symptoms are not industrial. In all likelihood and industrial injury of this type would have resolved by this time. Release from care. Dry eyes are a personal health condition and not industrial. To see personal physician. Consider lacrimal duct plugs. Dr. Edrissian, Rheumatology 12/7/17; blurred vision and headache while working on computer; dry eyes, dry mouth. He does not recommend prednisone or temporal artery biopsy at this time. To check labs and follow up as needed. This is not industrial. PHYS SPECIAL REPORT, PR-2 TREATING PHYS'S PROGRESS REPORT . The total visit time face to face with the patient was 30 min. I spent greater than 50% of this time counseling and in discussion with the patient. We reviewed injury, exam findings, pathogenesis, prognosis, work and medications. OTHER NEEDS/RESTRICTIONS: Continue modified duty on a non industrial basis and to continue treatment by her personal physician. DISCHARGE/RELEASE STATUS: This patient is discharged/released and may return to full unrestricted work with no need for future medical care and no ratable impairment per AMA guides, 5th edition In my medical opinion, patient has fully recovered from the effects of the industrial injury of 10/27/17, without disability or need for additional treatment. His current pain complaints are inconsistent with normal outcomes for this type of injury; repetitive strain injury. I find no justification for continuing or future treatment on an industrial basis. I would attribute 100% of the patients current subjective complaints to non-industrial causation, with no apportionment. She will see her personal physician for treatment. Wes Hashimoto, MD

37. Have there been any changes in treatment plan? 38. If so, why ?

39. Other Physician/Non-Physician Providers:

40. Drugs:

41. Physical Medical Service:

42. Times per Week

43. Duration:

44. Hospitalization/Surgery Date

45. Hospitalization/ Surgery

46. Consult/Other Services:

Work Status: This patient has been instructed to:

47. Return to full duty on 06-11-2018 with no limitations or restrictions.

48. Return to modified work on with the following limitations or restrictions.

49. Limitations:

KAISER PERMANENTE Claim#:B725030987-0001-01 DOI:10-29-2017 Visit:06-11-2018 09:57 ReportDate:06-11-2018 Final:Y
Patient:CHACKO, RUBY, \$ MR:14714672 WCAB#: FAC:SSC Contact:(916) 688-2478 Carrier DOI (if available):

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

- 50. Patient discharged as cured (no permanent disability or need for future medical care).
- 51. Patient is permanently precluded from engaging in his/her usual and customary occupation and the above limitations/restrictions are deemed permanent.

Primary Treating Physician: (original signature, do not stamp) 52. Date of exam 06-11-2018

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 which prohibits referral to a physician or entity with whom the physician has an unlawful financial interest.

The Permanente Medical Group, Inc.

53. IRS Number 94-2728480

Signature _____ Physician's Electronic Signature on File in Medical Record Specialty _____

Executed at _____ Signature Date _____

54. Name HASHIMOTO, WESLEY K MD

55. California Lic# 076655G

56. Address 6600 Bruceville Rd., Sacramento, CA, 95823

57. Phone (916) 688-2478

v3.0

KAISER PERMANENTE Claim#:B725030987-0001-01 DOI:10-29-2017 Visit:05-21-2018 09:35 ReportDate:05-21-2018 Final:Y
 Patient:CHACKO, RUBY, S MR:14714672 WCAB#: FAC:SSC Contact:(916) 688-2478 Carrier DOI (if available):

State of California Division of Workers' Compensation

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

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01. <input checked="" type="checkbox"/> Periodic Report (required 45 days after last report)	02. <input type="checkbox"/> Change in treatment plan	03. <input type="checkbox"/> Released from care
04. <input type="checkbox"/> Change in work status	05. <input type="checkbox"/> Need for referral or consultation	06. <input type="checkbox"/> Response to request for information
07. <input type="checkbox"/> Change in patient's condition	08. <input type="checkbox"/> Need for surgery or hospitalization	09. <input type="checkbox"/> Request for Authorization
10. <input type="checkbox"/> Other:		

11. Patient will be permanently precluded from engaging in his/her usual and customary occupation
 12. Patient's condition is permanent and stationary with residual disability on:
 13. Patient will require future medical care
 If any of these boxes are checked you must use Form PR-3 or narrative report.

14. Claims Administrator SEDGWICK CLAIM MGMT SVCS INC PO BOX 14627 LEXINGTON KY 40512	26. Phone (866) 249-1170	27. Fax (866) 224-4627	Patient: 15. MR 14714672 16. SSN XXX-XX-XXXX 17. Name CHACKO, RUBY, S 18. Address 9211 BROMFIELD CT 19. City ELK GROVE State CA Zip 956243509 20. DOI 10-29-2017 21. DOB 22. Sex F 23. Phone (815) 477-9282 24. Fax 25. Occupation Software engineer/architec 28. Claim B725030987-0001-01 29. WCAB
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30. Employer Name: AT&T 31. Employer Phone (916) 684-1808

The information below must be provided. You may use this form or you may substitute or append a narrative report.

32. Subjective Complaints:

Ruby S Chacko is a 53 Y female. The patient is here for a 21 day follow up. Work STATUS: modified duty; not accommodated. Not working since December 2017. CURRENT COMPLAINTS: Having most pain to the shoulders and can only type for one minutes. Severe burning and ache to both posterior shoulders. Neck is not as bothersome. Neck still very stiff and more stiff sitting. Neck symptoms are tolerable. Hands feel better. Has tolerable pain. Tolerable pain to the wrists and forearms. Both arm; numb and tingling. Mostly daytime. Constant pain. Numbness off and on. Feeling down. Has fatigue and anxiety. Cannot sleep even if tired. She is worried and anxious. Appetite is fair. Cannot sleep: 2 hours. Cannot fall asleep. Could not tolerate nortriptyline; heartburn was severe. Rare frontal headache. Has blurred vision if using computer for 10 minutes. Treatment summary: --Dr. Edrissian, Rheumatology 12/7/17: blurred vision and headache while working on computer; dry eyes, dry mouth Per rheum. The patient also complains of pain in hands and arms, associated with tingling and numbness in her hands for past few months. The pain severity is 7/10, which is getting worse with activity. The pain is associated with morning stiffness which lasts about 45 minutes. He does not recommend prednisone or temporal artery biopsy at this time. To check labs and follow up as needed. --Visit number 1 with physical therapy was on 12/28 treated by David. Had physical therapy visit 10 on 4/26/18; not improving and discharged to home exercise program. --nerve conduction test and electromyogram done; negative for Carpel Tunnel Syndrome and negative for cervical radiculopathy. --ergonomic evaluation requested --Dr. Scholey, PM&R; delayed recovery unclear --nortriptyline trial 4/30; severe heartburn and stopped. Review of Systems: Constitutional: negative for fevers or chills Neurological: negative for weakness, bowel/bladder incontinence, or clumsiness. Relevant Medications: none. Allergies: Patient has no known allergies. Social History: reports that she has never smoked. She has never used smokeless tobacco.

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

Physical Exam: no distress standing. Case manager RN present: Trudie White 218-336-4922 Vital signs: vitals were not taken for this visit. BMI: body mass index is unknown because there is no height or weight on file. Very stiff appearing and moves slowly. Neck Range of motion not assessed; standing. More neck pain if sitting. Most pain to levators bilaterally today. Most pain with neck extension. Very tender to palpation. Shoulder bilaterally. Anterior shoulder pain; most pain to posterior shoulders Elbows. Tender to palpation t soft tissue of upper arms and forearms. Right and left wrist. No swelling. Not hot and no synovitis. Volar pain with extension and fair flexion with volar pain Pain with tight gripping and most pain to dorsal hands. Generally tender to palpation Phelan's negative. Additional Information Reviewed Electronic Medical Record MRI of cervical spine without contrast done at DRI L Grove on 1/11/2018 Impression there is a slight posterior bulging disc at C5-6 which is not compressing the underlying spinal cord. Otherwise negative MRI of the cervical spine. Left wrist xray normal 1/29/18. Right wrist xray 1/29/18: Mild degenerative changes at scaphotrapezial joint.

34. Diagnostic Studies Ordered:

KAISER PERMANENTE Claim#:B725030987-0001-01 DOI:10-29-2017 Visit:05-21-2018 09:35 ReportDate:05-21-2018 Final:Y
 Patient:CHAQKO, RUBY, S MR:14714672 WCAB#: FAC:SSC Contact:(916) 688-2478 Carrier DOI (if available):

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

35. Diagnoses

Diagnosis	ICD-10 code
1. M70.932) OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS (primary encounter diagnosis)(M70.941, M70.942) OVERUSE DISORDER OF S	M70.931
2. NECK MUSCLE STRAIN, SUBSEQ(M70.911, M70.912) OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS	S16.1XXD

36. Treatment Plan: (Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation, acupuncture). Use of CPT codes is encouraged.

OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS OVERUSE DISORDER OF SOFT TISSUES, BILAT HANDS. Note: soft tissue to muscles and tendons due to overuse. Consider Carpel Tunnel Syndrome. Nerve conduction test negative for Carpel Tunnel Syndrome and negative for cervical radiculopathy. Tolerable pain. Benign xray of wrist, bilaterally. NECK MUSCLE STRAIN . Note: bilaterally trapezius; due to computer work. Normal xray. MRI cervical spine is benign. Nerve conduction test negative for Carpel Tunnel Syndrome and negative for cervical radiculopathy. The main problem: to levator area bilaterally. Neck pain is tolerable. Did not improve with physical therapy. See PM&R consult . Started trial of nortriptyline 4/30. Did not tolerate. To have QME 5/18; changed to 7/20. OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS Note: anterior shoulder pain: myofascial. Normal xray and unremarkable MRI of cervical spine. Negative EMG. Not improved with physical therapy. PMR consult: unclear cause of delayed recovery; advise advance modified duty. The main problem: to levator area bilaterally. This is myofascial. Ergonomic evaluation pending. Worsening. Overall, not improving. Most likely, prolonged symptoms are non industrial. Symptoms consistent with depression. She will get care under her health plan. I anticipate Release from care next visit as ongoing symptoms would not be industrial. In all likelihood and industrial injury of this type would have resolved by this time. Discussed and she understands. Dry eyes are a personal health condition and not industrial. To see personal physician. Consider lacrimal duct plugs. Dr. Edrissian, Rheumatology 12/7/17: blurred vision and headache while working on computer; dry eyes, dry mouth. He does not recommend prednisone or temporal artery biopsy at this time. To check labs and follow up as needed. This is not industrial. PHYS SPECIAL REPORT, PR-2 TREATING PHYS'S PROGRESS REPORT . The total visit time face to face with the patient was 30 min. I spent greater than 50% of this time counseling and in discussion with the patient. We reviewed injury, exam findings, pathogenesis, prognosis, work and medications. Next Appointment: 3 Weeks MODIFIED WORK (Applies to work and home): This patient is placed on modified activity at work (if available) and at home from 5/21/2018 through 6/21/2018. OTHER NEEDS/RESTRICTIONS: Keyboarding and mousing limited to 10 minutes per hour. I have reviewed and approve the PT Plan of Care and certify the medical necessity of this care. WESLEY HASHIMOTO MD . Call or return to clinic prn if these symptoms worsen or fail to improve as anticipated. The patient indicates understanding of these issues and agrees with the plan. Wes Hashimoto, MD RECHECK 6/11/18 @1000A

37. Have there been any changes in treatment plan? 38. If so, why ?

39. Other Physician/Non-Physician Providers:

40. Drugs:

41. Physical Medical Service:

42. Times per Week

43. Duration:

44. Hospitalization/Surgery Date

45. Hospitalization/ Surgery

46. Consult/Other Services:

Work Status: This patient has been instructed to:

- 47. Return to full duty on _____ with no limitations or restrictions.
- 48. Return to modified work on 05-21-2018 with the following limitations or restrictions.

49. Limitations:
 through 6/21/2018. : Keyboarding and mousing limited to 10 minutes per hour.

KAISER PERMANENTE Claim#:B725030987-0001-01 DOI:10-29-2017 Visit:05-21-2018 09:35 ReportDate:05-21-2018 Final:Y
Patient:CHACKO, RUBY, S MR:14714672 WCAB#: FAC:SSC Contact:(916) 688-2478 Carrier DOI (if available):

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

- 50. Patient discharged as cured (no permanent disability or need for future medical care).
- 51. Patient is permanently precluded from engaging in his/her usual and customary occupation and the above limitations/restrictions are deemed permanent.

Primary Treating Physician: (original signature, do not stamp) 52. Date of exam 05-21-2018

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 which prohibits referral to a physician or entity with whom the physician has an unlawful financial interest.

The Permanente Medical Group, Inc.

53. IRS Number 94-2728480

Signature Physician's Electronic Signature on File in Medical Record Specialty _____

Executed at
54. Name HASHIMOTO, WESLEY K MD
56. Address 6600 Bruceville Rd., Sacramento, CA, 95823

Signature Date _____
55. California Lic# 076655G
57. Phone (916) 688-2478



This form contains your diagnosis.

HASHIMOTO, WESLEY KAY (M.D.)
6600 Bruceville Road
Sacramento CA 95823-4671
916-688-2000

Patient Name: Chacko,Ruby S
Patient MRN: 110014714672
Encounter Date & Time: 5/21/2018 10:00 AM

Please see below for this health care provider's directives and information relating to this encounter.

Industrial Work Status Report

Date of Injury: 10/29/17
Claim #: B725030987-0001-01
Next Appointment Date: 3 Weeks

DIAGNOSIS: OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS, OVERUSE DISORDER OF SOFT TISSUES, BILAT HANDS, NECK MUSCLE STRAIN, SUBSEQ, OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS

Modified Activity (Applies to work and home)

This patient is placed on modified activity at work and at home from 5/21/2018 through 6/21/2018.

If modified activity is not accommodated by the employer then this patient is considered temporarily and totally disabled from their regular work for the designated time and a separate off work order is not required.

Other needs and/or restrictions:

Keyboarding and mousing limited to 10 minutes per hour.

This form has been electronically signed and authorized by HASHIMOTO, WESLEY KAY (M.D.)

This form contains your private health information that you may choose to release to another party; please review for accuracy.

Printed By: HASHIMOTO, WESLEY K on 5/21/2018 at 10:35:44 AM

KAISER PERMANENTE Claim#:B725030987-0001-01 DOI:10-29-2017 Visit:04-30-2018 16:22 ReportDate:2018-05-01 08:45:53.462971 Final:Y
 Patient:CHACKO, RUBY, S MR:14714672 WCAB#: FAC:SSC Contact:(916) 688-2478 820 Carrier DOI (if available):

State of California Division of Workers' Compensation

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

Check the box(es) which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e., has reached maximum medical improvement), do not use this form. You may use DWC Form PR-3.

01. <input checked="" type="checkbox"/>	Periodic Report (required 45 days after last report)	02. <input type="checkbox"/>	Change in treatment plan	03. <input type="checkbox"/>	Released from care
04. <input type="checkbox"/>	Change in work status	05. <input type="checkbox"/>	Need for referral or consultation	06. <input type="checkbox"/>	Response to request for information
07. <input type="checkbox"/>	Change in patient's condition	08. <input type="checkbox"/>	Need for surgery or hospitalization	09. <input type="checkbox"/>	Request for Authorization
10. <input type="checkbox"/>	Other:				

11. Patient will be permanently precluded from engaging in his/her usual and customary occupation **If any of these boxes are checked you must use Form PR-3 or narrative report.**
 12. Patient's condition is permanent and stationary with residual disability on:
 13. Patient will require future medical care

14. Claims Administrator SEDGWICK CLAIM MGMT SVCS INC PO BOX 14627 LEXINGTON KY 40512 26. Phone (866) 249-1170 27. Fax (866) 224-4627	Patient: 15. MR 14714672 16. SSN XXX-XX-XXXX 17. Name CHACKO, RUBY, S 18. Address 9211 BROMFIELD CT 19. City ELK GROVE State CA Zip 95624-3509 20. DOI 10-29-2017 21. DOB 22. Sex F 23. Phone (815) 477-9282 24. Fax 25. Occupation Software engineer/architec 28. Claim B725030987-0001-01 29. WCAB
--	---

30. Employer Name: AT&T 31. Employer Phone (916) 684-1808

The information below must be provided. You may use this form or you may substitute or append a narrative report.

32. Subjective Complaints:

Ruby S Chacko is a 53 Y female. The patient is here for a 11 day follow up. Work STATUS: modified duty; not accommodated. Not working since December 2017. CURRENT COMPLAINTS: Doing a little better. Not as much burning off and on to posterior shoulders. Neck is most bothersome. Neck still very stiff and more stiff sitting. Hands feel better. Pain to the shoulders and upper arms. Pain to the wrists and forearms. Keyboarding and mousing for one minute and pain dot dorsal hands and forearms to upper arms and shoulder blades, bilaterally. Both arm; numb and tingling. Mostly daytime. Constant pain. Numbness off and on. Can do keyboarding and mousing for 1 minute. Using wrist splints at night. Rare frontal headache. Has blurred vision if using computer for 10 minutes. Treatment summary: --Dr. Edrissian, Rheumatology 12/7/17: blurred vision and headache while working on computer; dry eyes, dry mouth Per rheum. The patient also complains of pain in hands and arms, associated with tingling and numbness in her hands for past few months. The pain severity is 7/10, which is getting worse with activity. The pain is associated with morning stiffness which lasts about 45 minutes. He does not recommend prednisone or temporal artery biopsy at this time. To check labs and follow up as needed. --Visit number 1 with physical therapy was on 12/28 treated by David. Had physical therapy visit 10 on 4/26/18; not improving and discharged to home exercise program. --nerve conduction test and electromyogram done; negative for Carpel Tunnel Syndrome and negative for cervical radiculopathy. --ergonomic evaluation requested --Dr. Scholey, PM&R; delayed recovery unclear Review of Systems: Constitutional: negative for fevers or chills Neurological: negative for weakness, bowel/bladder incontinence, or clumsiness. Relevant Medications: none. Allergies: Patient has no known allergies. Social History: reports that she has never smoked. She has never used smokeless tobacco.

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

Physical Exam: no distress standing. Case manager RN present: Trudie White 218-336-4922 Vital signs: vitals were not taken for this visit. BMI: body mass index is unknown because there is no height or weight on file. Very stiff appearing and moves slowly. Neck. Flexion 75% and extension minimal and right and left rotation 50% There is bilateral trapezius pain; trapezius tender to palpation bilaterally with spasm. Most pain to levators bilaterally today. Most pain with neck extension. Shoulder bilaterally Anterior shoulder pain FF 110 and abduct 90 degrees. Elbows Not tender to palpation Poor flexion causes shoulder pain. Right and left wrist. No swelling. Not hot and no synovitis. Volar pain with extension and fair flexion with volar pain Pain with tight gripping and most pain to dorsal hands. Generally tender to palpation Phelan's negative. Additional Information Reviewed Electronic Medical Record MRI of cervical spine without contrast done at DRI L Grove on 1/11/2018 Impression there is a slight posterior bulging disc at C5-6 which is not compressing the underlying spinal cord. Otherwise negative MRI of the cervical spine. Left wrist xray normal 1/29/18. Right wrist xray 1/29/18: Mild degenerative changes at scaphotrapezial joint.

34. Diagnostic Studies Ordered:

KAISER PERMANENTE Claim#:B725030987-0001-01 DOI:10-29-2017 Visit:04-30-2018 16:22 ReportDate:2018-05-01 08:45:53.462971 Final:Y
 Patient:CHACKO, RUBY, S MR:14714672 WCAB#: FAC:SSC Contact:(916) 688-2478 820 Carrier DOI (if available):

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

35. Diagnoses

Diagnosis	ICD-10 code
1. NECK MUSCLE STRAIN, SUBSEQ (primary encounter diagnosis)(M70.90) REPETITIVE STRAIN INJURY(M70.931, M70.932) OVERUSE DISORDER O	S16.1XXD
2. M70.942) OVERUSE DISORDER OF SOFT TISSUES, BILAT HANDS(M70.911, M70.912) OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS	M70.941

36. Treatment Plan: (Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation, acupuncture). Use of CPT codes is encouraged.

OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS OVERUSE DISORDER OF SOFT TISSUES, BILAT HANDS. Note: soft tissue to muscles and tendons due to overuse. Consider Carpel Tunnel Syndrome. Nerve conduction test Negative for Carpel Tunnel Syndrome and negative for cervical radiculopathy. Scanned to chart. Doing better; advance activities. Benign xray of wrist, bilaterally. NECK MUSCLE STRAIN. Note: bilaterally trapezius; due to computer work. Normal xray. MRI done outside of Kaiser Permanente is benign. This is the main problem: to levator area bilaterally. Did not improve with physical therapy. See PM&R consult. Advance modified duty. Start trial of nortriptyline. To have QME 5/18. OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS. Note: anterior shoulder pain: myofascial. Normal xray and unremarkable MRI of cervical spine. Negative EMG. Not improved with physical therapy. PMR consult: unclear cause of delayed recovery; advise advance modified duty. Consider nortriptyline and she declines. Ergonomic evaluation pending. Dry eyes are a personal health condition and not industrial. To see personal physician. Consider lacrimal duct plugs. Dr. Edrissian, Rheumatology 12/7/17: blurred vision and headache while working on computer; dry eyes, dry mouth. He does not recommend prednisone or temporal artery biopsy at this time. To check labs and follow up as needed. This is not industrial. Outpatient Prescriptions Marked as Taking for the 4/30/18 encounter (Work Comp) with Hashimoto, Wesley Kay (M.D.) Medication Sig Dispense Refill . Nortriptyline (AVENTYL/PAMELOR) 10MG Oral Cap TAKE 1 CAPSULE ORALLY DAILY AT BEDTIME FOR 1 WEEK. MAY INCREASE BY 1 CAPSULE EVERY WEEK IF PAIN NOT RELIEVED. MAINTAIN THE LOWEST EFFECTIVE DOSE. DO NOT EXCEED 5 CAPSULES DAILY AT BEDTIME. CALL 1-888-698-2656 TO REPORT EFFECTIVE DOSE & ORDER REFILL 105 0 PHYS SPECIAL REPORT, PR-2 TREATING PHYS'S PROGRESS REPORT . The total visit time face to face with the patient was 30 min. I spent greater than 50% of this time counseling and in discussion with the patient. We reviewed injury, exam findings, pathogenesis, prognosis, work and medications. Next Appointment: 3 Weeks. MODIFIED WORK (Applies to work and home): This patient is placed on modified activity at work (if available) and at home from 4/30/2018 through 5/30/2018. OTHER NEEDS/RESTRICTIONS: Keyboarding and mousing limited to 10 minutes per hour. I have reviewed and approve the PT Plan of Care and certify the medical necessity of this care. WESLEY HASHIMOTO MD . Call or return to clinic prn if these symptoms worsen or fail to improve as anticipated. The patient indicates understanding of these issues and agrees with the plan. Wes Hashimoto, MD RECHECK 5/21/18 @1000A

37. Have there been any changes in treatment plan? 38. If so, why ?

39. Other Physician/Non-Physician Providers:

40. Drugs:

41. Physical Medical Service: 42. Times per Week 43. Duration:
 44. Hospitalization/Surgery Date 45. Hospitalization/ Surgery
 46. Consult/Other Services:

Work Status: This patient has been instructed to:

47. Return to full duty on with no limitations or restrictions.
 48. Return to modified work on 04-30-2018 with the following limitations or restrictions.

49. Limitations:
 through 5/30/2018. : Keyboarding and mousing limited to 10 minutes per hour.

KAISER PERMANENTE Claim#:B725030987-0001-01 DOI:10-29-2017 Visit:04-30-2018 16:22 ReportDate:2018-05-01 08:45:53.462971 Final:Y
Patient:CHACKO, RUBY, SMR:14714672 WCAB#: FAC:SSC Contact:(916) 688-2478 820 Carrier DOI (if available):

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

- 50. Patient discharged as cured (no permanent disability or need for future medical care).
- 51. Patient is permanently precluded from engaging in his/her usual and customary occupation and the above limitations/restrictions are deemed permanent.

Primary Treating Physician: (original signature, do not stamp) 52. Date of exam 04-30-2018

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 which prohibits referral to a physician or entity-with whom the physician has an unlawful financial interest.

The Permanente Medical Group, Inc.

53. IRS Number 94-2728480

Signature _____

Specialty _____

Executed at _____

Signature Date _____

54. Name HASHIMOTO, WESLEY K MD

55. California Lic# 076655G

56. Address 6600 Bruceville Rd., Sacramento, CA, 95823

57. Phone (916) 688-2478

v3.0

KAISER PERMANENTE  thrive

This form contains your diagnosis.

HASHIMOTO, WESLEY KAY (M.D.)
6600 Bruceville Road
Sacramento CA 95823-4671
916-688-2000

Patient Name: Chacko, Ruby S
Patient MRN: 110014714672
Encounter Date & Time: 4/30/2018 4:30 PM

Please see below for this health care provider's directives and information relating to this encounter.

Industrial Work Status Report

Date of Injury: 10/29/17
Claim #: B725030987-0001-01
Next Appointment Date: 3 Weeks

DIAGNOSIS: NECK MUSCLE STRAIN, SUBSEQ, REPETITIVE STRAIN INJURY, OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS, OVERUSE DISORDER OF SOFT TISSUES, BILAT HANDS

Modified Activity (Applies to work and home)

This patient is placed on modified activity at work and at home from 4/30/2018 through 5/30/2018.

If modified activity is not accommodated by the employer then this patient is considered temporarily and totally disabled from their regular work for the designated time and a separate off work order is not required.

Other needs and/or restrictions:

Keyboarding and mousing limited to 10 minutes per hour.

This form has been electronically signed and authorized by HASHIMOTO, WESLEY KAY (M.D.)

This form contains your private health information that you may choose to release to another party; please review for accuracy.

C h a c k o , R u b y S

MRN: 110014714672
Description: 53 year old female

Progress Notes Creation Time: 4/26/2018 11:52 AM

Andry, David Brian (P.T.)
GENERAL, OTHER

10/ 12 Visit Count (1 cancelled appointment 2/16/18)

Per DFR:

DOI: 10/29/17

Employer: AT&T 21 years

||Job Title|| Software engineer/architec

Body Part(s): neck and shoulders and arms and eyes

||Mechanism of Injury|| keyboarding and mousing and computer work all day.

Chief Complaint: No chief complaint on file.

PLAN OF CARE - established on 12/28/2017, reestablished 4/9/18

Referring Provider: Wes Hashimoto, MD

Referring Diagnosis:-Neck-muscle-strain,-overuse-disorder of soft tissues bilateral forearms and hands

Treatment Goals: To be achieved by: 12 weeks

Patient will be able to perform computer related tasks including keyboard, mouse and viewing the monitor for 2 hours//Patient currently unable to use computer 5 minutes

Patient will be able to turn the head to within normal limits to drive (home/work vehicle) // Patient unable to drive self.

Treatment to include:

- Patient Education
- Manual Therapy techniques as needed
- Therapeutic Exercise may include flexibility exercises, self mobilization, strength training, and neuromuscular reeducation.
- Functional Activity training
- Modalities as needed to address pain-and-inflammation
- Group exercise as appropriate
- Telephone and video visit encounters

Frequency and Duration of Treatment: 1 time(s) per week for 12 weeks

Re-certification due: 5/21/18

=====

PROGRESS NOTE

Work Status: Off work

SUBJECTIVE:

Patient reports continued pain in both hands, neck and arms. No improvement with physical therapy. Can only sit for a few minutes before the burning gets worse.
Current Pain Level: 7-8/10 in hands 4/10 neck and shoulder blades

On 12/28/2017 the patient reports constant, variable aching sharp burning pain located in the neck, bilateral upper trapezius, shoulders, forearms, wrists and hands

Numbness and Tingling: Yes: occasionally, whole hands, bilaterally

Overall Status:Unchanged

Current History : See above under Per DFR, reviewed with patient

Aggravating Factors:

Computer related tasks including keyboard, mouse and viewing the monitor for 1 minute
Unable to reach repetitively above shoulder height for ADL or work functions
Dressing self

Easing Factors: Heat and Lying down

24 Hour Pattern: The symptoms are activity dependent

Medical History: medical history reviewed

Special Questions: Negative

OBJECTIVE:

Observation: Unable to obtain an upright posture: flexed forward and forward head 6", rounded shoulders.

Grip Test: (using hand dynamometer, Position # 2, recording in lbs): Right: 32, 26, 25 Left: 21, 27, 25
(initially Right: 10, 5, 5 Left: 8, 5, 5)

Cervical Exam

Cervical Active Range of Motion

Flexion: 20 degrees (30 degrees initially)
Extension: 35 degrees (20 degrees initially)
Right Rotation: 75% (previously 25%)
Left Rotation: 50% (previously 25%)
Right Sideflexion: 20 degrees (initially 10 degrees)
Left Sideflexion: 15 degrees (initially 10 degrees)

Palpation: Muscle tenderness, tightness in , Sub-Occipitals , Paraspinals and Upper Trapezius

Shoulder Exam

Right Shoulder Active Range of Motion // strength:

Flexion: 65 degrees (previously 25 degrees), Passive 100% with pain // strength 3+/5
Abduction : 68 degrees (previously 40 degrees), passive 100% with pain // strength 3+/5
External Rotation: 62 degrees

Left Shoulder Active Range of Motion // strength:

Flexion: 60 degrees (previously 25 degrees), Passive 100% with pain // strength 3+/5
Abduction : 66 degrees (previously 40 degrees), passive 100% with pain // strength 3+/5
External Rotation: 50 degrees

Wrist Exam

Right Wrist Range of Motion // strength

Wrist Flexion: 60 degrees (initially 25 degrees) // 4+/5
Wrist Extension: 66 degrees (initially 0 degrees) // 4/5

Left Wrist Range of Motion // strength

Wrist Flexion: 22 degrees (initially 25 degrees) // 4+/5
Wrist Extension: 65 degrees (initially 0 degrees) // 4-/5

Treatment:

Therapeutic exercise: (May include exercises to develop strength, endurance, range of motion or flexibility) Patient instructed in, and demonstrated/completed the following specific activities:

- Putty - light blue
- Shoulder Circles
- Shoulder Blade Squeezes

- Arm bike - 3 minutes
- Rows - red Theraband - 20 repetitions
- Bilateral shoulder extension - red Theraband - 20 repetitions
- Shoulder external rotation and internal rotation - red Theraband - 15 repetitions each, each arm
- Shoulder flexion - red Theraband - 20 repetitions
- Bilateral elbow extension and flexion - red Theraband - 20 repetitions each
- Pull downs - red Theraband - 20 repetitions
- Medicine ball lift - waist to shoulder level - 4 pounds - 10 repetitions
- Wrist flexion and extension - red Theraband - 20 repetitions each

REVIEWED HOME EXERCISE PROGRAM

- Corner stretch - 30 seconds - 2 repetitions
- Chin tucks - 10 seconds - 5 repetitions
- Pulley's: Rear Facing - 5 minutes
- Upper trapezius stretch - 20 seconds 3 repetitions
- Goal post exercise - 20 seconds 3 repetitions

Ice up to 15 minutes up to 5 times per day//Precautions reviewed

Ruby S Chacko was provided education on home exercise program, self management, and the common symptom response to treatment. Provided contact information if symptoms worsen or fail to improve as discussed and anticipated.

Supplies issued from Pacific Medial Supply for home exercise program or relief of pain. Patient was instructed and demonstrated proper use of the below issued supplies.

- 12/28/2017: Pulleys, putty white
- 01/11/18: red Theraband door anchors
- 4/26/18: heavy band kit, light blue putty

=====
 Therapeutic exercise : 8 minutes
 Total Treatment Time: 8 minutes (includes Timed, Untimed, Eval and Re-eval)

ASSESSMENT:

Overall minimal change since initial evaluation. Patient has extremely poor tolerance to exercises, needing frequent rest breaks. Endurance to therapeutic exercise has not improved. Poor range of motion, strength and function continues. Patient has good recall of home exercise program now after frequent physical therapy visits last 2 weeks and should be able to progress at home if symptoms improve.

PLAN:

Patient discharged from physical therapy. Patient has not progressed with physical therapy. Patient has had 10 visits of Physical Therapy. I do not anticipate further improvement at this time.

Note Details

Author	Andry, David Brian (P.T.)	File Time	4/26/2018 12:19 PM
Author Type	THERAPIST, PHYSICAL	Status	Signed
Last Editor	Andry, David Brian (P.T.)	Specialty	GENERAL, OTHER

Work Comp on 4/26/2018

[Faint, illegible text and lines, possibly a signature or stamp area]

**Kaiser On-the-Job
 Consultative Evaluation and Opinion**

1. Claims Administrator SEDGWICK CLAIM MGMT SVCS INC		Patient: 2. MR 14714672 3. SSN	
PO BOX 14627		4. Name CHACKO, RUBY, S	
LEXINGTON		5. Address 9211 BROMFIELD CT	
KY 40512		6. City ELK GROVE State CA Zip 95624-3509	
13. Phone (866) 249-1170		7. DOI 10-29-2017 8. DOB	
14. Fax (866) 224-4627		9. Sex F	
17. Employer Name: AT&T		10. Phone (815) 477-9282 11. Fax	
		12. Occupation	
		13. Claim B723030987-0001-01 16. WCAB	
		18. Employer Phone: (916) 684-1808	
19. Primary Treating Physician: HASHIMOTO, WESLEY K		20. PTP Facility: SSC	
21. Primary Diagnosis: M70.932) OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS (primary encounter diagnosis) (M70.941, M70.942) OVERUSE DISORDER OF S		22. Primary ICD9: M70.931	
23. Secondary Diagnosis: NECK MUSCLE STRAIN, SUBSEQ (M70.911, M70.912) OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS		24. Secondary ICD9: S16.1XXD	
25. Provider: SCHOLEY, SUSANE		26. Specialty/Dept:	
27. Reason for Referral/Visit:			

PM&R consult requested by Dr. Hashimoto. [SUBJECTIVE] Ruby S Chacko is a 53 Y female with a 6 month history of neck, bilateral shoulder and arm pain after prolonged computer use at work. No history of trauma. Initially associated with blurry vision and eye pain at work but Rheumatology consult did not find evidence of giant cell arteritis. Patient reports improvement of all her symptoms but states pain still limits her activity. Remains off work (last worked 10/24/17). PT ongoing. Location: neck, bilateral shoulders and arms Quality: sharp Frequency: constant Pain level: currently 4-5/10. Initially was 8/10 Aggravating factors: keyboard and mouse use, Relieving factors: standing up, not using keyboard Beneficial treatment: PT, ice, heat, rest Non beneficial treatment: Ibuprofen Motor strength: generalized weakness of bilateral arms Sensory Loss: currently none. Initially had intermittent numbness and tingling of bilateral thumb, IE, MF. Rheumatology consult with Dr. Edrissian on 12/7/17. Symptoms not felt to be consistent with giant cell arteritis. Ophthalmology consult with Dr. Stockslager on 2/6/18. Diagnosed with bilateral dry eye syndrome. Relevant PMHx: no litigation: no. No outpatient prescriptions have been marked as taking for the 4/23/18 encounter (Appointment) with Scholey, Susan Elizabeth G (M.D.) Patient has no known allergies. [OBJECTIVE] Physical Exam: Vital signs: vitals were not taken for this visit. BMI: Estimated body mass index is 24.99 kg/m as calculated from the following: Height as of 12/7/17: 5' 4". Weight as of 12/7/17: 66 kg (145 lb 9.6 oz). NAD Facial grimacing on exam Cervical spine: Inspection: no scoliosis, shift, masses-Palpation: Diffuse tenderness to superficial palpation over central spine, bilateral cervical-paraspinal and upper trapezius muscles Range of motion 25% with flx, ext, bilateral rotation. Spurling's test: negative R/L UEs. Shoulders. Active ROM flx, abd 90, minimal ER and IR. Passive ROM shows full flx and abduction Neurological exam: motor strength with bilateral elbow flx, elbow extension, WE, finger flx, finger abd Make/break through out. Variable effort Sensation to PP intact. DTRs at the R/L biceps, triceps, brachioradialis 2+ and symmetric. Gait/Stance normal. [Additional Information Reviewed] PHQ9 today = 5. No evidence of compression. Electrodiagnostic evaluation outside Kaiser is not available for scanning. I reviewed the report on the RN case manager's laptop. Findings as follows: normal bilateral median and ulnar nerves. Normal screening EMG of the bilateral UEs. No evidence of bilateral median or sensory neuropathy. No evidence of bilateral cervical radiculopathy. Radiology reports and images reviewed with patient. MRI cervical spine without contrast done at DRI L Grove on 1/11/2018. Impression there is a slight posterior bulging disc at C5-6 which is not compressing the underlying spinal cord. Otherwise negative MRI of the cervical spine. Xray left wrist 1/29/18: normal. Xray of right wrist 1/29/18: normal. [ASSESSMENT] NECK MUSCLE STRAIN, SUBSEQ (primary encounter diagnosis). REPETITIVE STRAIN INJURY of bilateral shoulders and arms. No evidence for cervical radiculopathy or carpal tunnel syndrome. Per Rheumatology, no evidence of a rheumatologic disorder. Subjective findings appear out of proportion to objective findings. Inconsistencies on physical exam include inconsistent range of motion of bilateral shoulders. No evidence of depression. Etiology of delayed recovery is unclear. [TREATMENT PLAN] --work ergonomic evaluation --complete physical therapy --consider trial of Nortriptyline every bedtime for pain --recommend gradual transition back to work. Start at 2 hours per day and increase hours from there. --f/u Dr. Hashimoto. This patient is placed on modified activity at work and at home from 4/23/2018 through 4/30/2018. Screen time limited to 10 minutes per hour. Keyboarding and mousing limited to 10 minutes per hour. RECHECK 4/30/18 @0430P

KAISER PERMANENTE CW 04-23-2018 16:21:55 632723 Final Y
Patient:CHACKO, RUBY, S MR:14714672 WCAB#: FAC:SSC Contact:(916) 688-2005 820 Carrier DOI (if available):

**Kaiser On-the-Job
Consultative Evaluation and Opinion**

Provider: (original signature, do not stamp)

Date of exam/Review: 04-23-2018

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 which prohibits referral to a physician or entity with whom the physician has an unlawful financial interest

The Permanente Medical Group, Inc.

28. IRS Number 94-2728480

Signature _____

Executed at

Name SCHOLEY, SUSANE
Address 6600 Bruceville Rd., Sacramento, CA, 95823

Signature Date _____

California Lic# 069156G
Phone (916) 688-2005

v2b

Chacko, Ruby S

MRN: 110014714672
Description: 53 year old female

Progress Notes Creation Time: 4/23/2018 3:34 PM

Andry, David Brian (P.T.)

GENERAL, OTHER

9/ 12 Visit Count (1 cancelled appointment 2/16/18)

Per DFR:

DOI: 10/29/17

Employer: AT&T 21 years

[[Job Title]] Software engineer/architec

Body Part(s): neck and shoulders and arms and eyes

[[Mechanism of Injury]] keyboarding and mousing and computer work all day.

Chief Complaint: No chief complaint on file.

PLAN OF CARE - established on 12/28/2017, reestablished 4/9/18

Referring Provider: Wes Hashimoto, MD

Referring Diagnosis: Neck-muscle-strain,-overuse-disorder of soft tissues bilateral forearms and hands

Treatment Goals: To be achieved by: 12 weeks

Patient will be able to perform computer related tasks including keyboard, mouse and viewing the monitor for 2 hours//Patient currently unable to use computer 5 minutes - improved

Patient will be able to turn the head to within normal limits to drive (home/work vehicle) // Patient unable to drive self.

Treatment to include:

- Patient Education
- Manual Therapy techniques as needed
- Therapeutic Exercise may include flexibility exercises, self mobilization, strength training, and neuromuscular reeducation.
- Functional Activity training
- Modalities as needed to address pain and inflammation
- Group exercise as appropriate
- Telephone and video visit encounters

Frequency and Duration of Treatment: 1 time(s) per week for 12 weeks

Re-certification due: 5/21/18

PROGRESS NOTE

Work Status: Off work

SUBJECTIVE:

Patient reports No change in pain level but hands feeling stronger.

Current Pain Level: 7/10 in hands 4/10 neck and shoulder blades

On 12/28/2017 the patient reports constant, variable aching sharp burning pain located in the neck, bilateral upper trapezius, shoulders, forearms, wrists and hands

Numbness and Tingling: Yes: occasionally, whole hands, bilaterally

Overall Status: Unchanged

Current History : See above under Per DFR, reviewed with patient

Aggravating Factors:

Computer related tasks including keyboard, mouse and viewing the monitor for 1 minute
Unable to reach repetitively above shoulder height for ADL or work functions
Dressing self

Easing Factors: Heat and Lying down

24 Hour Pattern: The symptoms are activity dependent

Medical History: medical history reviewed

Special Questions: Negative

OBJECTIVE:

Observation: Unable to obtain an upright posture: flexed forward and forward head 6", rounded shoulders.

Grip Test: (using hand dynamometer, Position # 2, recording in lbs): Right: 15, 10, 13 Left: 10, 10, 11 (initially Right: 10, 5, 5 Left: 8, 5, 5)

HELD TODAY

Cervical Exam

Cervical Active Range of Motion

Flexion: 35 degrees (30 degrees previous)

Extension: 45 degrees (20 degrees previous)

Right Rotation: 75% (previously 25%)

Left Rotation: 75% (previously 25%)

Right Sideflexion: 25 degrees (previously 15 degrees)

Left Sideflexion: 25 degrees (previously 15 degrees)

Palpation: Muscle tenderness, tightness in , Sub-Occipitals , Paraspinals and Upper Trapezius

Shoulder Exam

Right Shoulder Active Range of Motion // strength:

Flexion: 135 degrees (previously 25 degrees), Passive 100% with pain // strength 3+/5

Abduction : 100 degrees (previously 40 degrees), passive 100% with pain // strength 3+/5

External Rotation: 40 degrees

Left Shoulder Active Range of Motion // strength:

Flexion: 130 degrees (previously 25 degrees), Passive 100% with pain // strength 3+/5

Abduction : 93 degrees (previously 40 degrees), passive 100% with pain // strength 3+/5

External Rotation: 60 degrees

Wrist Exam

Right Wrist Range of Motion // strength

Wrist Flexion: 50 degrees (initially 25 degrees) // 4+/5

Wrist Extension: 25 degrees (initially 0 degrees) // 4/5

Left Wrist Range of Motion // strenght

Wrist Flexion: 40 degrees (initially 25 degrees) // 4+/5

Wrist Extension: 10 degrees (initially 0 degrees) // 4-/5

Treatment:

Therapeutic exercise: (May include exercises to develop strength, endurance, range of motion or flexibility) Patient instructed in, and demonstrated/completed the following specific activities:

- Arm bike - 3 minutes
- Rows - red Theraband - 20 repetitions
- Bilateral shoulder extension - red Theraband - 20 repetitions
- Shoulder external rotation and internal rotation - red Theraband - 15 repetitions each, each arm
- Shoulder flexion - red Theraband - 20 repetitions
- Bilateral elbow extension and flexion - red Theraband - 20 repetitions each
- Pull downs - red Theraband - 20 repetitions
- Medicine ball lift - waist to shoulder level - 4 pounds - 10 repetitions
- Wrist flexion and extension - red Theraband - 20 repetitions each

REVIEWED HOME EXERCISE PROGRAM

- Corner stretch - 30 seconds - 2 repetitions
- Chin tucks - 10 seconds - 5 repetitions
- Shoulder Circles
- Shoulder Blade Squeezes
- Pulley's: Rear Facing - 5 minutes
- Putty - white
- Upper trapezius stretch - 20 seconds 3 repetitions
- Goal post exercise - 20 seconds 3 repetitions

Ice up to 15 minutes up to 5 times per day//Precautions reviewed

Ruby S Chacko was provided education on home exercise program, self management, and the common symptom response to treatment. Provided contact information if symptoms worsen or fail to improve as discussed and anticipated.

Supplies issued from Pacific Medial Supply for home exercise program or relief of pain. Patient was instructed and demonstrated proper use of the below issued supplies.

- 12/28/2017: Pulleys, putty white
- 01/11/18: red Theraband door anchors

Therapeutic exercise : 23 minutes
 Total Treatment Time: 23 minutes (includes Timed, Untimed, Eval and Re-eval)

ASSESSMENT:

Decreased grip strength versus previous visit, minimal increase versus initial evaluation.

PLAN:

See Plan of Care above. Increase range of motion, strength and functional activities as able. Patient to continue with physical therapy 2 times a week for 2 weeks with transportation provided.

In the event Ruby S Chacko elects to discontinue Physical Therapy services prior to attaining the agreed upon goals and treatment Plan of Care, the patient will be considered discharged to a self management status. Patient will be discharged from Physical Therapy services if she is not seen for treatment within 60 days after last visit. For status at the time of discharge see the last Progress Note.

Note Details

Author	Andry, David Brian (P.T.)	File Time	4/23/2018 3:58 PM
Author Type	THERAPIST, PHYSICAL	Status	Signed
Last Editor	Andry, David Brian (P.T.)	Specialty	GENERAL, OTHER

Work Comp on 4/23/2018

Chacko, Ruby S

MRN: 110014714672
Description: 53 year old female

Progress Notes Creation Time: 4/19/2018 12:06 PM

Andry, David Brian (P.T.)

GENERAL, OTHER

8/ 12 Visit Count (1 cancelled appointment 2/16/18)

Per DFR:

DOI: 10/29/17

Employer: AT&T 21 years

[[Job Title]] Software engineer/architec

Body Part(s): neck and shoulders and arms and eyes

[[Mechanism of Injury]] keyboarding and mousing and computer work all day.

Chief Complaint: No chief complaint on file.

PLAN OF CARE - established on 12/28/2017, reestablished 4/9/18

Referring Provider: Wes Hashimoto, MD

Referring Diagnosis: Neck muscle strain,-overuse-disorder-of-soft-tissues bilateral forearms and hands

Treatment Goals: To be achieved by: 12 weeks

Patient will be able to perform computer related tasks including keyboard, mouse and viewing the monitor for 2 hours//Patient currently unable to use computer 5 minutes - improved

Patient will be able to turn the head to within normal limits to drive (home/work vehicle) // Patient unable to drive self.

Treatment to include:

- Patient Education
- Manual Therapy techniques as needed
- Therapeutic Exercise may include flexibility exercises, self mobilization, strength training, and neuromuscular reeducation.
- Functional Activity training
- Modalities as needed to address pain and inflammation
- Group exercise as appropriate
- Telephone and video visit encounters

Frequency and Duration of Treatment: 1 time(s) per week for 12 weeks

Re-certification due: 5/21/18

PROGRESS NOTE

Work Status: Off work

SUBJECTIVE:

Patient reports hands don't feel as heavy, but pain is the same.

Current Pain Level: 7/10 in hands 4/10 neck and shoulder blades

On 12/28/2017 the patient reports constant, variable aching sharp burning pain located in the neck, bilateral upper trapezius, shoulders, forearms, wrists and hands

Numbness and Tingling: Yes: occasionally, whole hands, bilaterally

Overall Status: Unchanged

Current History : See above under Per DFR, reviewed with patient

Aggravating Factors:

Computer related tasks including keyboard, mouse and viewing the monitor for 1 minute
Unable to reach repetitively above shoulder height for ADL or work functions
Dressing self

Easing Factors: Heat and Lying down

24 Hour Pattern: The symptoms are activity dependent

Medical History: medical history reviewed

Special Questions: Negative

OBJECTIVE:

Observation: Unable to obtain an upright posture: flexed forward and forward head 6", rounded shoulders.

HELD TODAY

Cervical Exam

Cervical Active Range of Motion

Flexion: 35 degrees (30 degrees previous)
Extension: 45 degrees (20 degrees previous)
Right Rotation: 75% (previously 25%)
Left Rotation: 75% (previously 25%)
Right Sideflexion: 25 degrees (previously 15 degrees)
Left Sideflexion: 25 degrees (previously 15 degrees)

Palpation: Muscle tenderness, tightness in , Sub-Occipitals , Paraspinals and Upper Trapezius

Shoulder Exam

Right Shoulder Active Range of Motion // strength:

Flexion: 135 degrees (previously 25 degrees), Passive 100% with pain // strength 3+/5
Abduction : 100 degrees (previously 40 degrees), passive 100% with pain // strength 3+/5
External Rotation: 40 degrees

Left Shoulder Active Range of Motion // strength:

Flexion: 130 degrees (previously 25 degrees), Passive 100% with pain // strength 3+/5
Abduction : 93 degrees (previously 40 degrees), passive 100% with pain // strength 3+/5
External Rotation: 60 degrees

Wrist Exam

Right Wrist Range of Motion // strength

Wrist Flexion: 50 degrees (initially 25 degrees) // 4+/5
Wrist Extension: 25 degrees (initially 0 degrees) // 4/5

Left Wrist Range of Motion // strenght

Wrist Flexion: 40 degrees (initially 25 degrees) // 4+/5
Wrist Extension: 10 degrees (initially 0 degrees) // 4-/5

Grip Test: (using hand dynamometer, Position # 2, recording in lbs): Right: 20, 15, 20 Left: 15, 21, 21
(Initially Right: 10, 5, 5 Left: 8, 5, 5)

Treatment:

Therapeutic exercise: (May include exercises to develop strength, endurance, range of motion or flexibility) Patient instructed in, and demonstrated/completed the following specific activities:

- Arm bike - 3 minutes
- Rows - red Theraband - 20 repetitions
- Bilateral shoulder extension - red Theraband - 20 repetitions
- Shoulder external rotation and internal rotation - red Theraband - 15 repetitions each, each arm
- Shoulder flexion - red Theraband - 20 repetitions
- Bilateral elbow extension and flexion - red Theraband - 20 repetitions each
- Pull downs - red Theraband - 20 repetitions
- Medicine ball lift - waist to shoulder level - 4 pounds - 10 repetitions
- Wrist flexion and extension - red Theraband - 20 repetitions each

REVIEWED HOME EXERCISE PROGRAM

- Corner stretch - 30 seconds - 2 repetitions
- Chin tucks - 10 seconds - 5 repetitions
- Shoulder Circles
- Shoulder Blade Squeezes
- Pulley's: Rear Facing - 5 minutes
- Putty - white
- Upper trapezius stretch - 20 seconds 3 repetitions
- Goal post exercise - 20 seconds 3 repetitions

Ice up to 15 minutes up to 5 times per day//Precautions reviewed

Ruby S Chacko was provided education on home exercise program, self management, and the common symptom response to treatment. Provided contact information if symptoms worsen or fail to improve as discussed and anticipated.

Supplies issued from Pacific Medial Supply for home exercise program or relief of pain. Patient was instructed and demonstrated proper use of the below issued supplies.

- 12/28/2017: Pulleys, putty white
- 01/11/18: red Theraband door anchors

Therapeutic exercise: 23 minutes
 Total Treatment Time: 23 minutes (includes Timed, Untimed, Eval and Re-eval)

ASSESSMENT:

~~Patient requires multiple rest breaks with all exercises, unable to progress. Constant forward head posture. High level of resting tension in both hands.~~

PLAN:

See Plan of Care above. Increase range of motion, strength and functional activities as able. Patient to continue with physical therapy 2 times a week for 2 weeks with transportation provided.

Potential additions:

Weighted ball overhead lift

In the event Ruby S Chacko elects to discontinue Physical Therapy services prior to attaining the agreed upon goals and treatment Plan of Care, the patient will be considered discharged to a self management status. Patient will be discharged from Physical Therapy services if she is not seen for treatment within 60 days after last visit. For status at the time of discharge see the last Progress Note.

Note Details

Author	File Time
Andry, David Brian (P.T.)	4/19/2018 12:30 PM

Author Type	THERAPIST, PHYSICAL	Status	Signed
Last Editor	Andry, David Brian (P.T.)	Specialty	GENERAL, OTHER

Work Comp on 4/19/2018

Chacko, Ruby S

MRN: 110014714672
Description: 53 year old female

Progress Notes Creation Time: 4/17/2018 11:58 AM

Andry, David Brian (P.T.)

GENERAL, OTHER

7/ 12 Visit Count (1 cancelled appointment 2/16/18)

Per DFR:

DOI: 10/29/17

Employer: AT&T 21 years

||Job Title|| Software engineer/architec

Body Part(s): neck and shoulders and arms and eyes

||Mechanism of Injury|| keyboarding and mousing and computer work all day.

Chief Complaint: No chief complaint on file.

PLAN OF CARE - established on 12/28/2017, reestablished 4/9/18

Referring Provider: Wes Hashimoto, MD

Referring-Diagnosis: Neck-muscle-strain,-overuse disorder of soft tissues bilateral forearms and hands

Treatment Goals: To be achieved by: 12 weeks

Patient will be able to perform computer related tasks including keyboard, mouse and viewing the monitor for 2 hours//Patient currently unable to use computer 5 minutes - improved

Patient will be able to turn the head to within normal limits to drive (home/work vehicle) // Patient unable to drive self.

Treatment to include:

- Patient Education
- Manual Therapy techniques as needed
- Therapeutic Exercise may include flexibility exercises, self mobilization, strength training, and neuromuscular reeducation.
- Functional Activity training
- Modalities-as needed-to-address-pain-and-inflammation
- Group exercise as appropriate
- Telephone and video visit encounters

Frequency and Duration of Treatment: 1 time(s) per week for 12 weeks

Re-certification due: 5/21/18

PROGRESS NOTE

Work Status: Off work

SUBJECTIVE:

Patient reports hands constantly in pain, upper neck and back feel a little better.

Current Pain Level: 7/10 in hands 4/10 neck and shoulder blades

On 12/28/2017 the patient reports constant, variable aching sharp burning pain located in the neck, bilateral upper trapezius, shoulders, forearms, wrists and hands

Numbness and Tingling: Yes: occasionally, whole hands, bilaterally

Overall Status:Unchanged

Current History : See above under Per DFR, reviewed with patient

Aggravating Factors:

Computer related tasks including keyboard, mouse and viewing the monitor for 1 minute
Unable to reach repetitively above shoulder height for ADL or work functions
Dressing self

Easing Factors: Heat and Lying down

24 Hour Pattern: The symptoms are activity dependent

Medical History: medical history reviewed

Special Questions: Negative

OBJECTIVE:

Observation: Unable to obtain an upright posture: flexed forward and forward head 6", rounded shoulders.

HELD TODAY

Cervical Exam

Cervical Active Range of Motion

Flexion: 35 degrees (30 degrees previous)
Extension: 45 degrees (20 degrees previous)
Right Rotation: 75% (previously 25%)
Left Rotation: 75% (previously 25%)
Right Sideflexion: 25 degrees (previously 15 degrees)
Left Sideflexion: 25 degrees (previously 15 degrees)

Palpation: Muscle tenderness, tightness in , Sub-Occipitals , Paraspinals and Upper Trapezius

Shoulder Exam

Right Shoulder Active Range of Motion // strength:

Flexion: 135 degrees (previously 25 degrees), Passive 100% with pain // strength 3+/5
Abduction : 100 degrees (previously 40 degrees), passive 100% with pain // strength 3+/5
External Rotation: 40 degrees

Left Shoulder Active Range of Motion // strength:

Flexion: 130 degrees (previously 25 degrees), Passive 100% with pain // strength 3+/5
Abduction : 93 degrees (previously 40 degrees), passive 100% with pain // strength 3+/5
External Rotation: 60 degrees

Wrist Exam

Right Wrist Range of Motion // strength

Wrist Flexion: 50 degrees (initially 25 degrees) // 4+/5
Wrist Extension: 25 degrees (initially 0 degrees) // 4/5

Left Wrist Range of Motion // strength

Wrist Flexion: 40 degrees (initially 25 degrees) // 4+/5
Wrist Extension: 10 degrees (initially 0 degrees) // 4-/5

Grip Test: (using hand dynamometer, Position # 2, recording in lbs): Right: 20, 15, 20 Left: 15, 21, 21
(initially Right: 10, 5, 5 Left: 8, 5, 5)

Treatment:

Therapeutic exercise: (May include exercises to develop strength, endurance, range of motion or flexibility) Patient instructed in, and demonstrated/completed the following specific activities:

- Arm bike - 3 minutes
- Rows - red Theraband - 20 repetitions
- Bilateral shoulder extension - red Theraband - 20 repetitions
- Shoulder external rotation and internal rotation - red Theraband - 15 repetitions each, each arm
- Shoulder flexion - red Theraband - 20 repetitions
- Bilateral elbow extension and flexion - red Theraband - 20 repetitions each
- Pull downs - red Theraband - 20 repetitions - added
- Medicine ball lift - waist to shoulder level - 4 pounds - 10 repetitions - added
- Wrist flexion and extension - red Theraband - 20 repetitions each

REVIEWED HOME EXERCISE PROGRAM

- Corner stretch - 30 seconds - 2 repetitions
- Chin tucks - 10 seconds - 5 repetitions
- Shoulder Circles
- Shoulder Blade Squeezes
- Pulley's: Rear Facing - 5 minutes
- Putty - white
- Upper trapezius stretch - 20 seconds 3 repetitions
- Goal post exercise - 20 seconds 3 repetitions

Ice up to 15 minutes up to 5 times per day//Precautions reviewed

Ruby S Chacko was provided education on home exercise program, self management, and the common symptom response to treatment. Provided contact information if symptoms worsen or fail to improve as discussed and anticipated.

Supplies issued from Pacific Medial Supply for home exercise program-or-relief-of-pain. Patient was instructed and demonstrated proper use of the below issued supplies.

- 12/28/2017: Pulleys, putty white
- 01/11/18: red Theraband door anchors

=====
 Therapeutic exercise : 23 minutes
 Total Treatment Time: 23 minutes (includes Timed, Untimed, Eval and Re-eval)

ASSESSMENT:

~~Patient requires multiple rest-breaks with all-exercises, unable to progress. Constant forward head posture. High level of resting tension in both hands.~~

PLAN:

See Plan of Care above. Increase range of motion, strength and functional activities as able. Patient to continue with physical therapy 2 times a week for 3 weeks with transportation provided.

Potential additions:
Weighted ball overhead lift

In the event Ruby S Chacko elects to discontinue Physical Therapy services prior to attaining the agreed upon goals and treatment Plan of Care, the patient will be considered discharged to a self management status. Patient will be discharged from Physical Therapy services if she is not seen for treatment within 60 days after last visit. For status at the time of discharge see the last Progress Note.

Note Details

Author	Andry, David Brian (P.T.)	File Time	4/17/2018 12:29 PM
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Author Type	THERAPIST, PHYSICAL	Status	Signed
Last Editor	Andry, David Brian (P.T.)	Specialty	GENERAL, OTHER

Work Comp on 4/17/2018

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
 DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

New Request Resubmission - Change in Material Facts Retrospective Review
 Expedited Review: Check box if employee faces an imminent and serious threat to his or her health
 Check box if request is a written confirmation of a prior oral request. Updated Request

Employee Information

Name (Last, First, Middle): CHACKO, RUBY, S
 Date of Injury (MM/DD/YYYY): 10-29-2017 Date of Birth (MM/DD/YYYY):
 Claim Number: B725030987-0001-01 Employer: AT&T

Requesting Physician Information:

Name: HASHIMOTO, WESLEY K
 Practice Name: Kaiser Permanente KOJ Contact Name: SEAN M GUIRIT
 Address: 6600 Bruceville Rd. City: Sacramento State: CA
 Zip Code: 95823 Phone: (916) 688-2478 Fax Number: (916) 688-6278
 Specialty: NPI Number: 1902080112
 E-mail Address:

Claims Administrator Information:

Company Name: SEDGWICK CLAIM MGMT SVCS INC Contact Name: BARBARA GRAY
 Address: PO BOX 14627 City: LEXINGTON State: KY
 Zip Code: 40512 Phone: (866) 249-1170 Fax Number:
 E-mail address:

Requested Treatment (See instructions for guidance; attach additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration, Quantity, etc)
M70.932) OVERUS	M70.931	WSA /Ergo Eval	*****	1 ergonomic evaluation and modifications.
M70.932) OVERUS	M70.931	Physical Medicine -PM&R Consult	*****	1 CONSULTATION WITH PM&R, Dr. Sc
M70.932) OVERUS	M70.931	Physical Therapy	97530,97110,97035	6 PT VISITS- VISITS 1-2X WK FOR 3-6W

There are 3 request(s) on this form. Note: Above data may be truncated due to insufficient space. See continuation pages.

Requesting Physician Signature: Physician's Electronic Signature on File in Medical Record Date: 04-12-2018
 HASHIMOTO, WESLEY K

Claims Administrator/Utilization Review Organization (URO) Response

Approved Denied or Modified (See separate decision letter) Delay (See separate notification of delay)
 Requested treatment has been previously denied Liability for treatment is disputed (See separate letter)
 Authorization Number (if assigned): Date:
 Authorized Agent Name: Signature:
 Phone: Fax Number: E-mail Address:
 Comments:

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Diagnosis: M70.932) OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS (primary encounter diagnosis) (M70.941, M70.942)
OVERUSE DISORDER OF S NECK MUSCLE STRAIN,
ICD Code: M70.931
Procedure: WSA /Ergo Eval
CPT/HCPCS: *****
Other Info: 1 ergonomic evaluation and modifications.

Diagnosis: M70.932) OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS (primary encounter diagnosis) (M70.941, M70.942)
OVERUSE DISORDER OF S
ICD Code: M70.931
Procedure: Physical Medicine -PM&R Consult
CPT/HCPCS: *****
Other Info: 1 CONSULTATION WITH PM&R, Dr. Scholey.

Diagnosis: M70.932) OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS (primary encounter diagnosis) (M70.941, M70.942)
OVERUSE DISORDER OF S NECK MUSCLE STRAIN,
ICD Code: M70.931
Procedure: Physical Therapy
CPT/HCPCS: 97530,97110,97035
Other Info: 6 PT VISITS- VISITS 1-2X WK FOR 3-6WKS TO REDUCE PAIN,INFLAMATION, AND RESTORE FUNCTION

Chacko, Ruby S

MRN: 110014714672
Description: 53 year old female

Progress Notes Creation Time: 4/12/2018 11:29 AM

Andry, David Brian (P.T.)

GENERAL, OTHER

6/ 12 Visit Count (1 cancelled appointment 2/16/18)

Per DFR:

DOI: 10/29/17

Employer: AT&T 21 years

||Job Title|| Software engineer/architect

Body Part(s): neck and shoulders and arms and eyes

||Mechanism of Injury|| keyboarding and mousing and computer work all day.

Chief Complaint: No chief complaint on file.

PLAN OF CARE - established on 12/28/2017, reestablished 4/9/18

Referring Provider: Wes Hashimoto, MD

Referring-Diagnosis: Neck muscle strain, overuse disorder of soft-tissues-bilateral-forearms-and hands

Treatment Goals: To be achieved by: 12 weeks

Patient will be able to perform computer related tasks including keyboard, mouse and viewing the monitor for 2 hours//Patient currently unable to use computer 5 minutes - improved

Patient will be able to turn the head to within normal limits to drive (home/work vehicle) // Patient unable to drive self.

Treatment to include:

- Patient Education
- Manual Therapy techniques as needed
- Therapeutic Exercise may include flexibility exercises, self mobilization, strength training, and neuromuscular reeducation.
- Functional Activity training
- Modalities as needed to address pain and inflammation
- Group exercise as appropriate
- Telephone and video visit encounters

Frequency and Duration of Treatment: 1 time(s) per week for 12 weeks

Re-certification due: 5/21/18

RE-EVALUATION

Work Status: Off work

SUBJECTIVE:

Patient reports hands constantly in pain, upper neck and back feel a little better.

Current Pain Level: 7/10

On 12/28/2017 the patient reports constant, variable aching sharp burning pain located in the neck, bilateral upper trapezius, shoulders, forearms, wrists and hands

Numbness and Tingling: Yes: occasionally, whole hands, bilaterally

Overall Status: Unchanged

Current History : See above under Per DFR, reviewed with patient

Aggravating Factors:

Computer related tasks including keyboard, mouse and viewing the monitor for 1 minute
Unable to reach repetitively above shoulder height for ADL or work functions
Dressing self

Easing Factors: Heat and Lying down

24 Hour Pattern: The symptoms are activity dependent

Medical History: medical history reviewed

Special Questions: Negative

OBJECTIVE:

Observation: Unable to obtain an upright posture: flexed forward and forward head 6", rounded shoulders.

HELD TODAY

Cervical Exam

Cervical Active Range of Motion

- Flexion: 35 degrees (30 degrees previous)
- Extension: 45 degrees (20 degrees previous)
- Right Rotation: 75% (previously 25%)
- Left Rotation: 75% (previously 25%)
- Right Sideflexion: 25 degrees (previously 15 degrees)
- Left Sideflexion: -25 degrees (previously 15 degrees)

Palpation: Muscle tenderness, tightness in , Sub-Occipitals , Paraspinals and Upper Trapezius

Shoulder Exam

Right Shoulder Active Range of Motion // strength:

- Flexion: 135 degrees (previously 25 degrees), Passive 100% with pain // strength 3+/5
- Abduction : 100 degrees (previously 40 degrees), passive 100% with pain // strength 3+/5
- External Rotation: 40 degrees

Left Shoulder Active Range of Motion // strength:

- Flexion: 130 degrees (previously 25 degrees), Passive 100% with pain // strength 3+/5
- Abduction : 93 degrees (previously 40 degrees), passive 100% with pain // strength 3+/5
- External Rotation: 60 degrees

Wrist Exam

Right Wrist Range of Motion // strength

- Wrist Flexion: 50 degrees (initially 25 degrees) // 4+/5
- Wrist Extension: 25 degrees (initially 0 degrees) // 4/5

Left Wrist Range of Motion // strenght

- Wrist Flexion: 40 degrees (initially 25 degrees) // 4+/5
- Wrist Extension: 10 degrees (initially 0 degrees) // 4-/5

Grip Test: (using hand dynamometer, Position # 2, recording in lbs): Right: 20, 15, 20 Left: 15, 21, 21 (initially Right: 10, 5, 5 Left: 8, 5, 5)

Treatment:

Therapeutic exercise: (May include exercises to develop strength, endurance, range of motion or flexibility) Patient instructed in, and demonstrated/completed the following specific activities:
Arm bike - 3 minutes- 3 minutes
Rows - red Theraband - 20 repetitions
Bilateral shoulder extension - red Theraband - 20 repetitions - added
Shoulder external rotation and internal rotation - red Theraband - 15 repetitions each, each arm
Shoulder flexion - red Theraband - 20 repetitions - added
Bilateral elbow extension and flexion - red Theraband - 20 repetitions each
Wrist flexion and extension - red Theraband - 20 repetitions each - added

REVIEWED HOME EXERCISE PROGRAM

Corner stretch - 30 seconds - 2 repetitions
Chin tucks - 10 seconds - 5 repetitions
Shoulder Circles
Shoulder Blade Squeezes
Pulley's: Rear Facing - 5 minutes
Putty - white
Upper trapezius stretch - 20 seconds 3 repetitions
Goal post exercise - 20 seconds 3 repetitions

Ice up to 15 minutes up to 5 times per day//Precautions reviewed

Ruby S Chacko was provided education on home exercise program, self management, and the common symptom response to treatment. Provided contact information if symptoms worsen or fail to improve as discussed and anticipated.

Supplies issued from Pacific Medial Supply for home exercise program or relief of pain. Patient was instructed and demonstrated proper use of the below-issued supplies.

12/28/2017: Pulleys, putty white
01/11/18: red Theraband door anchors

=====
Therapeutic exercise : 23 minutes
Total Treatment Time: 23 minutes (includes Timed, Untimed, Eval and Re-eval)

ASSESSMENT:

Patient requires multiple rest breaks with all exercises. Constant forward head posture. Patient continues with poor strength and poor function. May benefit from more frequent physical therapy to maximize recovery.

PLAN:

See Plan of Care above. Increase range of motion, strength and functional activities as able. Patient to continue with physical therapy 2 times a week for 3 weeks with transportation provided.

Potential additions:

Pull downs
Weighted bar overhead lift

In the event Ruby S Chacko elects to discontinue Physical Therapy services prior to attaining the agreed upon goals and treatment Plan of Care, the patient will be considered discharged to a self management status. Patient will be discharged from Physical Therapy services if she is not seen for treatment within 60 days after last visit. For status at the time of discharge see the last Progress Note.

Note Details

Author	Andry, David Brian (P.T.)	File Time	4/12/2018 11:58 AM
Author Type	THERAPIST, PHYSICAL	Status	Signed
Last Editor	Andry, David Brian (P.T.)	Specialty	GENERAL, OTHER

Work Comp on 4/12/2018

KAISER PERMANENTE Claim#:B725030987-0001-01 DOI:10-29-2017 Visit:04-09-2018 10:02 ReportDate:04-09-2018 Final:Y

Patient:CHACKO, RUBY, S MR:14714672 WCAB#: FAC:SSC Contact:(916)688-2478 Carrier DOI (if available):

State of California Division of Workers' Compensation

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

Check the box(es) which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e., has reached maximum medical improvement), do not use this form. You may use DWC Form PR-3.

<input type="checkbox"/>	01. Periodic Report (required 45 days after last report)	<input type="checkbox"/>	02. Change in treatment plan	<input type="checkbox"/>	03. Released from care
<input type="checkbox"/>	04. Change in work status	<input type="checkbox"/>	05. Need for referral or consultation	<input type="checkbox"/>	06. Response to request for information
<input type="checkbox"/>	07. Change in patient's condition	<input type="checkbox"/>	08. Need for surgery or hospitalization	<input type="checkbox"/>	09. Request for authorization
<input type="checkbox"/>	10. Other				

- 11. Patient will be permanently precluded from engaging in his/her usual and customary occupation
 - 12. Patient's condition is permanent and stationary with residual disability on:
 - 13. Patient will require future medical care
- If any of these boxes are checked you must use Form PR-3 or narrative report.

14. Claims Administrator SEDGWICK CLAIM MGMT SVCS INC PO BOX 14627 LEXINGTON KY 40512 26. Phone (866) 249-1170	Patient: 15. MR 14714672 17. Name CHACKO, RUBY, S 18. Address 9211 BROMFIELD CT 19. City ELK GROVE State CA Zip 956243509 20. DOI 10-29-2017 21. DOB 22. Sex F 23. Phone (815) 477-9282 24. Fax 25. Occupation Software engineer/architec 28. Claim B725030987-0001-01 29. WCAB
---	--

30. Employer Name: AT&T 31. Employer Phone (916) 684-1808

The information below must be provided. You may use this form or you may substitute or append a narrative report.

32. Subjective Complaints:

Ruby S Chacko is a 53 Y female. The patient is here for a 31 day follow up. Work STATUS: modified duty; not accommodated. Not working for for about 3 months. CURRENT COMPLAINTS: Doing a little better. Not as much burning off and on to posterior shoulders. Neck is better and not bothersome. Right neck pain is better. Neck still very stiff but better. Arms are not better. Pain to the shoulders and upper arms. Pain to the wrists and forearms. Keyboarding and mousing for one minutes and pain dot dorsal hands and forearms to upper arms and shoulder blades, bilaterally. Both arm; numb and tingling. Mostly daytime. Constant pain. Numbness off and on. Can do keyboarding and mousing for 1 minute. Using wrist splints at night. Rare frontal headache. Has blurred vision if using computer for 10 minutes. Treatment summary: --Dr. Edrissian, Rheumatology 12/7/17; blurred vision and headache while working on computer; dry eyes, dry mouth Per rheum. The patient also complains of pain in hands and arms, associated with tingling and numbness in her hands for past few months. The pain severity is 7/10, which is getting worse with activity. The pain is associated with morning stiffness which lasts about 45 minutes. He does not recommend prednisone or temporal artery biopsy at this time. To check labs and follow up as needed. --Visit number 1 with physical therapy was on 12/28 treated by David. Had physical therapy today visit 4. --nerve conduction test and electromyogram done; negative for Carpel Tunnel Syndrome and negative for cervical radiculopathy. Review of Systems: Constitutional: negative for fevers or chills Neurological: negative for weakness, bowel/bladder incontinence, or clumsiness/ Relevant Medications: none/ Allergies: Patient has no known allergies. Social History: reports that she has never smoked. She has never used smokeless tobacco.

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

Physical Exam: no distress standing/ Case manager RN present: Trudie White 218-336-4922 Vital signs: vitals were not taken for this visit. BMI: body mass index is unknown because there is no height or weight on file. Very stiff appearing and moves slowly/ Neck / Flexion 75% and extension minimal and right and left rotation 50% There is bilateral trapezius pain; trapezius tender to palpation bilaterally with spasm. Most pain to levators bilaterally today. Shoulder bilaterally pain to distal trapezius and supraspinatus. Shoulder bilaterally Anterior shoulder pain / FF 110 and abduct 90 degrees. Elbows Not tender to palpation Poor flexion causes shoulder pain. Right and left wrist. No swelling. Not hot and no synovitis. Volar pain with extension and fair flexion with volar pain Pain with gripping and most pain to dorsal hands. Generally tender to palpation Phelan's negative. Additional Information Reviewed Electronic Medical Record MRI of cervical spine without contrast done at DRI L Grove on 1/11/2018 Impression there is a slight posterior bulging disc at C5-6 which is not compressing the underlying spinal cord. Otherwise negative MRI of the cervical spine / Left wrist xray normal 1/29/18/ Right wrist xray 1/29/18: Mild degenerative changes at scaphotrapezial joint.

34. Diagnostic Studies Ordered:

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

35. Diagnoses

Diagnosis	ICD-10 code
1. M70.932) OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS (primary encounter diagnosis) (M70.941, M70.942) OVERUSE DISORDER OF S	M70.931
2. NECK MUSCLE STRAIN, SUBSEQ (M70.911, M70.912) OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS	S16.1XXD

36. **Treatment Plan:** (Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation, acupuncture). Use of CPT codes is encouraged.

Request for Authorization for ergonomic evaluation and modifications. Difficulty driving: I recommend transportation to appointments for office visits and physical therapy. REQUEST FOR AUTHORIZATION FOR CONSULTATION WITH PM&R, Dr. Scholey. DOI: 10/29/17 Diagnosis: RSI of both arms and neck strain. Treatment to date: physical therapy Special studies: MRI and EMG arms. Reason for Consult: failing conservative treatment. OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS OVERUSE DISORDER OF SOFT TISSUES, BILAT HANDS Note: soft tissue to muscles and tendons due to overuse. Consider Carpel Tunnel Syndrome. Nerve conduction test Negative for Carpel Tunnel Syndrome and negative for cervical radiculopathy; I reviewed on RN laptop; she will fax report to me. Continue modified duty and physical therapy. Benign xray of wrist, bilaterally. NECK MUSCLE STRAIN . Note: bilaterally trapezius; due to computer work. Normal xray. MRI done outside of Kaiser Permanente is benign. This is better and shoulder pain is better. Continue modified duty and physical therapy. OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS. Note: anterior shoulder pain: myofascial. Normal xray and unremarkable MRI of cervical spine. Negative EMG. Continue modified duty and physical therapy. Request for Authorization for PMR consult for advice and management. Ergonomic evaluation requested, also. Dry eyes are a personal health condition and not industrial. To see personal physician. Consider lacrimal duct plugs. Dr. Edrissian, Rheumatology 12/7/17: blurred vision and headache while working on computer; dry eyes, dry mouth. He does not recommend prednisone or temporal artery biopsy at this time. To check labs and follow up as needed. This is not industrial. PHYS SPECIAL REPORT, PR-2 TREATING PHYS'S PROGRESS REPORT . The total visit time face to face with the patient was 30 min. I spent greater than 50% of this time counseling and in discussion with the patient. We reviewed injury, exam findings, pathogenesis, prognosis, work and medications. Next Appointment: 3 Weeks. MODIFIED WORK (Applies to work and home): This patient is placed on modified activity at work (if available) and at home from 4/9/2018 through 5/9/2018. OTHER NEEDS/RESTRICTIONS: Screen time limited to 10 minutes per hour. Keyboarding and mousing limited to 10 minutes per hour. CONCURRENT TREATMENT: PT/OT, Consult/Referral. I have reviewed and approve the PT Plan of Care and certify the medical necessity of this care. WESLEY HASHIMOTO MD . Call or return to clinic pri if these symptoms worsen or fail to improve as anticipated. The patient indicates understanding of these issues and agrees with the plan. Wes Hashimoto, MD RECHECK 4/30/18 @0430P

37. Have there been any changes in treatment plan? 38. If so, why ?

39. Other Physician/Non-Physician Providers:

40. Drugs:

41. Physical Medical Service:

42. Times per Week

43. Duration:

44. Hospitalization/Surgery Date

45. Hospitalization/ Surgery

46. Consult/Other Services:

Work Status: This patient has been instructed to:

47. Return to full duty on with no limitations or restrictions.

48. Return to modified work on 04-09-2018 with the following limitations or restrictions.

49. Limitations:

through 5/9/2018. Screen time limited to 10 minutes per hour. Keyboarding and mousing limited to 10 minutes per hour.

KAISER PERMANENTE Claim#:B725030987-0001-01 DOI:10-29-2017 Visit:04-09-2018 10:02 ReportDate:04-09-2018 Final:Y

Patient:CHACKO, RUBY, S MR:14714672 WCAB#: FAC:SSC Contact:(916)688-2478 Carrier DOI (if available):

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

- 50. Patient discharged as cured (no permanent disability or need for future medical care).
- 51. Patient is permanently precluded from engaging in his/her usual and customary occupation and the above limitations/restrictions are deemed permanent.

Primary Treating Physician: (original signature, do not stamp) 52. Date of exam 04-09-2018

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 which prohibits referral to a physician or entity with whom the physician has an unlawful financial interest.

The Permanente Medical Group, Inc.

53. IRS Number 94-2728480

Signature Physician's Electronic Signature on File in Medical Record Specialty _____

Executed at _____ Signature Date _____

54. Name HASHIMOTO, WESLEY K MD

55. California Lic# 076655G

56. Address 6600 Bruceville Rd., Sacramento, CA, 95823

57. Phone (916) 688-2478

v3.0

**Kaiser On-the-Job
 ADDENDUM TO PT2 REPORT**

1. Claims Administrator SEDGWICK CLAIM MGMNT SVCS INC PO BOX 14627 LEXINGTON KY 40512	Patient: 2. MR 14714672 3. SSN
	4. Name CHACKO, RUBY, S
	5. Address 9211 BROMFIELD CT
	6. City ELK GROVE State CA Zip 956243509
	7. DOI 10-29-2017 8. DOB 9. Sex F
	10. Phone (815) 477-9282 11. Fax
	12. Occupation
13. Phone (888) 249-1170 14. Fax (866) 224-4627	15. Claim B725030987-0001-01 16. WCAB
17. Employer Name: AT&T	18. Employer Phone: (916) 684-1805
19. Primary/Treating Physician: HASHIMOTO, WESLEY K	20. PTF Facility: SSC
21. Primary Diagnosis: M70.932) OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS (primary encounter diagnosis) (M70.941, M70.942) OVERUSE DISORDER OF S	22. Primary ICD: M70.931
23. Secondary Diagnosis: NECK MUSCLE STRAIN, SUBSEQ (M70.911, M70.912) OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS	24. Secondary ICD: S16.1XXD
25. Provider: HASHIMOTO, WESLEY K, MD	26. Specialty/Dept:
27. Reason for Referral/Visit:	

I have reviewed and approve the PT Plan of Care and certify the medical necessity of this care. WESLEY HASHIMOTO MD

REQUEST FOR AUTHORIZATION PHYSICAL THERAPY Extension for Neck and arms and hands bilaterally. The patient has improved her functional capacity with less pain and more active movement with the present txs in PT, request additional 6 txs 1-2x/wk for 2-3wks to continue mobilization and strengthening which will help in recovery. Will continue present treatment plan which has been effective in normalizing her level of activity and resolving pain. I have discussed the present progress with the physical therapist and agree with the plan and the need of additional treatments.

Provider: (original signature, do not stamp) Date of Exam/Review: 04-09-2018

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 which prohibits referral to a physician or entity with whom the physician has an unlawful financial interest.

The Permanente Medical Group, Inc. 28. IRS Number 94-2728450

Signature _____ Physician's Electronic Signature on File in Medical Record

Executed at _____ Signature Date _____

Name HASHIMOTO, WESLEY K. MD California Lic# 076655G
 Address 6800 Bruceville Rd., Sacramento, CA, 95823 Phone (916) 688-2478

v2bes



This form contains your diagnosis.

HASHIMOTO, WESLEY KAY (M.D.)
6600 Bruceville Road
Sacramento CA 95823-4671
916-688-2000

Patient Name: Chacko, Ruby S
Patient MRN: 110014714672
Encounter Date & Time: 4/9/2018 10:40 AM

Please see below for this health care provider's directives and information relating to this encounter.

Industrial Work Status Report

Date of Injury: 10/29/17
Claim #: B725030987-0001-01
Next Appointment Date: 3 Weeks

DIAGNOSIS: OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS, OVERUSE DISORDER OF SOFT TISSUES, BILAT HANDS, NECK MUSCLE STRAIN, SUBSEQ, OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS

Modified Activity (Applies to work and home)

This patient is placed on modified activity at work and at home from 4/9/2018 through 5/9/2018.

If modified activity is not accommodated by the employer then this patient is considered temporarily and totally disabled from their regular work for the designated time and a separate off work order is not required.

Concurrent Treatment:

PT/OT, Consult/Referral.

Other needs and/or restrictions:

Screen time limited to 10 minutes per hour.
Keyboarding and mousing limited to 10 minutes per hour.

This form has been electronically signed and authorized by HASHIMOTO, WESLEY KAY (M.D.)

This form contains your private health information that you may choose to release to another party; please review for accuracy.

Printed By: HASHIMOTO, WESLEY K on 4/9/2018 at 11:05:23 AM

**State of California, Division of Workers' Compensation
 REQUEST FOR AUTHORIZATION
 DWC Form RFA**

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

New Request Resubmission - Change in Material Facts Retrospective Review
 Expedited Review: Check box if employee faces an imminent and serious threat to his or her health
 Check box if request is a written confirmation of a prior oral request. Updated Request

Employee Information

Name (Last, First, Middle): CHACKO, RUBY, S
 Date of Injury (MM/DD/YYYY): 10-29-2017 Date of Birth (MM/DD/YYYY):
 Claim Number: B725030987-0001-01 Employer: AT&T

Requesting Physician Information

Name: HASHIMOTO, WESLEY K
 Practice Name: Kaiser Permanente KOJ Contact Name: SEAN M GUIRIT
 Address: 6600 Bruceville Rd. City: Sacramento State: CA
 Zip Code: 95823 Phone: (916) 688-2478 Fax Number: (916) 688-6278
 Specialty: NPI Number: 1902080112
 E-mail Address:

Claims Administrator Information

Company Name: SEDGWICK CLAIM MGMT SVCS INC Contact Name: BARBARA GRAY
 Address: PO BOX 14627 City: LEXINGTON State: KY
 Zip Code: 40512 Phone: (866) 249-1170 Fax Number:
 E-mail address:

Requested Treatment (See instructions for guidance; attach additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration, Quantity, etc)
M70.932) OVERUS	M70.931	WSA /Ergo Eval	*****	1 ergonomic evaluation and modifications.
M70.932) OVERUS	M70.931	Physical Medicine -PM&R Consult	*****	1 CONSULTATION WITH PM&R, Dr. Set

There are 2 request(s) on this form. Note: Above data may be truncated due to insufficient space. See continuation pages.

Requesting Physician Signature: Physician's Electronic Signature on File in Medical Record Date: 04-09-2018
 HASHIMOTO, WESLEY K

Claims Administrator/Utilization Review Organization (URO) Response

Approved Denied or Modified (See separate decision letter) Delay (See separate notification of delay)
 Requested treatment has been previously denied Liability for treatment is disputed (See separate letter)
 Authorization Number (if assigned): Date:
 Authorized Agent Name: Signature:
 Phone: Fax Number: E-mail Address:
 Comments:

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Diagnosis: M70.932) OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS (primary encounter diagnosis) (M70.941, M70.942)
OVERUSE DISORDER OF S NECK MUSCLE STRAIN,

ICD Code: M70.931

Procedure: WSA /Ergo Eval

CPT/HCPCS: *****

Other Info: 1 ergonomic evaluation and modifications.

Diagnosis: M70.932) OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS (primary encounter diagnosis) (M70.941, M70.942)
OVERUSE DISORDER OF S

ICD Code: M70.931

Procedure: Physical Medicine -PM&R Consult

CPT/HCPCS: *****

Other Info: 1 CONSULTATION WITH PM&R, Dr. Scholey.

2018-04-09 11:00 SSC Kaiser Occ Med 916 688 2964 >> YYYY P 1/2



HASHIMOTO, WESLEY KAY (M.D.)
6600 Bruceville Road
Sacramento CA 95823-4671
916-688-2000

Patient Name: Chacko, Ruby S
Patient MRN: 110014714672
Encounter Date & Time: 4/9/2018 10:40 AM

Please see below for this health care provider's directives and information relating to this encounter.

Industrial Work Status Report

Date of Injury: 10/29/17
Claim #: B725030987-0001-01
Next Appointment Date: 3 Weeks

Modified Activity (Applies to work and home)

This patient is placed on modified activity at work and at home from 4/9/2018 through 5/9/2018.

If modified activity is not accommodated by the employer then this patient is considered temporarily and totally disabled from their regular work for the designated time and a separate off work order is not required.

Concurrent Treatment:

PT/OT, Consult/Referral.

Other needs and/or restrictions:

Screen time limited to 10 minutes per hour.
Keyboarding and mousing limited to 10 minutes per hour.

This form has been electronically signed and authorized by HASHIMOTO, WESLEY KAY (M.D.)

This form contains your private health information that you may choose to release to another party; please review for accuracy.

Patient: Chacko, Ruby

Date: 3/13/2018

Jonathan S. Rutchik, MD

Neurology and Occupational / Environmental Medicine

TEL: 415.381.3133 FAX:415.381.3131

Patient: Chacko, Ruby

DOB:

Location: Sacramento, CA

SS#: xxx-xx-4251

Height: 5'5"

Technician: Karin Bradshaw, R.NCS.T.

Sex: Female

Weight: 146 lbs

Temperature: 32.0

Patient History / Physical Examination:

Patient is a 53 year old RH female software engineer who complains of pain in neck, bilateral shoulder, arm, forearm, wrist and hand. Numbness in right and left dorsal hand, digits 1, 2 and 3. Right=Left. Surgeries: None. Onset: 10/30/17. Patient PMH negative for Diabetes and/ or thyroid disorder. The patient denies having a cardiac pacemaker or other implanted device. The patient denies being on blood thinners or anticoagulants. Exam revealed full power, normal sensation and symmetrical reflexes. Palpation led to pain in bilateral upper extremities.

Trial #	Jamar grip strength tests show:			Pinch tests show:		
	R.	lbs.	L.	R.	lbs.	L.
1.	30.0		18.0	2.0		2.0
2.	28.0		20.0	2.0		2.0
3.	30.0		20.0	2.0		2.0

Conclusion:

History, physical and electrodiagnostic testing results reveal a diagnosis of chronic pain in the neck, lateral forearms and shoulders without evidence for entrapment neuropathy or radiculopathy.



Jonathan Rutchik MD, MPH

3/13/2018 2:34:00 PM

Jonathan S. Rutchik, MD

Neurology and Occupational / Environmental Medicine

TEL: 415.381.3133 FAX:415.381.3131

Patient: Chacko, Ruby	DOB:	Location: Sacramento, CA
SS#: xxx-xx-4251	Height: 5'5"	Technician: Karin Bradshaw, R.NCS.T.
Sex: Female	Weight: 146 lbs	Temperature: 32.0

Patient History / Physical Examination:

Patient is a 53 year old RH female software engineer who complains of pain in neck, bilateral shoulder, arm, forearm, wrist and hand. Numbness in right and left dorsal hand, digits 1, 2 and 3. Right-Left. Surgeries: None. Onset: 10/30/17. Patient PMH negative for Diabetes and/ or thyroid disorder. The patient denies having a cardiac pacemaker or other implanted device. The patient denies being on blood thinners or anticoagulants. Exam revealed full power, normal sensation and symmetrical reflexes. Palpation led to pain in bilateral upper extremities.

Differential diagnosis for this patient's history and physical examination include cervical radiculopathy, brachial plexopathy, thoracic outlet syndrome, shoulder tendonitis, forearm tendonitis, thumb tendonitis as well as median, ulnar and radial entrapment neuropathy.

The patient was informed about the procedure that comprises of both NCS and EMG components of this test, a description of what to expect and that the testing may at times be uncomfortable. The patient was also informed that the testing could be stopped at any time if so requested. Verbal consent to proceed with both the NCS and EMG was obtained prior to the performance of testing.

Note: Bilateral limb testing is recommended by the American Academy of Neuromuscular and Electrodiagnostic Medicine practice parameters for patients with abnormal NCS studies, clinical features suggestive of polyneuropathy, abnormal needle EMG examination, or to differentiate between radiculopathy and polyneuropathy, motor neuron disease, spinal cord lesions, or other neuromuscular disorders.

For patients with suspected carpal tunnel syndrome, bilateral studies are recommended to rule out C8 and T1 cervical lesions, as well as consider alternative diagnoses such as polyneuropathy.

Trial #	Jamar grip strength tests show:			Pinch tests show:		
	R.	lbs.	L.	R.	lbs.	L.
1.	30.0		18.0	2.0		2.0
2.	28.0		20.0	2.0		2.0
3.	30.0		20.0	2.0		2.0

3/19/2018 11:42 AM

DC4-CCP-FX102 -> DC4-CCP-FX104

Page 4 of 8

Patient: Chacko, Ruby

Date: 3/13/2018

ELECTRODIAGNOSTIC RESULTS**EMG**

Side	Muscle	Nerve	Root	Ins Act	Fibs	Psw	Amp	Dur	Poly	Recrt	Int Pat	Comment
Both	Abd Poll Brev	Median	C8-T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Both	1st Dorsal	Ulnar	C8-T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Both	Pronator/Teres	Median	C6-7	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Both	Biceps	Musculocut	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Both	Triceps	Radial	C6-7-8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Both	Deltoid	Axillary	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Both	BrachioRad	Radial	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Both	C5 Parasp	Rami	C5	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Both	C6 Parasp	Rami	C6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Both	C7 Parasp	Rami	C7	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Both	C8 Parasp	Rami	C8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Both	T1 Parasp	Rami	T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Both	Supraspinatus	SupraScap	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Both	Infraspinatus	SupraScap	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	

Motor Nerves

Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (mV)	Norm Amp (mV)	Neg Dur (ms)	Segment Name	Delta-O (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Right Median (Abd Poll Brev)											
Wrist		3.20	<4.4	8.30	>4.0	5.70	Elbow-Wrist	4.53	27	59.60	>49.0
Elbow		7.73		5.66		4.92					
Right Ulnar (Abd Dig Min)											
Wrist		2.19	<3.3	8.09	>6.0	4.61	B Elb-Wrist	3.36	22	65.48	>49.0
B Elb		5.55		8.21		5.23	A Elb-B Elb	1.56	10.0	64.10	>49.0
A Elb		7.11		8.02		5.39					
Right Radial (Ext Ind Prop)											
5cm		1.80	<2.9	2.93	>2.0	6.09	Elbow-5cm	3.59	22	61.28	>40.0
Elbow		5.39		4.33		6.72					
Left Median (Abd Poll Brev)											
Wrist		2.34	<4.4	11.56	>4.0	5.70	Elbow-Wrist	4.53	27	59.60	>49.0
Elbow		6.88		8.03		5.39					
Left Ulnar (Abd Dig Min)											
Wrist		1.95	<3.3	7.67	>6.0	5.31	B Elb-Wrist	3.52	22	62.50	>49.0
B Elb		5.47		6.56		5.70	A Elb-B Elb	1.56	10.0	64.10	>49.0
A Elb		7.03		7.69		5.63					
Left Radial (Ext Ind Prop)											
5cm		2.03	<2.9	4.39	>2.0	7.27	Elbow-5cm	3.59	22	61.28	>40.0
Elbow		5.62		3.73		7.27					

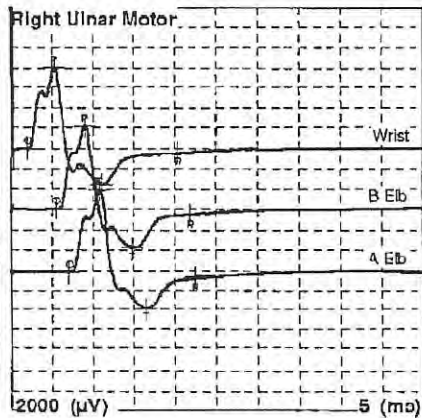
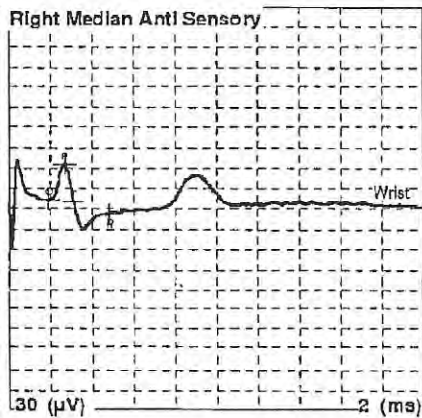
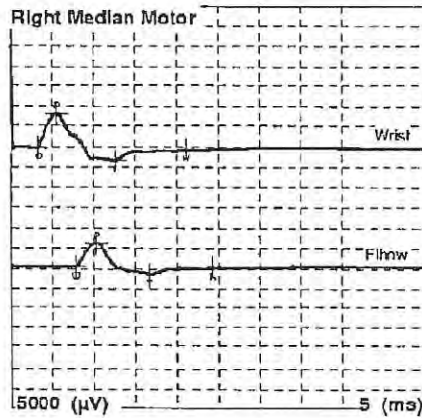
Patient: Chacko, Ruby

Date: 3/13/2018

Sensory Nerves

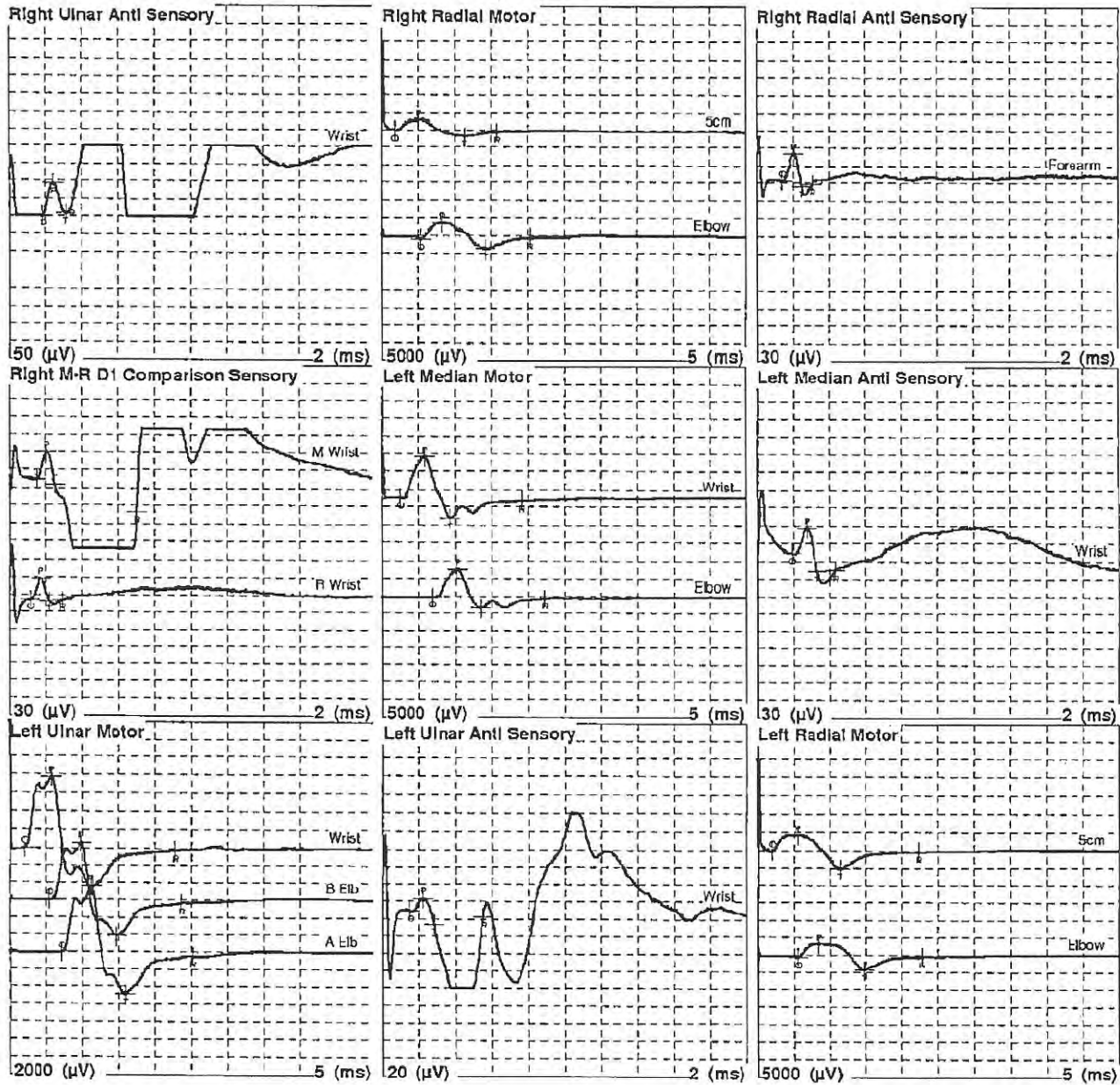
Site	NR	Peak (ms)	Norm Peak (ms)	P-T Amp (µV)	Norm Amp (µV)	Segment Name	Delta-P (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Right Median Anti (2nd Digit)										
Wrist		2.69	<3.5	56.40	>20.0	Wrist-2nd Digit	2.69	13.0	48.33	
Right Ulnar Anti (5th Digit)										
Wrist		2.44	<3.1	85.65	>17.0	Wrist-5th Digit	2.44	11.0	45.08	
Right Radial Anti (Snf Box)										
Forearm		2.06	<2.9	56.41	>15.0	Forearm -Snf Box	2.06	10.0	48.54	
Right M-RD1 Comparison (1st Digit)										
M Wrist		2.06		54.89		M Wrist-1st Digit	2.06	10.0	48.54	
R Wrist		1.75		39.16		R Wrist-1st Digit	1.75	10.0	57.14	
						M Wrist-R Wrist	0.31			
Left Median Anti (2nd Digit)										
Wrist		2.78	<3.5	72.00	>20.0	Wrist-2nd Digit	2.78	13.0	46.76	
Left Ulnar Anti (5th Digit)										
Wrist		2.22	<3.1	29.32	>17.0	Wrist-5th Digit	2.22	11.0	49.55	
Left Radial Anti (Snf Box)										
Forearm		1.88	<2.9	50.29	>15.0	Forearm -Snf Box	1.88	10.0	53.19	
Left M-R D1 Comparison (1st Digit)										
M Wrist		2.00		62.57		M Wrist-1st Digit	2.00	10.0	50.00	
R Wrist		1.78		33.96		R Wrist-1st Digit	1.78	10.0	56.18	
						M Wrist-R Wrist	0.22			

WAVEFORMS



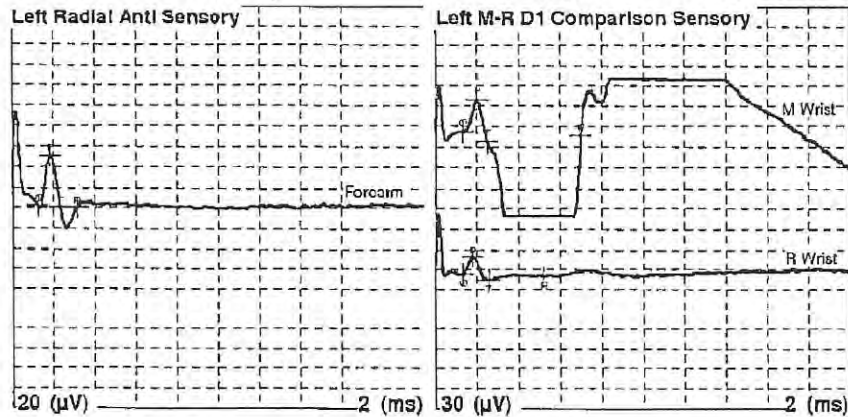
Patient: Chacko, Ruby

Date: 3/13/2018



Patient: Chacko, Ruby

Date: 3/13/2018

**FINDINGS:**

Median motor studies revealed normal distal latencies and amplitudes bilaterally.

Ulnar motor studies revealed normal distal latencies, nerve conduction velocities across the elbows, and amplitudes bilaterally.

Radial motor studies revealed normal distal latencies and amplitudes bilaterally.

Median sensory studies revealed normal distal latencies with normal amplitudes.

Ulnar sensory studies revealed normal distal latencies and normal amplitudes.

Radial sensory studies revealed normal distal latencies and normal amplitudes.

Orthodromic D1 median/ radial comparison studies revealed symmetrical distal latencies across the wrist bilaterally.

EMG needle testing was performed for myotomes C5-T1. No spontaneous activity or polyphasia was noted. Supraspinatus and infraspinatus needle assessment were performed due to the patients symptoms. These were symmetrical and normal.

CONCLUSION:

Normal study. No electrophysiologic evidence for median neuropathy at the wrist, ulnar neuropathy at the elbow, brachial plexopathy or cervical radiculopathy. There was no evidence for motor or sensory polyneuropathy. Clinical correlation is always indicated. Temperature was assessed at time of testing and found to be >32C.

Jonathan Rutchik MD, MPH

**Kaiser On-the-Job
 Physical Therapy Report**

1. Claims Administrator SEGDWICK CLAIM MGMT SVCS INC PO BOX 14627 LEXINGTON KY 40512	Patient: 2. MR 14714672 3. SSN
	4. Name CHACKO, RUBY, S
	5. Address 9211 BROMFIELD CT
	6. City ELK GROVE State CA Zip 956243509
	7. DOI 10-29-2017 8. DOB 9. Sex F
	10. Phone (815) 477-9282 11. Fax
	12. Occupation
13. Phone (866) 249-1170 14. Fax (866) 224-4627	15. Claim 8725030987-0001-01 16. WCAB
17. Employer Name: AT&T	18. Employer Phone: (916) 684-1806
19. Primary Treating Physician: HASHIMOTO, WESLEY K	20. PTF Facility: SSC
21. Primary Diagnosis: M70.932) OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS (primary encounter diagnosis) (M70.941, M70.942) OVERUSE DISORDER OF S	22. Primary ICD: M70.931
23. Secondary Diagnosis: NECK MUSCLE STRAIN, SUBSQ (M70.911, M70.912) OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS	24. Secondary ICD: S16.1XXD
25. Provider: ANDRY, DAVID BRIAN, PT	26. Specialty/Dep:
27. Reason for Referral/Visit:	

4/6 Visit Count (1 cancelled appointment 2/16/18) Per DFR: DOI: 10/29/17 Employer: AT&T 21 years (Job Title) Software engineer/architect Body Part(s): neck and shoulders and arms and eyes (Mechanism of Injury) keyboarding and mousing and computer work all day. Chief Complaint: No chief complaint on file. PLAN OF CARE- established on 12/28/2017 Referring Provider: Wes Hashimoto, MD Referring Diagnosis: Neck muscle strain, overuse disorder of soft tissues bilateral forearms and hands Treatment Goals: To be achieved by: 12 weeks Patient will be able to perform computer related tasks including keyboard, mouse and viewing the monitor for 2 hours//Patient currently unable to use computer 5 minutes - improved Patient will be able to turn the head to within normal limits to drive (home/work vehicle) // Patient unable to drive self. Treatment to include: Patient Education Manual Therapy techniques as needed Therapeutic Exercise may include flexibility exercises, self mobilization, strength training, and neuromuscular reeducation. Functional Activity training Modalities as needed to address pain and inflammation Group exercise as appropriate Telephone and video visit encounters Frequency and Duration of Treatment: 1 time(s) per week for 12 weeks Re-certification due: 3/22/18. PROGRESS NOTE Work Status: Off work. SUBJECTIVE: Patient reports having more pain but moving more. Current Pain Level: 6/10 On 12/28/2017 the patient reports constant, variable aching sharp burning pain located in the neck, bilateral upper trapezius, shoulders, forearms, wrists and hands Numbness and Tingling: Yes: occasionally, whole hands, bilaterally Overall Status: Unchanged Current History: See above under Per DFR, reviewed with patient Aggravating Factors: Computer related tasks including keyboard, mouse and viewing the monitor for 1 minute Unable to reach repetitively above shoulder height for ADL or work functions Dressing self Easing Factors: Heat and Lying down 24 Hour Pattern: The symptoms are activity dependent Medical History: medical history reviewed Special Questions: Negative. OBJECTIVE: Observation: Unable to obtain an upright posture: flexed forward and forward head 6", rounded shoulders. Cervical Exam Cervical Active Range of Motion Flexion: 35 degrees (30 degrees previous) Extension: 32 degrees (20 degrees previous) Right Rotation: 50% (previously 25%) Left Rotation: 50% (previously 25%) Right Sideflexion: 25 degrees (previously 15 degrees) Left Sideflexion: 25 degrees (previously 15 degrees) Palpation: Muscle tenderness, tightness in, Sub-Occipitals, Paraspinals and Upper Trapezius Shoulder Exam Bilateral Shoulder Active Range of Motion // strength: Flexion: 115 degrees (previously 25 degrees), Passive 100% with pain // strength 2/5 Abduction: 90 degrees (previously 40 degrees), passive 100% with pain // strength 2/5 External Rotation: 30 degrees HELD TODAY Wrist Exam Bilateral Wrist Range of Motion Wrist Flexion: 25 degrees Wrist Extension: 0 degrees Grip Test: (using hand dynamometer, Position # 2, recording in lbs): Right: 10, 5, 5 Left: 8, 5, 5 Treatment: Therapeutic exercise: (May include exercises to develop strength, endurance, range of motion or flexibility) Patient instructed in, and demonstrated/completed the following specific activities: Arm bike - 3 minutes (foot pedals to assist arms) - 3 minutes Rows - red Theraband - 20 repetitions Bilateral shoulder extension - red Theraband - 20 repetitions - added Shoulder external rotation and internal rotation - red Theraband - 15 repetitions each, each arm Goal post exercise - 20 seconds 3 repetitions - added Upper trapezius stretch - 20 seconds 3 repetitions - added REVIEWED HOME EXERCISE PROGRAM Bilateral elbow extension and flexion - red Theraband - 20 repetitions each Corner stretch - 30 seconds - 2 repetitions Chin tucks - 10 seconds - 5 repetitions Shoulder Circles Shoulder Blade Squeezes Pulley's: Rear Facing - 5 minutes Putty - white Ice up to 15 minutes up to 5 times per day//Precautions reviewed Ruby S

**Kaiser On-the-Job
Physical Therapy Report**

Chacko was provided education on home exercise program, self management, and the common symptom response to treatment. Provided contact information if symptoms worsen or fail to improve as discussed and anticipated. Supplies issued from Pacific Medial Supply for home exercise program or relief of pain. Patient was instructed and demonstrated proper use of the below issued supplies. 12/28/2017: Pulleys, putty white 01/11/18: red Theraband door anchors . Therapeutic exercise: 23 minutes Total Treatment Time: 23 minutes (includes Timed, Untimed, Eval and Re-eval) . ASSESSMENT: Patient ratchets with movement during formal testing. Some increase in range of motion but continues to be very limited with constant poor posture. Patient requests one time a month physical therapy to extend time that she is under care even though MD and PT recommending a minimum of one visit a week. Patient offered earlier appointment but refuses, explained that additional physical therapy can be extended but continues to decline frequent physical therapy appointments. Patient encouraged to comply with home exercise program, but with minimal improvement with 10 weeks home exercise program I do not expect much improvement. PLAN: See Plan of Care above. The patient will follow up in clinic in one month, discharge if not significantly improved. In the event Ruby S Chacko elects to discontinue Physical Therapy services prior to attaining the agreed upon goals and treatment Plan of Care, the patient will be considered discharged to a self management status. Patient will be discharged from Physical Therapy services if she is not seen for treatment within 60 days after last visit. For status at the time of discharge see the last Progress Note.

Provider: (original signature, do not stamp) _____ Date of exam/Review: 03-09-2018

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 which prohibits referral to a physician or entity with whom the physician has an unlawful financial interest.

The Permanente Medical Group, Inc. 28. IRS Number 94-2728480

Signature _____ Physician's Electronic Signature on File in Medical Record

Executed at _____ Signature Date _____

Name ANDRY, DAVID BRIAN, PT California Lic# _____

Address 6600 Bruceville Rd., Sacramento, CA, 95823 Phone (916) 688-2478

v2bas

Chacko, Ruby S

MRN: 110014714672
Description: 53 year old female

Progress Notes Creation Time: 3/9/2018 10:11 AM

Andry, David Brian (P.T.)

GENERAL, OTHER

4/ 6 Visit Count

Per DFR:

DOI: 10/29/17

Employer: AT&T 21 years

||Job Title|| Software engineer/architec

Body Part(s): neck and shoulders and arms and eyes

||Mechanism of Injury|| keyboarding and mousing and computer work all day.

Chief Complaint: No chief complaint on file.

PLAN OF CARE - established on 12/28/2017

Referring Provider: Wes Hashimoto, MD

Referring Diagnosis: Neck muscle strain, overuse disorder of soft tissues bilateral forearms and hands

Treatment Goals: To be achieved by: 12 weeks

Patient will be able to perform computer related tasks including keyboard, mouse and viewing the monitor for 2 hours//Patient currently unable to use computer 5 minutes - improved

Patient will be able to turn the head to within normal limits to drive (home/work vehicle) // Patient unable to drive self.

Treatment to include:

- Patient Education
- Manual Therapy techniques as needed
- Therapeutic Exercise may include flexibility exercises, self mobilization, strength training, and neuromuscular reeducation.
- Functional Activity training
- Modalities as needed to address pain and inflammation
- Group exercise as appropriate
- Telephone and video visit encounters

Frequency and Duration of Treatment: 1 time(s) per week for 12 weeks

Re-certification due: 3/22/18

PROGRESS NOTE

Work Status: Off work

SUBJECTIVE:

Patient reports having more pain but moving more.

Current Pain Level: 6/10

On 12/28/2017 the patient reports constant, variable aching sharp burning pain located in the neck, bilateral upper trapezius, shoulders, forearms, wrists and hands

Numbness and Tingling: Yes: occasionally, whole hands, bilaterally

Overall Status:Unchanged

Current History : See above under Per DFR, reviewed with patient

Aggravating Factors:

Computer related tasks including keyboard, mouse and viewing the monitor for 1 minute
Unable to reach repetitively above shoulder height for AD or work functions
Dressing self

Easing Factors: Heat and lying down

24 Hour Pattern: The symptoms are activity dependent

Medical History: medical history reviewed
Special questions: Negative

OBJECTIVE:

Observation: Unable to obtain an upright posture: flexed forward and forward head 6", rounded shoulders.

Cervical Exam

Cervical Active Range of Motion

Flexion: 5 degrees (0 degrees previous)
Extension: 2 degrees (20 degrees previous)
Right Rotation: 50 (previously 25)
Left Rotation: 50 (previously 25)
Right Sideflexion: 25 degrees (previously 15 degrees)
Left Sideflexion: 25 degrees (previously 15 degrees)

Palpation: Muscle tenderness, tightness in , Sub-Occipitals , Paraspinals and Upper Trapezius

Shoulder Exam

Bilateral Shoulder Active Range of Motion:

Flexion: 115 degrees (previously 25 degrees), Passive 100 with pain
Abduction : 90 degrees (previously 40 degrees), passive 100 with pain
External Rotation: 0 degrees

HELD TODAY

Wrist Exam

Bilateral Wrist Range of Motion

Wrist Flexion: 25 degrees
Wrist Extension: 0 degrees

Grip Test: (using hand dynamometer, Position 2, recording in lbs): Right: 10, 5, 5 Left: 8, 5, 5

Treatment:

Therapeutic exercise: (May include exercises to develop strength, endurance, range of motion or flexibility) Patient instructed in, and demonstrated/completed the following specific activities:

Arm bike - minutes (foot pedals to assist arms) - minutes
Rows - red Theraband - 20 repetitions
Bilateral shoulder extension - red Theraband - 20 repetitions - added
Shoulder external rotation and internal rotation - red Theraband - 15 repetitions each, each arm
Goal post exercise - 20 seconds repetitions - added
Upper trapezius stretch - 20 seconds repetitions - added

REVIEWED HOME EXERCISE PROGRAM

Bilateral elbow extension and flexion - red Theraband - 20 repetitions each
Corner stretch - 30 seconds - 2 repetitions
Chin tucks - 10 seconds - 5 repetitions
Shoulder Circles
Shoulder Blade Squeezes
Pulleys: Rear Facing - 5 minutes
Putty - white

Ice up to 15 minutes up to 5 times per day//Precautions reviewed

Ruby S Chacko was provided education on home exercise program, self management, and the common symptom response to treatment. Provided contact information if symptoms worsen or fail to improve as discussed and anticipated.

Supplies issued from Pacific Medial Supply for home exercise program or relief of pain. Patient was instructed and demonstrated proper use of the below issued supplies.

12/28/2017: Pulleys, putty white
01/11/18: red Theraband door anchors

=====
Therapeutic exercise: 2 minutes
Total Treatment Time: 2 minutes (includes Timed, Untimed, Eval and Re-eval)

ASSESSMENT:

Patient ratchets with movement during formal testing. Some increase in range of motion but continues to be very limited with constant poor posture. Patient requests one time a month physical therapy to extend time that she is under care.

PLAN:

See Plan of Care above.
The patient will follow up in clinic in one month.
Progress with postural exercises as tolerated

In the event Ruby S Chacko elects to discontinue Physical Therapy services prior to attaining the agreed upon goals and treatment Plan of Care, the patient will be considered discharged to a self management status. Patient will be discharged from Physical Therapy services if she is not seen for treatment within 60 days after last visit. For status at the time of discharge see the last Progress Note.

Note Details

Author	Andry, David Brian (P.T.)	File Time	3/9/2018 11:12 AM
Author Type	THERAPIST, PHYSICAL	Status	Signed
Last Editor	Andry, David Brian (P.T.)	Specialty	GENERAL, OTHER

Work Comp on 3/9/2018

KAISER PERMANENTE Claim#:B725030987-0001-01 DOI: 10-29-2017 Visit:03-09-2018 10:10 ReportDate:03-09-2018 Final:Y

Patient:CHACKO, RUBY, S MR:14714672 WCAB#: FAC:SSC Contact:(916)688-2478 Carrier DOI (if available):

State of California Division of Workers' Compensation

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

Check the box(es) which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e., has reached maximum medical improvement), do not use this form. You may use DWC Form PR-3.

<input checked="" type="checkbox"/>	1. Patient Return required 45 days after last report	<input type="checkbox"/>	2. Change in treatment plan	<input type="checkbox"/>	3. Released from care
<input type="checkbox"/>	4. Change in work status	<input type="checkbox"/>	5. Need for referral or consultation	<input type="checkbox"/>	6. Response to request for information
<input type="checkbox"/>	7. Change in patient's condition	<input type="checkbox"/>	8. Need for surgery or hospitalization	<input type="checkbox"/>	9. Request for Authorization
<input type="checkbox"/>	10. Other				

- 11. Patient will be permanently precluded from engaging in his/her usual and customary occupation
 - 12. Patient's condition is permanent and stationary with residual disability on:
 - 13. Patient will require future medical care
- If any of these boxes are checked you must use Form PR-3 or narrative report.

14. Claims Administrator SEDGWICK CLAIM MGMT SVCS INC PO BOX 14627 LEXINGTON KY 40512 26. Phone (866) 249-1170	Patient: 15. MR 14714672 16. SSN XXX-XX-XXXX 17. Name CHACKO, RUBY, S 18. Address 9211 BROMFIELD CT 19. City ELK GROVE State CA Zip 956243509 20. DOI 10-29-2017 21. DOB 22. Sex F 23. Phone (815) 477-9282 24. Fax 25. Occupation Software engineer/architec 28. Claim B725030987-0001-01 29. WCAB
---	--

30. Employer Name: AT&T 31. Employer Phone (916) 684-1808

The information below must be provided. You may use this form or you may substitute or append a narrative report.

32. Subjective Complaints:

Ruby S Chacko is a 53 Y female. The patient is here for a 39 day follow up. Work STATUS: modified duty; not accommodated. Not working for 2 months. CURRENT COMPLAINTS: Doing a little better. Not as much burning off and on to posterior shoulders. This had been worsening. Right neck pain is better. Neck still very stiff but better. Arms are not better. Pain to the shoulders and upper arms. Pain to the wrists and forearms. Both arm; numb and tingling. Mostly daytime. Constant pain. Numbness off and on. Can do keyboarding and mousing for 5 minutes. Using wrist splints at night. Rare frontal headache. Has blurred vision if using computer for 10 minutes. Per rheum. The patient also complains of pain in hands and arms, associated with tingling and numbness in her hands for past few months. The pain severity is 1/10, which is getting worse with activity. The pain is associated with morning stiffness which lasts about 45 minutes. Treatment summary: --Dr. Edrissian, Rheumatology 12/7/17: blurred vision and headache while working on computer, dry eyes, dry mouth He does not recommend prednisone or temporal artery biopsy at this time. To check labs and follow up as needed. --awaiting nerve conduction tests of hands --Visit number 1 with physical therapy was on 12/28 treated by David. Had physical therapy today visit 4. To follow up one month. nerve conduction test 1/23/18; rescheduled 3/13. Review of Systems: Constitutional: negative for fevers or chills Neurological: negative for weakness, bowel/bladder incontinence, or clumsiness. Relevant Medications: none. Allergies: Patient has no known allergies. Social History: reports that she has never smoked. She has never used smokeless tobacco.

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

Physical Exam: no distress standing. Vital signs: vitals were not taken for this visit. BMI: body mass index is unknown because there is no height or weight on file. Very stiff appearing and moves slowly. Neck . Flexion 75% and extension minimal and right and left rotation 50% There is bilateral trapezius pain: trapezius tender to palpation bilaterally with spasm. Most pain to levators bilaterally today. Shoulder bilaterally pain to distal trapezius and supraspinatus. Shoulder bilaterally Anterior shoulder pain . FF and abduct 90 degrees. Elbows Not tender to palpation Poor flexion causes shoulder pain. Right and left wrist. No swelling. Not hot and no synovitis. Volar pain with extension and fair flexion with volar pain Generally tender to palpation Phelan's negative. Additional Information Reviewed. Electronic Medical Record MRI of cervical spine without contrast done at DRI L Grove on 1/11/2018 Impression there is a slight posterior bulging disc at C5-6 which is not compressing the underlying spinal cord. Otherwise negative MRI of the cervical spine. Left wrist xray normal 1/29/18. Right wrist xray 1/29/18: Mild degenerative changes at scaphotrapezial joint.

34. Diagnostic Studies Ordered:

KAISER PERMANENTE Claim#:B725020987 0001 01 DOI:10 20 2017 Visit:03 00 2018 10:10 ReportDate:03 00 2018 Final:Y
Patient:CHACKO, RUBY, S MR:14714672 WCAB#: FAC:SSC Contact:(916) 688-2478 Carrier DOI (if available):

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

35. Diagnoses

Diagnosis	ICD-10 code
1. M70.932) OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS (primary encounter diagnosis) (M70.941, M70.942) OVERUSE DISORDER OF S	M70.931
2. NECK MUSCLE STRAIN, SUDDEN (M70.911, M70.912) OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS	D16.1XXD

36. Treatment Plan: (Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation, acupuncture). Use of CPT codes is encouraged.

OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS OVERUSE DISORDER OF SOFT TISSUES, BILAT HANDS. Note: soft tissue to muscles and tendons due to overuse. Consider Carpal Tunnel Syndrome. Nerve conduction test scheduled for 1/23 then rescheduled for 3/13. Continue modified duty and physical therapy. Check xray of wrist, bilaterally. NECK MUSCLE STRAIN . Note: bilaterally trapezius; due to computer work. Normal xray. MRI done outside of Kaiser Permanente is benign. This is better and shoulder pain is better. Continue modified duty and physical therapy. OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS. Note: anterior shoulder pain: myofascial. Consider radicular symptoms from cervical spine. Normal xray and unremarkable MRI of cervical spine. Continue modified duty and physical therapy. Dry eyes are a personal health condition and not industrial. To see personal physician. Consider lacrimal duct plugs. Dr. Edrissian, Rheumatology 12/7/17: blurred vision and headache while working on computer, dry eyes, dry mouth. He does not recommend prednisone or temporal artery biopsy at this time. To check labs and follow up as needed. This is not industrial. PHYS SPECIAL REPORT, PR-2 TREATING PHYS'S PROGRESS REPORT. The total visit time face to face with the patient was 30 min. I spent greater than 50% of this time counseling and in discussion with the patient. We reviewed injury, exam findings, pathogenesis, prognosis, work and medications. Next Appointment: 4 Weeks MODIFIED WORK (Applies to work and home): This patient is placed on modified activity at work (if available) and at home from 3/9/2018 through 4/13/2018. OTHER NEEDS/RESTRICTIONS: Screen time limited to 10 minutes per hour. Keyboarding and mousing limited to 10 minutes per hour. CONCURRENT TREATMENT: PT/OT I have reviewed and approve the PT Plan of Care and certify the medical necessity of this care. WESLEY HASHIMOTO MD . Call or return to clinic prn if these symptoms worsen or fail to improve as anticipated. The patient indicates understanding of these issues and agrees with the plan. Wes Hashimoto, MD RECHECK 4/9/18 @ 1040A

37. Have there been any changes in treatment plan? 38. If so, why ?

39. Other Physician/Non-Physician Providers:

40. Drugs:

41. Physical Medical Service:

42. Times per Week

43. Duration:

44. Hospitalization/Surgery Date

45. Hospitalization/ Surgery

46. Consult/Other Services:

Work Status: This patient has been instructed to:

47. Return to full duty on with no limitations or restrictions.

48. Return to modified work on 03-09-2018 with the following limitations or restrictions.

49. Limitations:

through 4/13/2018. : Screen time limited to 10 minutes per hour. Keyboarding and mousing limited to 10 minutes per hour.

50. Patient discharged as cured (no permanent disability or need for future medical care).

51. Patient is permanently precluded from engaging in his/her usual and customary occupation and the above limitations/restrictions are deemed permanent.

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

Primary Treating Physician: (original signature, do not stamp) 52. Date of exam 03-09-2018

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 which prohibits referral to a physician or entity with whom the physician has an unlawful financial interest.

The Permanente Medical Group, Inc.

53. IRS Number 94-2728480

Signature Physician's Electronic Signature on File in Medical Record

Specialty _____

Executed at _____

Signature Date _____

54. Name HASHIMOTO, WESLEY K MD

55. California Lic# 076655G

56. Address 6600 Bruceville Rd., Sacramento, CA, 95823

57. Phone (916) 688-2478

v3.0



HASHIMOTO, WESLEY KAY (M.D.)
6600 Bruceville Road
Sacramento CA 95823-4671
916-688-2000

Patient Name: Chacko, Ruby S
Patient MRN: 110014714672
Encounter Date & Time: 3/9/2018 10:40 AM

Please see below for this health care provider's directives and information relating to this encounter.

Industrial Work Status Report

Date of Injury: 10/29/17
Claim #: B725030987-0001-01
Next Appointment Date: 4 Weeks

Modified Activity (Applies to work and home)

This patient is placed on modified activity at work and at home from 3/9/2018 through 4/13/2018.

If modified activity is not accommodated by the employer then this patient is considered temporarily and totally disabled from their regular work for the designated time and a separate off work order is not required.

Concurrent Treatment:

PT/OT.

Other needs and/or restrictions:

Screen time limited to 10 minutes per hour.
Keyboarding and mousing limited to 10 minutes per hour.

This form has been electronically signed and authorized by HASHIMOTO, WESLEY KAY (M.D.)

This form contains your private health information that you may choose to release to another party; please review for accuracy.

Printed By: HASHIMOTO, WESLEY K on 3/9/2018 at 11:32:04 AM

Chacko, Ruby S

MRN: 110014714672
Description: 53 year old female

Imaging Workers Comp Visit 1/29/2018

RADIOLOGY DEPARTMENT

Imaging

Results

Procedure	Component	Value	Ref Range	Date/Time
-----------	-----------	-------	-----------	-----------

XR Wrist Left (WC) [1164782702]				Collected: 01/29/18 1337
Order Status: Completed				Updated: 01/29/18 2110

Narrative:

XRAY LEFT WRIST

**** HISTORY **:**

53 year old woman, left wrist pain.

**** TECHNIQUE **:**

3 views of the left wrist were acquired.

**** FINDINGS **:**

No acute fracture or dislocation.

No significant degenerative changes.

Impression:

Normal wrist.

XR Wrist Right (WC) [1164782700]				Collected: 01/29/18 1337
Order Status: Completed				Updated: 01/29/18 2104

Order Status: Completed

Narrative:

XRAY RIGHT WRIST

**** HISTORY **:**

53 year old woman, right wrist pain.

**** TECHNIQUE **:**

3 views of the right wrist were acquired.

**** FINDINGS **:**

No acute fracture or dislocation. Bones are normally mineralized. Mild degenerative changes at the scaphotrapezial joint. Remainder of joint spaces preserved.

Regional soft tissues are unremarkable.

Impression:

Mild degenerative changes at scaphotrapezial joint.

Chacko, Ruby S

MRN: 110014714672
Description: 53 year old female

Progress Notes Creation Time: 1/29/2018 11:24 AM

Andry, David Brian (P.T.)

GENERAL, OTHER

3/ 6 Visit Count

Per DFR:

DOI: 10/29/17

Employer: AT&T 21 years

||Job Title|| Software engineer/architec

Body Part(s): neck and shoulders and arms and eyes

||Mechanism of Injury|| keyboarding and mousing and computer work all day.

Chief Complaint: No chief complaint on file.

PLAN OF CARE - established on 12/28/2017

Referring Provider: Wes Hashimoto, MD

Referring Diagnosis: Neck muscle strain, overuse disorder of soft tissues bilateral forearms and hands

Treatment Goals: To be achieved by: 12 weeks

Patient will be able to perform computer related tasks including keyboard, mouse and viewing the monitor for 2 hours//Patient currently unable to use computer 5 minutes - improved

Patient will be able to turn the head to within normal limits to drive (home/work vehicle) // Patient unable to drive self.

Treatment to include:

- Patient Education
- Manual Therapy techniques as needed
- Therapeutic Exercise may include flexibility exercises, self mobilization, strength training, and neuromuscular reeducation.
- Functional Activity training
- Modalities as needed to address pain and inflammation
- Group exercise as appropriate
- Telephone and video visit encounters

Frequency and Duration of Treatment: 1 time(s) per week for 12 weeks

Re-certification due: 3/22/18

EVALUATION

Work Status: Off work

SUBJECTIVE:

Patient reports feeling some improvement, pain more localized.

Current Pain Level: 5/10

On 12/28/2017 the patient reports constant, variable aching sharp burning pain located in the neck, bilateral upper trapezius, shoulders, forearms, wrists and hands

Numbness and Tingling: Yes: occasionally, whole hands, bilaterally

Overall Status:Unchanged

Current History : See above under Per DFR, reviewed with patient

Aggravating Factors:

Computer related tasks including keyboard, mouse and viewing the monitor for 1 minute
Unable to reach repetitively above shoulder height for ADL or work functions
Dressing self

Easing Factors: Heat and Lying down

24 Hour Pattern: The symptoms are activity dependent

Medical History: medical history reviewed

Special Questions: Negative

OBJECTIVE:

Observation: Unable to obtain an upright posture: flexed forward and forward head 6", rounded shoulders.

Cervical Exam

Cervical Active Range of Motion

Flexion: 15 degrees - worsened (30 degrees previous)
Extension: 15 degrees - worsened (20 degrees previous)
Right Rotation: 25%
Left Rotation: 25%
Right Sideflexion: 15 degrees - improved
Left Sideflexion: 15 degrees - improved

HELD TODAY

Palpation: Muscle tenderness, tightness in , Sub-Occipitals , Paraspinals and Upper Trapezius

Shoulder Exam

Bilateral Shoulder Active Range of Motion:

Flexion: 25 degrees, Passive 100% with pain
Abduction : 40 degrees, passive 100% with pain
External Rotation: 30 degrees

Wrist Exam

Bilateral Wrist Range of Motion

Wrist Flexion: 25 degrees
Wrist Extension: 0 degrees

Grip Test: (using hand dynamometer, Position # 2, recording in lbs): Right: 10, 5, 5 Left: 8, 5, 5

Treatment:

Therapeutic exercise: (May include exercises to develop strength, endurance, range of motion or flexibility) Patient instructed in, and demonstrated/completed the following specific activities:

Arm bike - 3 minutes (foot pedals to assist arms) - 3 minutes
Rows - red Theraband - 20 repetitions
Bilateral shoulder extension - red Theraband - 20 repetitions - added
Shoulder external rotation and internal rotation - red Theraband - 15 repetitions each, each arm
Bilateral elbow extension and flexion - red Theraband - 20 repetitions each - added

Goal post exercise - 20 seconds 3 repetitions - added
Upper trapezius stretch - 20 seconds 3 repetitions - added

REVIEWED HOME EXERCISE PROGRAM

Corner stretch - 30 seconds - 2 repetitions
Chin tucks - 10 seconds - 5 repetitions
Shoulder Circles
Shoulder Blade Squeezes
Pulley's: Rear Facing - 5 minutes
Putty - white

Ice up to 15 minutes up to 5 times per day//Precautions reviewed

Ruby S Chacko was provided education on home exercise program, self management, and the common symptom response to treatment. Provided contact information if symptoms worsen or fail to improve as discussed and anticipated.

Supplies issued from Pacific Medial Supply for home exercise program or relief of pain. Patient was instructed and demonstrated proper use of the below issued supplies.

12/28/2017: Pulleys, putty white
01/11/18: red Theraband door anchors

Therapeutic exercise: 30 minutes
Total Treatment Time: 30 minutes (includes Timed, Untimed, Eval and Re-eval)

ASSESSMENT:

Poor range of motion continues, patient extremely guarded with formal measurements and therapeutic exercise.

PLAN:

See Plan of Care above.
The patient will follow up in clinic 1 time a week
Progress with postural exercises as tolerated
Check range of motion at start of treatment, goal 75% rotation, 25 side bend, shoulder 100% flexion

Potential additions:
Manual cervical stretches

In the event Ruby S Chacko elects to discontinue Physical Therapy services prior to attaining the agreed upon goals and treatment Plan of Care, the patient will be considered discharged to a self management status. Patient will be discharged from Physical Therapy services if she is not seen for treatment within 60 days after last visit. For status at the time of discharge see the last Progress Note.

Note Details

Author	Andry, David Brian (P.T.)	File Time	1/29/2018 12:04 PM
Author Type	THERAPIST, PHYSICAL	Status	Signed
Last Editor	Andry, David Brian (P.T.)	Specialty	GENERAL, OTHER

Work Comp on 1/29/2018

KAISER PERMANENTE Claim#:B725030987-0001-01 DOI:10-29-2017 Visit:01-29-2018 10:43 ReportDate:01-29-2018 Final:Y
 Patient:CHACKO, RUBY, S MR:14714672 WCAB#: FAC:SSC Contact:(916) 688-2478 Carrier DOI (if available):

State of California Division of Workers' Compensation

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

Check the box(es) which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e., has reached maximum medical improvement), do not use this form. You may use DWC Form PR-3.

01. <input checked="" type="checkbox"/>	Periodic Report (required 45 days after last report)	02. <input type="checkbox"/>	Change in treatment plan	03. <input type="checkbox"/>	Released from care
04. <input type="checkbox"/>	Change in work status	05. <input type="checkbox"/>	Need for referral or consultation	06. <input type="checkbox"/>	Response to request for information
07. <input type="checkbox"/>	Change in patient's condition	08. <input type="checkbox"/>	Need for surgery or hospitalization	09. <input type="checkbox"/>	Request for Authorization
10. <input type="checkbox"/>	Other:				

11. Patient will be permanently precluded from engaging in his/her usual and customary occupation
 12. Patient's condition is permanent and stationary with residual disability on:
 13. Patient will require future medical care
- If any of these boxes are checked you must use Form PR-3 or narrative report.

14. Claims Administrator SEGWICK CLAIM MGMT SVCS INC	Patient: 17. Name CHACKO, RUBY, S	15. MR 14714672	16. SSN XXX-XX-XXXX
PO BOX 14627	18. Address 9211 BROMFIELD CT		
LEXINGTON	19. City ELK GROVE	State CA	Zip 956243509
KY 40512	20. DOI 10-29-2017	21. DOB	22. Sex F
	23. Phone (815) 477-9282	24. Fax	
	25. Occupation Software engineer/architec		
26. Phone (866) 249-1170	27. Fax (866) 224-4627	28. Claim B725030987-0001-01	29. WCAB

30. Employer Name: AT&T 31. Employer Phone (916) 684-1808

The information below must be provided. You may use this form or you may substitute or append a narrative report.

32. Subjective Complaints:

Ruby S Chacko is a 53 Y female. The patient is here for a 18 day follow up. Work status: modified duty; not accommodated. Not working for 2 months. CURRENT COMPLAINTS: Doing a little better. Not as much burning off and on to posterior shoulders. This had been worsening. No frontal headache mentioned. Right neck pain is better. Neck still very stiff but better. Has blurred vision if using computer for 10 minutes. Arms are not better. Pain to the shoulders and upper arms. Pain to the wrists and forearms, Both arm; numb and tingling. Mostly daytime. Constant pain. Numbness off and on. Can do keyboarding and mousing for 5 minutes. No more pain to the back. Using wrist splints at night. She is not feeling motivated. She is feeling discouraged from her pain and problems. She is feeling tired. Not working and tired and sleeping all the time. This is a little better. Per rheum. The patient also complains of pain in hands and arms, associated with tingling and numbness in her hands for past few months. The pain severity is 7/10, which is getting worse with activity. The pain is associated with morning stiffness which lasts about 45 minutes. Walking for exercise. Not doing lately. No work comp. Treatment summary: --Dr. Edrissian, Rheumatology 12/7/17: blurred vision and headache while working on computer; dry eyes, dry mouth He does not recommend prednisone or temporal artery biopsy at this time. To check labs and follow up as needed. --awaiting nerve conduction tests of hands --Visit number 1 with physical therapy was on 12/28 treated by David. Had physical therapy today visit 2. --nerve conduction test 1/23/18; rescheduled 2/13 Review of Systems: Constitutional: negative for fevers or chills Neurological: negative for weakness, bowel/bladder incontinence, or clumsiness. Relevant Medications: none. Allergies: Patient has no known allergies. Social History: reports that she has never smoked. She has never used smokeless tobacco.

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

Physical Exam: no distress standing Vital signs: vitals were not taken for this visit. BMI: body mass index is unknown because there is no height or weight on file. Very stiff appearing and moves slowly Neck 40% in all ranges of motion; bilaterally trapezius pain; trapezius tender to palpation bilaterally with spasm. Most pain to levators bilaterally today. Shoulder bilaterally pain to distal trapezius and supraspinatus. Anterior shoulder pain is better. PF and abduct 90 degrees. Elbows Not tender to palpation Poor flexion causes shoulder pain. Right and left wrist. No swelling. Not hot and no synovitis. Volar pain with extension and fair flexion with volar pain Generally tender to palpation Phelan's negative. Additional Information Reviewed. Electronic Medical Record. MRI of cervical spine without contrast done at DRI L Grove on 1/11/2018 Impression there is a slight posterior bulging disc at C5-6 which is not compressing the underlying spinal cord. Otherwise negative MRI of the cervical spine.

34. Diagnostic Studies Ordered:

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

35. Diagnoses

Diagnosis	ICD-10 code
1. M70.932) OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS (primary encounter diagnosis) (M70.941, M70.942) OVERUSE DISORDER OF S	M70.931
2. NECK MUSCLE STRAIN, SUBSEQ (M70.911, M70.912) OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS	S16.1XXD

36. Treatment Plan: (Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation, acupuncture). Use of CPT codes is encouraged.

OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS OVERUSE DISORDER OF SOFT TISSUES, BILAT HANDS. Note: soft tissue to muscles and tendons due to overuse. Consider Carpel Tunnel Syndrome. Nerve conduction test scheduled for 1/23 then rescheduled for 2/13. Continue modified duty and physical therapy. Having symptoms of depression: discussed. If not improving she will contact her personal physician. Check xray of wrist, bilaterally. NECK MUSCLE STRAIN . Note: bilaterally trapezius; due to computer work. Normal xray. MRI done outside of Kaiser Permanente is benign. This is better and shoulder pain is better. Continue modified duty and physical therapy. OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS Note: anterior shoulder pain: myofascial. Consider radicular symptoms from cervical spine. Normal xray and unremarkable MRI of cervical spine. Continue modified duty and physical therapy. Dry eyes are a personal health condition and not industrial. To see personal physician. Consider lacrimal duct plugs. Dr. Edrissian, Rheumatology 12/7/17: blurred vision and headache while working on computer; dry eyes, dry mouth. He does not recommend prednisone or temporal artery biopsy at this time. To check labs and follow up as needed. This is not industrial. PHYS SPECIAL REPORT, PR-2 TREATING PHYS'S PROGRESS REPORT XR Wrist Right (WC) XR Wrist Left (WC) . . The total visit time face to face with the patient was 30 min. I spent greater than 50% of this time counseling and in discussion with the patient. We reviewed injury, exam findings, pathogenesis, prognosis, work and medications. Next Appointment: 2 Weeks. MODIFIED WORK (Applies to work and home): This patient is placed on modified activity at work (if available) and at home from 1/29/2018 through 2/19/2018. OTHER NEEDS/RESTRICTIONS: Screen time limited to 10 minutes per hour. Keyboarding and mousing limited to 10 minutes per hour. CONCURRENT TREATMENT: PT/OT I have reviewed and approve the PT Plan of Care and certify the medical necessity of this care. WESLEY HASHIMOTO MD . Call or return to clinic prn if these symptoms worsen or fail to improve as anticipated. The patient indicates understanding of these issues and agrees with the plan. Wes Hashimoto, MD RECHECK 2/16/18 @1040A

37. Have there been any changes in treatment plan? 38. If so, why ?

39. Other Physician/Non-Physician Providers:

40. Drugs:

41. Physical Medical Service:

42. Times per Week

43. Duration:

44. Hospitalization/Surgery Date

45. Hospitalization/ Surgery

46. Consult/Other Services:

Work Status: This patient has been instructed to:

47. Return to full duty on with no limitations or restrictions.

48. Return to modified work on 01-29-2018 with the following limitations or restrictions.

49. Limitations:

through 2/19/2018. Screen time limited to 10 minutes per hour. Keyboarding and mousing limited to 10 minutes per hour.

50. Patient discharged as cured (no permanent disability or need for future medical care).

51. Patient is permanently precluded from engaging in his/her usual and customary occupation and the above limitations/restrictions are deemed permanent.

KAISER PERMANENTE Claim#:B725030987-0001-01 DOI:10-29-2017 Visit:01-29-2018 10:43 ReportDate:01-29-2018 Final:Y
Patient:CHACKO, RUBY, S MR:14714672 WCAB#: FAC:SSC Contact:(916) 688-2478 Carrier DOI (if available):

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

Primary Treating Physician: (original signature, do not stamp) 52. Date of exam 01-29-2018

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 which prohibits referral to a physician or entity with whom the physician has an unlawful financial interest.

The Permanente Medical Group, Inc.

53. IRS Number 94-2728480

Signature Physician's Electronic Signature on File in Medical Record

Specialty _____

Executed at _____

Signature Date _____

54. Name HASHIMOTO, WESLEY K MD

55. California Lic# 076655G

56. Address 6600 Bruceville Rd., Sacramento, CA, 95823

57. Phone (916) 688-2478

v3.0

**Kaiser On-the-Job
 Physical Therapy Report**

1. Claims Administrator SEDGWICK CLAIM MGMT SVCS INC PO BOX 14627 LEXINGTON KY 40512	Patient: 2. MR 14714672 3. SSN
	4. Name CHACKO, RUBY, S
	5. Address 9211 BROMFIELD CT
	6. City ELK GROVE State CA Zip 936243509
	7. DOI 10-29-2017 8. DOB 9. Sex F
	10. Phone (815) 477-9282 11. Fax
	12. Occupation
13. Phone (866) 249-1170 14. Fax (866) 224-4627	15. Claim B725030997-0001-01 16. WCAB
17. Employer Name: AT&T	18. Employer Phone: (916) 684-1808
19. Primary Treating Physician: HASHIMOTO, WESLEY K	20. PTP Facility: SSC
21. Primary Diagnosis: M70.932 OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS (primary encounter diagnosis) (M70.941, M70.942) OVERUSE DISORDER OF S	22. Primary ICD: M70.931
23. Secondary Diagnosis: NECK MUSCLE STRAIN, SUBSEQ (M70.911, M70.912) OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS	24. Secondary ICD: S16.1XXD
25. Provider: ANDRY, DAVID BRIAN, P.T	26. Specialty/Dep:
27. Reason for Referral/Visit:	

3/ 6 Visit Count Per DFR: DOI: 10/29/17 Employer: AT&T 21 years ||Job Title|| Software engineer/architec Body Part(s): neck and shoulders and arms and eyes ||Mechanism of Injury|| keyboarding and mousing and computer work all day. Chief Complaint: No chief complaint on file. PLAN OF CARE- established on 12/28/2017 Referring Provider: Wes Hashimoto, MD Referring Diagnosis: Neck muscle strain, overuse disorder of soft tissues bilateral forearms and hands Treatment Goals: To be achieved by: 12 weeks Patient will be able to perform computer related tasks including keyboard, mouse and viewing the monitor for 2 hours//Patient currently unable to use computer 5 minutes - improved Patient will be able to turn the head to within normal limits to drive (home/work vehicle) // Patient unable to drive self. Treatment to include: Patient Education Manual Therapy techniques as needed Therapeutic Exercise may include flexibility exercises, self mobilization, strength training, and neuromuscular reeducation. Functional Activity training Modalities as needed to address pain and inflammation Group exercise as appropriate Telephone and video visit encounters Frequency and Duration of Treatment: 1 time(s) per week for 12 weeks Re-certification due: 3/22/18 EVALUATION Work Status: Off work SUBJECTIVE: Patient reports feeling some improvement, pain more localized. Current Pain Level: 5/10 On 12/28/2017 the patient reports constant, variable aching sharp burning pain located in the neck, bilateral upper trapezius, shoulders, forearms, wrists and hands Numbness and Tingling: Yes: occasionally, whole hands, bilaterally Overall Status: Unchanged Current History : See above under Per DFR, reviewed with patient Aggravating Factors: Computer related tasks including keyboard, mouse and viewing the monitor for 1 minute Unable to reach repetitively above shoulder height for ADL or work functions Dressing self Easing Factors: Heat and Lying down 24 Hour Pattern: The symptoms are activity dependent Medical History: medical history reviewed Special Questions: Negative OBJECTIVE: Observation: Unable to obtain an upright posture: flexed forward and forward head 6", rounded shoulders. Cervical Exam Cervical Active Range of Motion Flexion: 15 degrees - worsened (30 degrees previous) Extension: 15 degrees - worsened (20 degrees previous) Right Rotation: 25% Left Rotation: 25% Right Sideflexion: 15 degrees - improved Left Sideflexion: 15 degrees - improved HELD TODAY Palpation: Muscle tenderness, tightness in , Sub-Occipitals , Paraspinals and Upper Trapezius Shoulder Exam Bilateral Shoulder Active Range of Motion: Flexion: 25 degrees, Passive 100% with pain Abduction : 40 degrees, passive 100% with pain External Rotation: 30 degrees Wrist Exam Bilateral Wrist Range of Motion Wrist Flexion: 25 degrees Wrist Extension: 0 degrees Grip Test: (using hand dynamometer, Position # 2, recording in lbs): Right: 10, 5, 5 Left: 8, 5, 5 Treatment: Therapeutic exercise: (May include exercises to develop strength, endurance, range of motion or flexibility) Patient instructed in, and demonstrated/completed the following specific activities: Arm bike - 3 minutes (foot pedals to assist arms) - 3 minutes Rows - red Theraband - 20 repetitions Bilateral shoulder extension - red Theraband - 20 repetitions - added Shoulder external rotation and internal rotation - red Theraband - 15 repetitions each, each arm Bilateral elbow extension and flexion - red Theraband - 20 repetitions each - added Goal post exercise - 20 seconds 3 repetitions - added Upper trapezius stretch - 20 seconds 3 repetitions - added REVIEWED HOME EXERCISE PROGRAM Corner stretch - 30 seconds - 2 repetitions Chin tucks - 10 seconds - 5 repetitions Shoulder Circle Shoulder Blade Squeezes Pulley's: Rear Facing - 5 minutes Puty - white Ice up to 15 minutes up to 5 times per day//Precautions reviewed Ruby S Chacko was provided education on home exercise program, self management, and the common symptom response to treatment. Provided

**Kaiser On-the-Job
Physical Therapy Report**

contact information if symptoms worsen or fail to improve as discussed and anticipated. Supplies issued from Pacific Medial Supply for home exercise program or relief of pain. Patient was instructed and demonstrated proper use of the below issued supplies. 12/28/2017: Pulleys, putty white 01/11/18: red Theraband door anchors Therapeutic exercise: 30 minutes Total Treatment Time: 30 minutes (includes Timed, Untimed, Eval and Re-eval) ASSESSMENT: Poor range of motion continues, patient extremely guarded with formal measurements and therapeutic exercise. PLAN: See Plan of Care above. The patient will follow up in clinic 1 time a week Progress with postural exercises as tolerated Check range of motion at start of treatment, goal 75% rotation, 25 side bend, shoulder 100% flexion Potential additions: Manual cervical stretches In the event Ruby S Chacko elects to discontinue Physical Therapy services prior to attaining the agreed upon goals and treatment Plan of Care, the patient will be considered discharged to a self management status. Patient will be discharged from Physical Therapy services if she is not seen for treatment within 60 days after last visit. For status at the time of discharge see the last Progress Note.

Provider: (original signature, do not stamp) Date of exam/Review: 01-29-2018

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 which prohibits referral to a physician or entity with whom the physician has an unlawful financial interest.

The Permanente Medical Group, Inc. 28. IRS Number 94-2728480

Signature _____ Physician's Electronic Signature on File in Medical Record

Executed at _____ Signature Date _____

Name ANDRY, DAVID BRIAN, P.T. California Lic#

Address 6600 Bruceville Rd., Sacramento, CA, 95823 Phone (916) 688-2478

v2bes

KAISER PERMANENTE ^{*} thrive

HASHIMOTO, WESLEY KAY (M.D.)
6600 Bruceville Road
Sacramento CA 95823-4671
916-688-2000

FAKED

Patient Name: Chacko, Ruby S
Patient MRN: 110014714672
Encounter Date & Time: 1/29/2018 10:40 AM

Please see below for this health care provider's directives and information relating to this encounter.

Industrial Work Status Report

Date of Injury: 10/29/17
Claim #: B725030987-0001-01
Next Appointment Date: 2 Weeks

Modified Activity (Applies to work and home)

This patient is placed on modified activity at work and at home from 1/29/2018 through 3/12/2018.

If modified activity is not accommodated by the employer then this patient is considered temporarily and totally disabled from their regular work for the designated time and a separate off work order is not required.

Concurrent Treatment:

PT/OT.

Pre-Visit Work Status:

Not Accommodated.

Other needs and/or restrictions:

Screen time limited to 10 minutes per hour.
Keyboarding and mousing limited to 10 minutes per hour.

This form has been electronically signed and authorized by HASHIMOTO, WESLEY KAY (M.D.)

This form contains your private health information that you may choose to release to another party; please review for accuracy.

KAISER PERMANENTE Claim#:B725030987-0001-01 DOI:10-29-2017 Visit:01-11-2018 10:06 ReportDate:2018-01-12 09:01:49.296715 Final:Y
 Patient:CHACKO, RUBY, S MR:14714672 WCAB#: FAC:SSC Contact:(916) 688-2478 820 Carrier DOI (if available):

State of California Division of Workers' Compensation

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

Check the box(es) which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e., has reached maximum medical improvement), do not use this form. You may use DWC Form PR-3.

01. <input checked="" type="checkbox"/> Periodic Report (required 45 days after last report)	02. <input type="checkbox"/> Change in treatment plan	03. <input type="checkbox"/> Released from care
04. <input type="checkbox"/> Change in work status	05. <input type="checkbox"/> Need for referral or consultation	06. <input type="checkbox"/> Response to request for information
07. <input type="checkbox"/> Change in patient's condition	08. <input type="checkbox"/> Need for surgery or hospitalization	09. <input type="checkbox"/> Request for Authorization
10. <input type="checkbox"/> Other:		
11. <input type="checkbox"/> Patient will be permanently precluded from engaging in his/her usual and customary occupation	If any of these boxes are checked you must use Form PR-3 or narrative report.	
12. <input type="checkbox"/> Patient's condition is permanent and stationary with residual disability on:		
13. <input type="checkbox"/> Patient will require future medical care		
14. Claims Administrator SEBGWICK CLAIM MGMT SVCS INC	Patient: 15. MR 14714672	16. SSN XXX-XX-XXXX
PO BOX 14627	17. Name CHACKO, RUBY, S	
LEXINGTON	18. Address 9211 BROMFIELD CT	
KY 40512	19. City ELK GROVE State CA Zip 95624-3509	
	20. DOI 10-29-2017 21. DOB	22. Sex F
	23. Phone (815) 477-9282	24. Fax
	25. Occupation Software engineer/architec	
26. Phone (866) 249-1170	27. Fax (866) 224-4627	28. Claim B725030987-0001-01
		29. WCAB

30. Employer Name: AT&T

31. Employer Phone (916) 684-1808

The information below must be provided. You may use this form or you may substitute or append a narrative report.

32. Subjective Complaints:

Ruby S Chacko is a 53 Y female. The patient is here for a 14 day follow-up. Work status: modified duty; not accommodated. Not working for 2 months. CURRENT COMPLAINTS: Not working and not doing much better. Having a little more burning off and on to posterior shoulders. No frontal headache mentioned. Right neck pain about the same. Neck still very stiff. Has blurred vision if using computer for 10.minutes. Both arm; numb and tingling. Mostly daytime. Constant pain. Numbness off and on. Pain to the shoulder and elbows. Cannot do keyboarding and mousing. No more pain to the back. Using wrist splints at night. She is not feeling motivated. She is feeling discouraged from her pain and problems. She is feeling tired. Not working and tired and sleeping all the time. Per rheum. The patient also complains of pain in hands and arms, associated with tingling and numbness in her hands for past few months. The pain severity is 7/10, which is getting worse with activity. The pain is associated with morning stiffness which lasts about 45 minutes. Walking for exercise. Not doing lately. No work comp. Treatment summary: --Dr. Edrissian, Rheumatology 12/7/17: blurred vision and headache while working on computer; dry eyes, dry mouth He does not recommend prednisone or temporal artery biopsy at this time. To check labs and follow up as needed. --awaiting nerve conduction tests of hands --Visit number 1 with physical therapy was on 12/28 treated by David. Had physical therapy today visit 2. --nerve conduction test 1/23/18 Review of Systems: Constitutional: negative for fevers or chills Neurological: negative for weakness, bowel/bladder incontinence, or clumsiness. Relevant Medications: none. Allergies: Patient has no known allergies. Social History: reports that she has never smoked. She has never used smokeless tobacco.

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

Physical Exam: no distress standing. Vital signs: vitals were not taken for this visit. BMI: body mass index is unknown because there is no height or weight on file. Very stiff appearing and moves slowly Neck 20% in all ranges of motion; bilaterally trapezius pain; trapezius tender to palpation bilaterally with spasms. Most pain to levators bilaterally today. Shoulder bilaterally Poor range of motion due to anterior pain. FF and abduct 90 degrees. Elbows Not tender to palpation Poor flexion causes shoulder pain. Right and left wrist. No swelling. Volar pain with extension and fair flexion with volar pain Generally tender to palpation Phelan's negative. Additional Information Reviewed Electronic Medical Record Xr Cervical Spine. Result Date: 12/28/2017. CERVICAL SPINE SERIES ** HISTORY **: Bilateral cervical radiculopathy. Technique: AP, lateral, and bilateral obliques ** FINDINGS **: The study demonstrates normal vertebral bodies, intervertebral disk spaces, posterior elements, and contiguous soft tissues. Minimal spondylosis at C4-5 and C5-C6. Oblique views reveal widely patent neural foramina. Normal spine study. Component 10/18/2017 11/2/2017 11/3/2017-12/6/2017.

34. Diagnostic Studies Ordered:

KAISER PERMANENTE Claim#:B725030987-0001-01 DOI:10-29-2017 Visit:01-11-2018 10:06 ReportDate:2018-01-12 09:01:49.296715 Final:Y Patient:CHACKO, RUBY, S MR:14714672 WCAB#: FAC:SSC Contact:(916) 688-2478 820 Carrier DOI (if available):

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

35. Diagnoses

Diagnosis	ICD-10 code
1. M70.932) OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS (primary encounter diagnosis) (M70.941, M70.942) OVERUSE DISORDER OF S	M70.931
2. NECK MUSCLE STRAIN, SUBSEQ (M70.911, M70.912) OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS	S16.1XXD

36. Treatment Plan: (Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation, acupuncture). Use of CPT codes is encouraged.

OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS OVERUSE DISORDER OF SOFT TISSUES, BILAT HANDS. Note: soft tissue to muscles and tendons due to overuse. Consider Carpel Tunnel Syndrome. Nerve conduction test scheduled for 1/23. Continue modified duty and physical therapy. Having symptoms of depression: discussed. If not improving she will contact her personal physician. NECK MUSCLE STRAIN . Note: bilaterally trapezius; due to computer work. Not improving. Normal xray. MRI done outside of Kaiser Permanente and I await the result. Continue modified duty and physical therapy. OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS Note: anterior shoulder pain: myofascial. Consider radicular symptoms from cervical spine. Normal xray and await MRI of cervical spine. Continue modified duty and physical therapy. Dry eyes are a personal health condition and not industrial. To see personal physician. Consider lacrimal duct plugs. Dr. Edrissian, Rheumatology 12/7/17: blurred vision and headache while working on computer; dry eyes, dry mouth. He does not recommend prednisone or temporal artery biopsy at this time. To check labs and follow up as needed. This is not industrial. PHYS SPECIAL REPORT, PR-2 TREATING PHYS'S PROGRESS REPORT The total visit time face to face with the patient was 30 min. I spent greater than 50% of this time counseling and in discussion with the patient. We reviewed injury, exam findings, pathogenesis, prognosis, work and medications. Next Appointment: 2 Weeks. MODIFIED WORK (Applies to work and home): This patient is placed on modified activity at work (if available) and at home from 1/11/2018 through 2/1/2018. OTHER NEEDS/RESTRICTIONS: Screen time limited to 10 minutes per hour. Keyboarding and mousing limited to 10 minutes per hour. I have reviewed and approve the PT Plan of Care and certify the medical necessity of this care. WESLEY HASHIMOTO MD . Call or return to clinic pm if these symptoms worsen or fail to improve as anticipated. The patient indicates understanding of these issues and agrees with the plan. Wes Hashimoto, MD RECHECK 1/29/18 @1040A

37. Have there been any changes in treatment plan? 38. If so, why ?

39. Other Physician/Non-Physician Providers:

40. Drugs:

41. Physical Medical Service: 42. Times per Week 43. Duration:
44. Hospitalization/Surgery Date 45. Hospitalization/ Surgery
46. Consult/Other Services:

Work Status: This patient has been instructed to:

47. Return to full duty on with no limitations or restrictions.
48. Return to modified work on 01-11-2018 with the following limitations or restrictions.
49. Limitations:
through 2/1/2018. : Screen time limited to 10 minutes per hour. Keyboarding and mousing limited to 10 minutes per hour.

50. Patient discharged as cured (no permanent disability or need for future medical care).
51. Patient is permanently precluded from engaging in his/her usual and customary occupation and the above limitations/restrictions are deemed permanent.

KAISER PERMANENTE Claim#:B725030987-0001-01 DOI:10-29-2017 Visit:01-11-2018 10:06 ReportDate:01-12-2018 Final:Y

Patient:CHACKO, RUBY, S MR:14714672 WCAB#: FAC:SSC Contact:(916) 688-2478 Carrier DOI (if available):

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

01-11-2018 10:06

Primary Treating Physician: (original signature, do not stamp) 52. Date of exam 01-11-2018

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 which prohibits referral to a physician or entity with whom the physician has an unlawful financial interest.

The Permanente Medical Group, Inc.

53. IRS Number 94-2728480

Signature Physician's Electronic Signature on File in Medical Record

Specialty

Executed at

Signature Date

54. Name HASHIMOTO, WESLEY K MD

55. California Lic# 076655G

56. Address 6600 Bruceville Rd., Sacramento, CA, 95823

57. Phone (916) 688-2478

v3.0

Chacko, Ruby S

MRN: 110014714672
Description: 53 year old female

Progress Notes Creation Time: 1/11/2018 11:02 AM

Andry, David Brian (P.T.)

GENERAL, OTHER

2/ 6 Visit Count (OTHER NOTE CLOSED IN ERROR, PLEASE DISREGARD OTHER NOTE FOR VISIT 2/6. THIS IS THE CORRECT NOTE)

Per DFR:

DOI: 10/29/17

Employer: AT&T 21 years

||Job Title|| Software engineer/architec

Body Part(s): neck and shoulders and arms and eyes

||Mechanism of Injury|| keyboarding and mousing and computer work all day.

Chief Complaint: No chief complaint on file.

PLAN OF CARE - established on 12/28/2017

Referring Provider: Wes Hashimoto, MD

Referring Diagnosis: Neck muscle strain, overuse disorder of soft tissues bilateral forearms and hands

Treatment Goals: To be achieved by: 12 weeks

Patient will be able to perform computer related tasks including keyboard, mouse and viewing the monitor for 2 hours//Patient currently unable to use computer 1 minute

Patient will be able to turn the head to within normal limits to drive (home/work vehicle) // Patient currently at baseline established at Evaluation

Treatment to include:

- Patient Education
- Manual Therapy techniques as needed
- Therapeutic Exercise may include flexibility exercises, self mobilization, strength training, and neuromuscular reeducation.
- Functional Activity training
- Modalities as needed to address pain and inflammation
- Group exercise as appropriate
- Telephone and video visit encounters

Frequency and Duration of Treatment: 1 time(s) per week for 12 weeks

Re-certification due: 3/22/18

EVALUATION

Work Status: Off work

SUBJECTIVE:

Patient reports feeling worse, more burning sensation in neck, shoulders, arms.

Current Pain Level: 6/10

On 12/28/2017 the patient reports constant, variable aching sharp burning pain located in the neck, bilateral upper trapezius, shoulders, forearms, wrists and hands

Numbness and Tingling: Yes: occasionally, whole hands, bilaterally

Overall Status:Unchanged

Current History : See above under Per DFR, reviewed with patient

Aggravating Factors:

- Computer related tasks including keyboard, mouse and viewing the monitor for 1 minute
- Unable to reach repetitively above shoulder height for ADL or work functions
- Dressing self

Easing Factors: Heat and Lying down

24 Hour Pattern: The symptoms are activity dependent

Medical History: medical history reviewed
 Special Questions: Negative

OBJECTIVE:

Observation: Unable to obtain an upright posture: flexed forward and forward head 6", rounded shoulders.

HELD TODAY

Cervical Exam

Cervical Active Range of Motion

- Flexion: 30 degrees
- Extension: 20 degrees
- Right Rotation: 25%
- Left Rotation: 25%

- Right Sideflexion: 10 degrees
- Left Sideflexion: 10 degrees

Palpation: Muscle tenderness, tightness in , Sub-Occipitals , Paraspinals and Upper Trapezius

Shoulder Exam

Bilateral Shoulder Active Range of Motion:

- Flexion: 25 degrees, Passive 100% with pain
- Abduction : 40 degrees, passive 100% with pain
- External Rotation: 30 degrees

Wrist Exam

Bilateral Wrist Range of Motion

- Wrist Flexion: 25 degrees
- Wrist Extension: 0 degrees

Grip Test: (using hand dynamometer, Position # 2, recording in lbs): Right: 10, 5, 5 Left: 8, 5, 5

Treatment:

Therapeutic exercise: (May include exercises to develop strength, endurance, range of motion or flexibility) Patient instructed in, and demonstrated/completed the following specific activities:

- Arm bike - 3 minutes (foot pedals to assist arms) - 3 minutes
- Rows - red Theraband - 20 repetitions - added
- Shoulder external rotation and internal rotation - red Theraband - 15 repetitions each, each arm
- Corner stretch - 30 seconds - 2 repetitions
- Chin tucks - 10 seconds - 5 repetitions

REVIEWED HOME EXERCISE PROGRAM

Shoulder Circles
Shoulder Blade Squeezes
Pulley's: Rear Facing - 5 minutes
Putty - white

Ice up to 15 minutes up to 5 times per day//Precautions reviewed

Ruby S Chacko was provided education on home exercise program, self management, and the common symptom response to treatment. Provided contact information if symptoms worsen or fail to improve as discussed and anticipated.

Supplies issued from Pacific Medial Supply for home exercise program or relief of pain. Patient was instructed and demonstrated proper use of the below issued supplies.

12/28/2017: Pulleys, putty white
01/11/18: red Theraband door anchors

Therapeutic exercise: 25 minutes
Total Treatment Time: 25 minutes (includes Timed, Untimed, Eval and Re-eval)

ASSESSMENT:

Patient challenged by all therapeutic exercise, persistent poor posture, frequent upper trapezius activation with therapeutic exercise. Slow to respond.

PLAN:

See Plan of Care above.
The patient will follow up in clinic 1 time a week
Progress with postural exercises as tolerated

Potential additions:

Upper trapezius stretch
Bilateral shoulder extension Theraband
Elbow flexion and extension Theraband
Goalpost stretch

In the event Ruby S Chacko elects to discontinue Physical Therapy services prior to attaining the agreed upon goals and treatment Plan of Care, the patient will be considered discharged to a self management status. Patient will be discharged from Physical Therapy services if she is not seen for treatment within 60 days after last visit. For status at the time of discharge see the last Progress Note.

Note Details

Author	Andry, David Brian (P.T.)	File Time	1/11/2018 11:08 AM
Author Type	THERAPIST, PHYSICAL	Status	Signed
Last Editor	Andry, David Brian (P.T.)	Specialty	GENERAL, OTHER

Work Comp on 1/11/2018



Diagnostic Radiological Imaging - Elk Grove
7911 Laguna Blvd
Elk Grove, CA 95758
Phone: (916) 585-8990
Fax: (916) 478-3710

Copy To

CHACKO, RUBY
MRN: 11661797
DOB: Sex: F
Phone: (815) 477-9282

ONE CALL CARE DIAGNOSTICS BROKER
20 WATERVIEW BLVD, P O BOX 614
PARSIPPANY NJ, 07054

Date of Service: 01-11-2018

FAX: (877) 922-3992

EXAM: MRI CERVICAL SPINE WITHOUT CONTRAST

HISTORY: Neck pain . Patient indicates pain to both hands

TECHNIQUE: Multiple standard MRI sequences of the cervical spine done.

COMPARISON: None available.

FINDINGS: There is normal alignment of cervical vertebrae . Facet joints appear unremarkable. No acute compression fracture is seen.

The height of the discs is unremarkable throughout the C-spine

There is no cerebellar tonsillar ectopia. The distal vertebral arteries, C1-2 relationship and C1-2 neural foramen are unremarkable. The signal of the cervical spinal cord appears normal

At C2-3 through C4-5: Unremarkable

At C5-C6: There is slight posterior bulging disc which is touching but not compressing the underlying spinal cord. The neural foramen are patent see sagittal 7 and axial 16.

At C6-7 through T3-4: Unremarkable

IMPRESSION:

There is a slight posterior bulging disc at C5-6 which is not compressing the underlying spinal cord

Otherwise negative MRI of the cervical spine

If the referring physician would like to speak to the interpreting radiologist, please call (916) 921-1300.

End of diagnostic report for accession: 13055577
Dictated: 01-11-2018 10:23:39 AM
Dictated By: Engelhart, James A, MD
Signed By: Engelhart, James A, MD 01-11-2018 10:23:39 AM

Confidential

Patient: CHACKO, RUBY DOB:

Page 1 of 2



Diagnostic Radiological Imaging - Elk Grove
7911 Laguna Blvd
Elk Grove, CA 95758
Phone: (916) 585-8990
Fax: (916) 478-3710

Exam requested by: WESLEY HASHIMOTO MD

Confidential

Patient: CHACKO, RUBY DOB: 0

Page 2 of 2

CHACKO0148

Page 106



HASHIMOTO, WESLEY KAY (M.D.)
6600 Bruceville Road
Sacramento CA 95823-4671
916-688-2000

Patient Name: Chacko, Ruby S
Patient MRN: 110014714672
Encounter Date & Time: 1/11/2018 11:20 AM

Please see below for this health care provider's directives and information relating to this encounter.

Industrial Work Status Report

Date of Injury: 10/29/17
Claim #: B725030987-0001-01
Next Appointment Date: 2 Weeks

Modified Activity (Applies to work and home)

This patient is placed on modified activity at work and at home from 1/11/2018 through 2/1/2018.

If modified activity is not accommodated by the employer then this patient is considered temporarily and totally disabled from their regular work for the designated time and a separate off work order is not required.

Other needs and/or restrictions:

Screen time limited to 10 minutes per hour.
Keyboarding and mousing limited to 10 minutes per hour.

This form has been electronically signed and authorized by HASHIMOTO, WESLEY KAY (M.D.)

This form contains your private health information that you may choose to release to another party; please review for accuracy.

**Kaiser On-the-Job
 Physical Therapy Report**

1. Claims Administrator SEDGWICK CLAIM MGMT SVCS INC	Patient:	2. MR 14714672	3. SSN
PO BOX 14627	4. Name	CHACKO, RUBY, S	
LEXINGTON	5. Address	9211 BROMFIELD CT	
KY 40512	6. City	ELK GROVE	State CA Zip 956243509
	7. DOI	10-29-2017	8. DOB
	9. Sex	F	
	10. Phone	(815) 477-9282	
	11. Fax		
	12. Occupation		
13. Phone (866) 249-1170	14. Fax (866) 224-4627	15. Claim B725030987-0001-01	16. WCAB
17. Employer Name: AT&T	18. Employer Phone: (916) 684-1806		
19. Primary Treating Physician: HASHIMOTO, WESLEY K	20. PTP Facility: SSC		
21. Primary Diagnosis: M70.932) OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS (primary encounter diagnosis) (M70.941, M70.942) OVERUSE DISORDER OF S	22. Primary ICD:	M70.931	
23. Secondary Diagnosis: NECK MUSCLE STRAIN, SUBSEQ (M70.911, M70.912) OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS	24. Secondary ICD:	S16.1XXD	
25. Provider: ANDRY, DAVID BRIAN, P.T	26. Specialty/Dep:		
27. Reason for Referral/Visit:			

2/ 6 Visit Count (OTHER NOTE CLOSED IN ERROR, PLEASE DISREGARD OTHER NOTE FOR VISIT 2/6. THIS IS THE CORRECT NOTE) Per DFR: DOI: 10/29/17 Employer: AT&T 21 years //Job Title// Software engineer/architec Body Part(s): neck and shoulders and arms and eyes //Mechanism of Injury// keyboarding and mousing and computer work all day. Chief Complaint: No chief complaint on file. PLAN OF CARE- established on 12/28/2017 Referring Provider: Wes Hashimoto, MD Referring Diagnosis: Neck muscle strain, overuse disorder of soft tissues bilateral forearms and hands Treatment Goals: To be achieved by: 12 weeks Patient will be able to perform computer related tasks including keyboard, mouse and viewing the monitor for 2 hours//Patient currently unable to use computer 1 minute Patient will be able to turn the head to within normal limits to drive (home/work vehicle) // Patient currently at baseline established at Evaluation Treatment to include: Patient Education Manual Therapy techniques as needed Therapeutic Exercise may include flexibility exercises, self mobilization, strength training, and neuromuscular reeducation. Functional Activity training Modalities as needed to address pain and inflammation Group exercise as appropriate Telephone and video visit encounters Frequency and Duration of Treatment: 1 time(s) per week for 12 weeks Re-certification due: 3/22/18 EVALUATION Work Status: Off work SUBJECTIVE: Patient reports feeling worse, more burning sensation in neck, shoulders, arms. Current Pain Level: 6/10 On 12/28/2017 the patient reports constant, variable aching sharp burning pain located in the neck, bilateral upper trapezius, shoulders, forearms, wrists and hands Numbness and Tingling: Yes: occasionally, whole hands, bilaterally Overall Status: Unchanged Current History : See above under Per DFR, reviewed with patient Aggravating Factors: Computer related tasks including keyboard, mouse and viewing the monitor for 1 minute Unable to reach repetitively above shoulder height for ADL or work functions Dressing self Easing Factors: Heat and Lying down 24 Hour Pattern: The symptoms are activity dependent Medical History: medical history reviewed Special Questions: Negative OBJECTIVE: Observation: Unable to obtain an upright posture: flexed forward and forward head 6", rounded shoulders. HELD TODAY Cervical Exam Cervical Active Range of Motion Flexion: 30 degrees Extension: 20 degrees Right Rotation: 25% Left Rotation 25% Right Sideflexion: 10 degrees Left Sideflexion: 10 degrees Palpation: Muscle tenderness, tightness in , Sub-Occipitals , Paraspinals and Upper Trapezius Shoulder Exam Bilateral Shoulder Active Range of Motion: Flexion: 25 degrees, Passive 100% with pain Abduction : 40 degrees, passive 100% with pain External Rotation: 30 degrees Wrist Exam Bilateral Wrist Range of Motion Wrist Flexion: 25 degrees Wrist Extension: 0 degrees Grip Test: (using hand dynamometer, Position # 2, recording in lbs): Right: 10, 5, 5 Left: 8, 5, 5 Treatment: Therapeutic exercise: (May include exercises to develop strength, endurance, range of motion or flexibility) Patient instructed in, and demonstrated/completed the following specific activities: Arm bike - 3 minutes (foot pedals to assist arms) - 3 minutes Rows - red Theraband - 20 repetitions - added Shoulder external rotation and internal rotation - red Theraband - 15 repetitions each, each arm Corner stretch - 30 seconds - 2 repetitions Chin tucks - 10 seconds - 5 repetitions REVIEWED HOME EXERCISE PROGRAM Shoulder Circles Shoulder Blade Squeezes Pulley's: Rear Facing - 5 minutes Putty - white Ice up to 15 minutes up to 5 times per day//Precautions reviewed Ruby S Chacko was provided education on home exercise program, self management, and the common symptom response to treatment. Provided contact information if symptoms worsen or fail to improve as discussed and anticipated. Supplies issued from Pacific Medial Supply for home exercise program or relief of pain. Patient was instructed and

**Kaiser On-the-Job
Physical Therapy Report**

Page 2

demonstrated proper use of the below issued supplies. 12/28/2017: Pulleys, putty white 01/11/18: red Theraband door anchors Therapeutic exercise: 25 minutes Total Treatment Time: 25 minutes (includes Timed, Untimed, Eval and Re-eval) ASSESSMENT: Patient challenged by all therapeutic exercise, persistent poor posture, frequent upper trapezius activation with therapeutic exercise. Slow to respond. PLAN: See Plan of Care above. The patient will follow up in clinic 1 time a week Progress with postural exercises as tolerated Potential additions: Upper trapezius stretch Bilateral shoulder extension Theraband Elbow flexion and extension Theraband Goalpost stretch In the event Ruby S Chacko elects to discontinue Physical Therapy services prior to attaining the agreed upon goals and treatment Plan of Care, the patient will be considered discharged to a self management status. Patient will be discharged from Physical Therapy services if she is not seen for treatment within 60 days after last visit. For status at the time of discharge see the last Progress Note.

Provider: (original signature, do not stamp)

Date of exam/Review: 01-11-2018

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 which prohibits referral to a physician or entity with whom the physician has an unlawful financial interest.

The Permanente Medical Group, Inc.

28. IRS Number 94-2728480

Signature _____ Physician's Electronic Signature on File in Medical Record

Executed at

Name ANDRY, DAVID BRIAN, P.T
Address 6600 Bruceville Rd., Sacramento, CA, 95823

Signature Data

California Lic#
Phone (916) 688-2478

v2bes

Chacko, Ruby S

MRN: 110014714672
Description: 53 year old female

Imaging Workers Comp Visit 12/28/2017
RADIOLOGY DEPARTMENT

Imaging

Results

Procedure	Component	Value	Ref Range	Date/Time
XR Spine Cervical Bilateral Radiculopathy (WC) [1148579786]				Collected: 12/28/17 1222
Order Status: Completed				Updated: 12/28/17 1309

Narrative:

CERVICAL SPINE SERIES

**** HISTORY **:**

Bilateral-cervical radiculopathy.

Technique: AP, lateral, and bilateral obliques

**** FINDINGS **:**

The study demonstrates normal vertebral bodies, intervertebral disk spaces, posterior elements, and contiguous soft tissues. Minimal spondylosis at C4-5 and C5-C6.

Oblique views reveal widely patent neural foramina.

Impression:

Normal spine study.

PACS Images

Show images for XR CERVICAL SPINE

XR CERVICAL SPINE

Results

Status: Final result (Exam End: 12/28/2017 12:22 PM)

Procedure	Abnormality	Status
XR CERVICAL SPINE		

Radiology Information

Registration: 12/28/2017 12:22 PM

Patient Release Status:

This result is not viewable by the patient.

Impression

Normal spine study.

Narrative

CERVICAL SPINE SERIES

**** HISTORY **:**

Bilateral cervical radiculopathy.

Technique: AP, lateral, and bilateral obliques

**** FINDINGS **:** - - -

The study demonstrates normal vertebral bodies, intervertebral disk spaces, posterior elements, and contiguous soft tissues. Minimal spondylosis at C4-5 and C5-C6.

Oblique views reveal widely patent neural foramina.

Report Authenticated by:	Date	Time
GUNTER, BRIAN ANDREW (M.D.) [10082369]	Dec 28, 2017	1:08 PM

Reason For Exam

Bilateral Cervical Radiculopathy

Imaging

NCAL RESULTS HYPERLINK REPORT: IMAGING DATA (HTML)V2

Order Information

XR Spine Cervical Bilateral Radiculopathy (WC) [218980] (Accession 11200500180) (Order 1148579786)

Procedure	Abnormality	Status
XR CERVICAL SPINE		

Click on the link for hashtag information

TAGS REPORT

Order Providers

Authorizing Provider

HASHIMOTO, WESLEY KAY (M.D.)

Recipients of Results in Inbasket

Sent	From	To	Cc'd	Forwarded To	Results
12/28/2017 1:09 PM	Rad Results, Inbound	Wesley Kay (M.D.) Hashimoto			XR CERVICAL SPINE [1148579786]

Reviewed in Inbasket

Hashimoto, Wesley Kay (M.D.) on 12/28/2017 3:08 PM

Order Report

Order Details

KAISER PERMANENTE ^{thrive}

This form contains your diagnosis.

HASHIMOTO, WESLEY KAY (M.D.)
6600 Bruceville Road
Sacramento CA 95823-4671
916-688-2000

Patient Name: Chacko, Ruby S

Patient MRN: 110014714672

Encounter Date & Time: 12/28/2017 10:00 AM

Please see below for this health care provider's directives and information relating to this encounter.

Industrial Work Status Report

Date of Injury: 10/29/17

Claim #:

Next Appointment Date: 2 Weeks

DIAGNOSIS: OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS, OVERUSE DISORDER OF SOFT TISSUES, BILAT HANDS, NECK MUSCLE STRAIN, SUBSEQ, OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS

Modified Activity (Applies to work and home)

This patient is placed on modified activity at work and at home from 12/28/2017 through 1/18/2018.

If modified activity is not accommodated by the employer then this patient is considered temporarily and totally disabled from their regular work for the designated time and a separate off work order is not required.

Concurrent Treatment:

PT/OT, Consult/Referral.

Pre-Visit Work Status:

Not Accommodated.

Other needs and/or restrictions:

Screen time limited to 10 minutes per hour.

Keyboarding and mousing limited to 10 minutes per hour.

This form has been electronically signed and authorized by HASHIMOTO, WESLEY KAY (M.D.)

This form contains your private health information that you may choose to release to another party; please review for accuracy.

Printed By: HASHIMOTO, WESLEY K on 12/28/2017 at 10:17:11 AM

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
 DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

New Request Resubmission - Change in Material Facts Retrospective Review
 Expedited Review: Check box if employee faces an imminent and serious threat to his or her health
 Check box if request is a written confirmation of a prior oral request. Updated Request

Employee Information

Name (Last, First, Middle): **CHACKO, RUBY, S**
 Date of Injury (MM/DD/YYYY): **10-29-2017** Date of Birth (MM/DD/YYYY):
 Claim Number: **B725030987-0001-01** Employer: **AT&T**

Requesting Physician Information

Name: **HASHIMOTO, WESLEY K**
 Practice Name: **Kaiser Permanente KOJ** Contact Name: **SEAN M GUIRIT**
 Address: **6600 Bruceville Rd.** City: **Sacramento** State: **CA**
 Zip Code: **95823** Phone: **(916) 688-2478** Fax Number: **(916) 688-6278**
 Specialty: NPI Number: **1902080112**
 E-mail Address:

Claims Administrator Information

Company Name: **SEDGWICK CLAIM MGMNT SVCS INC** Contact Name: **BARBARA GRAY**
 Address: **PO BOX 14627** City: **LEXINGTON** State: **KY**
 Zip Code: **40512** Phone: **(866) 249-1170** Fax Number:
 E-mail address:

Requested Treatment (see instructions for guidance; attach additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (if known)	Other Information: (Frequency, Duration, Quantity, etc)
M70.932) OVERUS	M70.931	MRI	***	1 MRI of cervical spine looking for spinal st

There are **1** request(s) on this form. Note: Above data may be truncated due to insufficient space. See continuation pages.

Requesting Physician Signature: **Physician's Electronic Signature on File in Medical Record** Date: **12-28-2017**
HASHIMOTO, WESLEY K

Claims Administrator/Utilization Review Organization (URO) Response

Approved Denied or Modified (See separate decision letter) Delay (See separate notification of delay)
 Requested treatment has been previously denied Liability for treatment is disputed (See separate letter)
 Authorization Number (if assigned): Date:
 Authorized Agent Name: Signature:
 Phone: Fax Number: E-mail Address:
 Comments:

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Diagnosis: M70.932) OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS. (primary encounter diagnosis) (M70.941, M70.942)
OVERUSE DISORDER OF S NECK MUSCLE STRAIN,
ICD Code: M70.931
Procedure: MRI
CPT/HCPCS: ***
Other Info: 1 MRI of cervical spine looking for spinal stenosis or HNP with bilateral arm numbness.

KAISER PERMANENTE Claim#: B725030987-0001-01 DOI: 10-29-2017 Visit: 12-28-2017 08:42 Report Date: 12-28-2017 Final: Y
 Patient: CHACKO, RUBY, S MR: 14714672 WCAB#: FAC: SSC Contact: (916) 688-2478 Carrier DOI (if available):

State of California Division of Workers' Compensation

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

Check the box(es) which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e., has reached maximum medical improvement), do not use this form. You may use DWC Form PR-3.

<input type="checkbox"/>	01. Periodic Report required 45 days after last report	<input type="checkbox"/>	02. Change in treatment plan	<input type="checkbox"/>	03. Released from care
<input type="checkbox"/>	04. Change in work status	<input type="checkbox"/>	05. Need for referral or consultation	<input type="checkbox"/>	06. Response to request for information
<input type="checkbox"/>	07. Change in patient's condition	<input type="checkbox"/>	08. Need for surgery or hospitalization	<input type="checkbox"/>	09. Request for Authorization
<input type="checkbox"/>	10. Other				

11. Patient will be permanently precluded from engaging in his/her usual and customary occupation
 12. Patient's condition is permanent and stationary with residual disability on:
 13. Patient will require future medical care
 If any of these boxes are checked you must use Form PR-3 or narrative report.

14. Claims Administrator SEGWICK CLAIM MGMNT SVCS INC	Patient: 15. MR 14714672	16. SSN XXX-XX-XXXX
PO BOX 14627	17. Name CHACKO, RUBY, S	
LEXINGTON	18. Address 9211 BROMFIELD CT	
KY 40512	19. City ELK GROVE State CA	Zip 916243509
	20. DOI 10-29-2017	21. DOB
	22. Sex F	
	23. Phone (815) 477-9282	24. Fax
	25. Occupation Software engineer/architec	
26. Phone (866) 249-1170	27. Fax (856) 224-4627	28. Claim B725030987-0001-01
		29. WCAB

30. Employer Name: AT&T 31. Employer Phone (916) 684-1808

The information below must be provided. You may use this form or you may substitute or append a narrative report.

32. Subjective Complaints:

Ruby S Chacko is a 53 Y female. The patient is here for a 16 day follow up. Work status: modified duty; not accommodated.
CURRENT COMPLAINTS: Not working and not doing much better. Having burning off and on to posterior shoulders. No frontal headache mentioned. Right neck pain mild; much better. Has blurred vision if using computer for 10 minutes. Both arm; numb and tingling. Mostly daytime. Constant pain. Numbness off and on. Pain to the shoulder and elbows. Some pain to the back. Cannot type. Using wrist splints at night. She is not feeling motivated. She is feeling discouraged from her pain and problems. Per rheum. The patient also complains of pain in hands and arms, associated with tingling and numbness in her hands for past few months. The pain severity is 7/10, which is getting worse with activity. The pain is associated with morning stiffness which lasts about 45 minutes. Walking for exercise. Not doing lately. No work comp. Treatment summary: --Dr. Edrissian, Rheumatology 12/7/17: blurred vision and headache while working on computer; dry eyes, dry mouth He does not recommend prednisone or temporal artery biopsy at this time. To check labs and follow up as needed. --awaiting nerve conduction tests of hands --Visit number 1 with physical therapy was on 12/28 treated by David. --nerve conduction test 1/23/18 Review of Systems: Constitutional: negative for fevers or chills-Neurological: negative for weakness, bowel/bladder incontinence, or clumsiness. Relevant Medications: none Allergies: Patient has no known allergies. Social History: reports that she has never smoked. She has never used smokeless tobacco.

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

Physical Exam: no distress standing. Vital signs: vitals were not taken for this visit. BMI: body mass index is unknown because there is no height or weight on file. Very stiff appearing and moves slowly Neck 50% in all ranges of motion; bilaterally trapezius pain; trapezius tender to palpation bilaterally with spasm Shoulder bilaterally Poor range of motion due to anterior pain. FF and abduct 90 degrees. Elbows Not tender to palpation Poor flexion causes shoulder pain. Right and left wrist. No swelling. Volar pain with extension and fair flexion with volar pain Generally tender to palpation Phelan's negative. Additional Information Reviewed Electronic Medical Record.

34. Diagnostic Studies Ordered:

35. Diagnoses

Diagnosis	ICD-10 code
1. M70.932) OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS (primary encounter diagnosis) (M70.941, M70.942) OVERUSE DISORDER OF S	M70.931
2. NECK MUSCLE STRAIN, SUBSEQ (M70.911, M70.912) OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS	S16.1XXD

KAISER PERMANENTE Claim#:B725030987-0001-01 DOI:10-29-2017 Visit:12-28-2017 08:42 ReportDate:12-28-2017 Final:Y
Patient:CHACKO, RUBY, S MR:14714672 WCAB#: FAC:SSC Contact:(916)688-2478 Carrier DOI (if available):

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

36. **Treatment Plan:** (Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation, acupuncture). Use of CPT codes is encouraged.

Request For Authorization for an MRI of cervical spine looking for spinal stenosis or HNP with bilateral arm numbness. Await authorization by adjuster. OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS OVERUSE DISORDER OF SOFT TISSUES, BILAT HANDS Note: soft tissue to muscles and tendons due to overuse. Consider Carpel Tunnel Syndrome. Nerve conduction test scheduled for 1/23. Continue modified duty and physical therapy. Having symptoms of depression: discussed. If not improving she will contact her personal physician. NECK MUSCLE STRAIN Note: bilaterally trapezius; due to computer work. Continue modified duty and physical therapy. OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS Note: anterior shoulder pain: myofascial. Consider radicular symptoms from cervical spine. Check xray and MRI of cervical spine. Continue modified duty and physical therapy. Dry eyes are a personal health condition and not industrial. To see personal physician. Dr. Edrissian, Rheumatology 12/7/17: blurred vision and headache while working on computer; dry eyes, dry mouth. He does not recommend prednisone or temporal artery biopsy at this time. To check labs and follow up as needed. This is not industrial. XR Spine Cervical Bilateral Radiculopathy (WC) MRI SPINE (also refer in eConsult). PHYS SPECIAL REPORT, PR-2 TREATING PHYS'S PROGRESS REPORT The total visit time face to face with the patient was 30 min. I spent greater than 50% of this time counseling and in discussion with the patient. We reviewed injury, exam findings, pathogenesis, prognosis, work and medications. Next Appointment: 2 Weeks. MODIFIED WORK (Applies to work and home): This patient is placed on modified activity at work (if available) and at home from 12/28/2017 through 1/18/2018. OTHER NEEDS/RESTRICTIONS: Screen time limited to 10 minutes per hour. Keyboarding and mousing limited to 10 minutes per hour. CONCURRENT TREATMENT: PT/OT, Consult/Referral I have reviewed and approve the PT Plan of Care and certify the medical necessity of this care. WESLEY HASHIMOTO MD Call or return to clinic pm if these symptoms worsen or fail to improve as anticipated. The patient indicates understanding of these issues and agrees with the plan. Wes Hashimoto, MD RECHECK 1/11/18 @1120A

37. Have there been any changes in treatment plan? 38. If so, why ?

39. Other Physician/Non-Physician Providers:

40. Drugs:

41. Physical Medical Service: 42. Times per Week 43. Duration:
44. Hospitalization/Surgery Date 45. Hospitalization/ Surgery
46. Consult/Other Services:

Work Status: This patient has been instructed to:

- 47. Return to full duty on _____ with no limitations or restrictions.
- 48. Return to modified work on 12-28-2017 with the following limitations or restrictions.
- 49. Limitations:
through 1/18/2018. : Screen time limited to 10 minutes per hour. Keyboarding and mousing limited to 10 minutes per hour.
- 50. Patient discharged as cured (no permanent disability or need for future medical care).
- 51. Patient is permanently precluded from engaging in his/her usual and customary occupation and the above limitations/restrictions are deemed permanent.

KAISER PERMANENTE Claim#:B725030987-0001-01 DOI:10-29-2017 Visit:12-28-2017 08:42 ReportDate:12-28-2017 Final:Y
Patient:CHACKO, RUBY, S MR;14714672 WCAB#: FAC:SSC Contact:(916) 688-2478 Carrier DOI (if available):

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

Primary Treating Physician: (original signature, do not stamp) 52. Date of exam 12-28-2017

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 which prohibits referral to a physician or entity with whom the physician has an unlawful financial interest.

The Permanente Medical Group, Inc.

53. IRS Number 94-2728480

Signature Physician's Electronic Signature on File in Medical Record

Specialty

Executed at

Signature Date

54. Name HASHIMOTO, WESLEY K MD

55. California Lic# 076655G

56. Address 6600 Bruceville Rd., Sacramento, CA, 95823

57. Phone (916) 688-2478

v3.0

**Kaiser On-the-Job
 Physical Therapy Report**

1. Claims Administrator SEDGWICK CLAIM MGMT SVCS INC		Patient:		2. MR 14714672	3. SSN
PO BOX 14627		4. Name		CHACKO, RUBY, S	
LEXINGTON		5. Address		9211 BROMFIELD CT	
KY 40512		6. City		ELK GROVE	State CA Zip 956243509
		7. DOI		10-29-2017	8. DOB
		10. Phone		(815) 477-9282	
		12. Occupation			
13. Phone (866) 249-1170		14. Fax (866) 224-4627		15. Claim B725030987-0001-01	
17. Employer Name: AT&T		18. Employer Phone: (916) 684-1805		16. WCAB	
19. Primary Treating Physician: HASHIMOTO, WESLEY K		20. PTP Facility: SSC			
21. Primary Diagnosis: M70.932) OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS (primary encounter diagnosis) (M70.941, M70.942) OVERUSE DISORDER OF S		22. Primary ICD:		M70.931	
23. Secondary Diagnosis: NECK MUSCLE STRAIN, SUBSEQ (M70.911, M70.912) OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS		24. Secondary ICD:		S16.1XXD	
25. Provider: ANDRY, DAVID BRIAN, P.T		26. Specialty/Dept:			
27. Reason for Referral/Visit:					

1/6 Visit Count . Per DFR: DOI: 10/29/17 Employer: AT&T 21 years (Job Title) Software engineer/architec Body Part(s): neck and shoulders and arms and eyes (Mechanism of Injury) keyboarding and mousing and computer work all day. Chief Complaint: No chief complaint on file. PLAN OF CARE - established on 12/28/2017 Referring Provider: Wes Hashimoto, MD Referring Diagnosis: Neck muscle strain, overuse disorder of soft tissues bilateral forearms and hands. Treatment Goals: To be achieved by: 12 weeks Patient will be able to perform computer related tasks including keyboard, mouse and viewing the monitor for 2 hours//Patient currently unable to use computer 1 minute Patient will be able to turn the head to within normal limits to drive (home/work vehicle) // Patient currently at baseline established at Evaluation. Treatment to include: Patient Education Manual Therapy techniques as needed Therapeutic Exercise may include flexibility exercises, self mobilization, strength training, and neuromuscular reeducation. Functional Activity training Modalities as needed to address pain and inflammation Group exercise as appropriate Telephone and video visit encounters. Frequency and Duration of Treatment: 1 time(s) per week for 12 weeks. Re-certification due: 3/22/18 EVALUATION Work Status: Off work SUBJECTIVE: On 12/28/2017 the patient reports constant, variable aching sharp burning pain located in the neck, bilateral upper trapezius, shoulders, forearms, wrists and hands. Numbness and Tingling: Yes: occasionally, whole hands, bilaterally Current Pain Level: 6/10 Overall Status: Unchanged. Current History : See above under Per DFR, reviewed with patient. Aggravating Factors: Computer related tasks including keyboard, mouse and viewing the monitor for 1 minute Unable to reach repetitively above shoulder height for ADL or work functions Dressing self . Easing Factors: Heat and Lying down 24 Hour Pattern: The symptoms are activity dependent Medical History: medical history reviewed Special Questions: Negative OBJECTIVE: Observation: Unable to obtain an upright posture: flexed forward and forward head 6", rounded shoulders. Cervical Exam Cervical Active Range of Motion Flexion:30 degrees Extension:20 degrees Right Rotation:25% Left Rotation25% Right Sideflexion:10 degrees Left Sideflexion:10 degrees Palpation: Muscle tenderness, tightness in , Sub-Occipitals , Paraspinals and Upper Trapezius Shoulder Exam Bilateral Shoulder Active Range of Motion: Flexion: 25 degrees, Passive 100% with pain Abduction : 40 degrees, passive 100% with pain External Rotation: 30 degrees Wrist Exam Bilateral Wrist Range of Motion Wrist Flexion: 25 degrees Wrist Extension: 0 degrees Grip Test: (using hand dynamometer, Position # 2, recording in lbs): Right: 10, 5, 5 Left: 8, 5, 5 Treatment: Therapeutic exercise: (May include exercises to develop strength, endurance, range of motion or flexibility) Patient instructed in, and demonstrated/completed the following specific activities: Work up to 10 repetitions hold for 5 seconds, up to 3 times per day or as needed Shoulder Circles Shoulder Blade Squeezes Palley's: Rear Facing - 5 minutes Putty - white Ice up to 15 minutes up to 5 times per day//Precautions reviewed Ruby S Chacko was provided education on home exercise program, self management, and the common symptom response to treatment. Provided contact information if symptoms worsen or fail to improve as discussed and anticipated. Supplies issued from Pacific Medial Supply for home exercise program or relief of pain. Patient was instructed and demonstrated proper use of the below issued supplies. 12/28/2017: Pulleys, putty white Physical Therapy Evaluation: Low Complexity 30 minutes Total Treatment Time: 30 minutes (includes Timed, Untimed, Eval and Re-eval) ASSESSMENT: Patient presents with decreased range of motion, decreased strength, poor posture with limitations in functional capacity affecting ability to perform customary work duties. Anticipate the patient will improve

**Kaiser On-the-Job
Physical Therapy Report**

with a skilled physical therapy program. PLAN: See Plan of Care above. The patient will follow up in clinic 1 time a week
Progress with postural exercises as tolerated Potential additions: Arm bike Upper trapezius stretch Corner stretch Rows
Shoulder Theraband In the event Ruby S Chacko elects to discontinue Physical Therapy services prior to attaining the
agreed upon goals and treatment Plan of Care, the patient will be considered discharged to a self management status. Patient
will be discharged from Physical Therapy services if she is not seen for treatment within 60 days after last visit. For status at
the time of discharge see the last Progress Note.

Provider: (original signature, do not stamp)

Date of exam/Review: 12-28-2017

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 which prohibits referral to a physician or entity with whom the physician has an unlawful financial interest.

The Permanente Medical Group, Inc.

25. IRS Number 94-2728480

Signature Physician's Electronic Signature on File in Medical Record

Executed at

Name ANDRY, DAVID BRIAN, P.T
Address 6600 Bruceville Rd., Sacramento, CA, 95823

Signature Date

California Lic#
Phone (916) 688-2478

v2bes

KAISER PERMANENTE Claim#: DOI:10-29-2017 Visit:12-12-2017 10:51 ReportDate:2017-12-12 12:38:41.325155 Final:Y
 Patient:CHACKO, RUBY, S MR:14714672 WCAB#: FAC:SSC Contact:(916) 688-2478 820 Carrier DOI (if available):

State of California Division of Workers' Compensation

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

Check the box(es) which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e., has reached maximum medical improvement), do not use this form. You may use DWC Form PR-3.

<input checked="" type="checkbox"/>	01. Periodic Report (required 45 days after last report)	<input type="checkbox"/>	02. Change in treatment plan	<input type="checkbox"/>	03. Released from care
<input type="checkbox"/>	04. Change in work status	<input type="checkbox"/>	05. Need for referral or consultation	<input type="checkbox"/>	06. Response to request for information
<input type="checkbox"/>	07. Change in patient's condition	<input type="checkbox"/>	08. Need for surgery or hospitalization	<input type="checkbox"/>	09. Request for Authorization
<input type="checkbox"/>	10. Others				

11. Patient will be permanently precluded from engaging in his/her usual and customary occupation
 12. Patient's condition is permanent and stationary with residual disability on:
 13. Patient will require future medical care
If any of these boxes are checked you must use Form PR-3 or narrative report.

14. Claims Administrator SEDGWICK CLAIM MGMT SVCS INC		Patient:	15. MR 14714672	16. SSN XXXX-XX-XXXX
PO BOX 14627 LEXINGTON KY 40512		17. Name	CHACKO, RUBY, S	
		18. Address	9211 BROMFIELD CT	
		19. City	ELK GROVE	State CA Zip 95624-3509
		20. DOI	10-29-2017	21. DOB
		22. Sex	F	
		23. Phone (815) 477-9282	24. Fax	
		25. Occupation	Software engineer/architec	
26. Phone (866) 249-1170	27. Fax (866) 224-4627	28. Claim	29. WCAB	

30. Employer Name: AT&T 31. Employer Phone (916) 684-1808

The information below must be provided. You may use this form or you may substitute or append a narrative report.

32. Subjective Complaints:

Ruby S Chacko is a 53 Y female. DFR done by Dr. Whitmore 12/5/17; transfer of care to me. **CURRENT COMPLAINTS:** Last worked 10/28; eyes heavy. Pain to the corners of the eyes. Reading 15 minutes and then blurred vision on computer screen. Resolved with rest. Pain in eyes. Dx severe dry eyes. Frontal headache pain; to neck and arm; arm tingling. Tried to work. Felt weak. Used Refresh drops and had foggy vision. Eye pain resolved. Not using computer for a month. No frontal headache. Right neck pain mild; much better. Has blurred vision if using computer for 10 minutes. Both arm; numb and tingling. Mostly daytime. Constant pain. Numbness off and on. Pain to the shoulder and elbows. Some pain to the back. Cannot type. Using wrist splints at night. Per rheum. The patient also complains of pain in hands and arms, associated with tingling and numbness in her hands for past few months. The pain severity is 7/10, which is getting worse with activity. The pain is associated with morning stiffness which lasts about 45 minutes. Walking for exercise. Not doing lately. No work comp. Treatment summary: --Dr. Edrissian, Rheumatology 12/7/17: blurred vision and headache while working on computer; dry eyes, dry mouth He does not recommend prednisone or temporal artery biopsy at this time. To check labs and follow up as needed. Review of Systems: Constitutional: negative for fevers or chills Neurological: negative for weakness, bowel/bladder incontinence, or clumsiness. Relevant Medications: none Allergies: Patient has no known allergies. Social History: reports that she has never smoked. She has never used smokeless tobacco.

33. Objective Findings: (Include significant physical examination, laboratory, imaging, or other diagnostic findings.)
 Physical Exam:mild distress. Vital signs: blood pressure is 110/68 and her pulse is 68. BMI: body mass index is unknown because there is no height or weight on file. Very stiff appearing and moves slowly. Neck . 50% in all ranges of motion; bilaterally trapezius pain; trapezius tender to palpation bilaterally with spasm Shoulder bilaterally Poor range of motion due to anterior pain. FF and abduct 90 degrees. Elbows-Not tender to palpation Poor flexion-causes-shoulder pain. Right and-left wrist. No swelling. Volar pain with extension and fair flexion with volar pain Generally tender to palpation Phelan's negative. Additional Information Reviewed Electronic Medical Record.

34. Diagnostic Studies Ordered:

35. Diagnoses

Diagnosis	ICD-10 code
1. M70.932) OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS (primary encounter diagnosis) (M70.941, M70.942) OVERUSE DISORDER OF S	M70.931
2. NECK MUSCLE STRAIN, INIT (M70.811, M70.812) OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS	S16.1XXA

36. Treatment Plan: (Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation, acupuncture). Use of CPT codes is encouraged.

Request For Authorization for an Electrodiagnostic Studies of right and left hands looking for Carpel Tunnel Syndrome

KAISER PERMANENTE Claim#: DOI:10-29-2017 Visit:12-12-2017 10:51 ReportDate:2017-12-12 12:38:41.325155 Final:Y
Patient:CHACKO, RUBY, S MR:14714672 WCAB#: FAC:SSC Contact:(916) 688-2478 820 Carrier DOI (if available):

State of California Division of Workers' Compensation

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

Await authorization by adjuster. REQUEST FOR AUTHORIZATION FOR Physical therapy consult for neck arms and hands bilaterally. Request authorization for individualized Physical Therapy for education, counseling, evaluation of Home Exercise Program, therapeutic techniques to decrease pain, inflammation and restore function, up to 6 visits over 4-6 weeks. The therapist may issue needed DME and supplies as part of the physical therapy treatment and may be dispensed from Pacific Medical Supply. I will evaluate what was dispensed at my next visit. Compliance with conditioning program will aid in the treatment of this condition and/or help prevent recurrence/reinjury. OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS OVERUSE DISORDER OF SOFT TISSUES, BILAT HANDS Note: soft tissue to muscles and tendons due to overuse. Consider Carpel Tunnel Syndrome. Nerve conduction test requested. Start modified duty and physical therapy. NECK MUSCLE STRAIN Note: bilaterally trapezius; due to computer work. Start modified duty and physical therapy. OVERUSE DISORDER OF SOFT TISSUES, BILAT SHOULDERS Note: anterior shoulder pain: myofascial. Start modified duty and physical therapy. Dry eyes are a personal health condition and not industrial. To see personal physician. Dr. Edrissian, Rheumatology 12/7/17; blurred vision and headache while working on computer; dry eyes, dry mouth. He does not recommend prednisone or temporal artery biopsy at this time. To check labs and follow up as needed. This is not industrial. The total visit time face to face with the patient was 40 min. I spent greater than 50% of this time counseling and in discussion with the patient. We reviewed injury, exam findings, pathogenesis, prognosis, work and medications. Next Appointment: 2 Weeks MODIFIED WORK (Applies to work and home): This patient is placed on modified activity at work (if available) and at home from 12/12/2017 through 1/2/2018. OTHER NEEDS/RESTRICTIONS: Screen time limited to 10 minutes per hour. Keyboarding and mousing limited to 10 minutes per hour. CONCURRENT TREATMENT: PT/OT Call or return to clinic prn if these symptoms worsen or fail to improve as anticipated. The patient indicates understanding of these issues and agrees with the plan. Wes Hashimoto, MD RECHECK 12/28/17 @1000A

37. Have there been any changes in treatment plan? 38. If so, why ?

39. Other Physician/Non-Physician Providers:

40. Drugs:

41. Physical Medical Service:

42. Times per Week

43. Duration:

44. Hospitalization/Surgery Date

45. Hospitalization/Surgery

46. Consult/Other Services:

Work Status: This patient has been instructed to:

47. Return to full duty on with no limitations or restrictions.

48. Return to modified work on 12-12-2017 with the following limitations or restrictions.

49. Limitations: through 1/2/2018. Screen time limited to 10 minutes per hour. Keyboarding and mousing limited to 10 minutes per hour.

50. Patient discharged as cured (no permanent disability or need for future medical care).

51. Patient is permanently precluded from engaging in his/her usual and customary occupation and the above limitations/restrictions are deemed permanent.

Primary Treating Physician: (original signature, do not stamp) 52. Date of exam 12-12-2017

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 which prohibits referral to a physician or entity with whom the physician has an unlawful financial interest.

The Permanente Medical Group, Inc.

53. IRS Number 94-2728480

Signature

Specialty

Executed at

Signature Date

54. Name HASHIMOTO, WESLEY K MD

55. California Lic# 076655G

56. Address 6600 Bruceville Rd., Sacramento

57. Phone (916) 688-2478

v3.0

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
 DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

New Request Resubmission - Change in Material Facts Retrospective Review
 Expedited Review: Check box if employee faces an imminent and serious threat to his or her health
 Check box if request is a written confirmation of a prior oral request. Updated Request

Employee Information

Name (Last, First, Middle): CHACKO, RUBY, S
 Date of Injury (MM/DD/YYYY): 10-29-2017 Date of Birth (MM/DD/YYYY):
 Claim Number: Employer: AT&T

Requesting Physician Information

Name: HASHIMOTO, WESLEY K
 Practice Name: Kaiser Permanente KOJ Contact Name: SEAN M GUIRIT
 Address: 6600 Bruceville Rd. City: Sacramento State: CA
 Zip Code: 95823 Phone: (916) 688-2478 Fax Number: (916) 688-6278
 Specialty: NPI Number: 1902080112
 E-mail Address:

Claims Administrator Information

Company Name: SEDGWICK CLAIM MGMNT SVCS INC Contact Name:
 Address: PO BOX 14627 City: LEXINGTON State: KY
 Zip Code: 40512 Phone: (866) 249-1170 Fax Number:
 E-mail address:

Requested Treatment (see instructions for guidance; attach additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (if known)	Other Information: (Frequency, Duration, Quantity, etc)
M70.932) OVERUS	M70.931	NCS/EMG	****	1 Electrodiagnostic Studies of right and left
M70.932) OVERUS	M70.931	Physical Therapy	97530,97110,97035	6 PT VISITS- VISITS 1-2X WK FOR 3-6W

There are 2 request(s) on this form. Note: Above data may be truncated due to insufficient space. See continuation pages.

Requesting Physician Signature: Physician's Electronic Signature on File in Medical Record Date: 12-12-2017
 HASHIMOTO, WESLEY K

Claims Administrator/Utilization Review Organization (URO) Response

Approved Denied or Modified (See separate decision letter) Delay (See separate notification of delay)
 Requested treatment has been previously denied Liability for treatment is disputed (See separate letter)
 Authorization Number (if assigned): Date:
 Authorized Agent Name: Signature:
 Phone: Fax Number: E-mail Address:
 Comments:

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Diagnosis: M70.932) OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS (primary encounter diagnosis) (M70.941, M70.942)
OVERUSE DISORDER OF S NECK MUSCLE STRAIN,
ICD Code: M70.931
Procedure: NCS/EMG
CPT/HCPCS: ****
Other Info: 1 Electrodiagnostic Studies of right and left hands looking for Carpel Tunnel Syndrome

Diagnosis: M70.932) OVERUSE DISORDER OF SOFT TISSUES, BILAT FOREARMS (primary encounter diagnosis) (M70.941, M70.942)
OVERUSE DISORDER OF S
ICD Code: M70.931
Procedure: Physical Therapy
CPT/HCPCS: 97530,97110,97035
Other Info: 6 PT VISITS- VISITS 1-2X WK FOR 3-6WKS TO REDUCE PAIN,INFLAMATION, AND RESTORE FUNCTION



THE PERMANENTE MEDICAL GROUP
KAISER FOUNDATION HOSPITALS

SSG-SOUTH VALLEY
CENTRE
Clinical Summary

Chacko, Ruby S
MRN: 110014714672, DOB:

Sex: F

Patient Demographics

Name	Patient ID	SSN	Sex	Birth Date
Chacko, Ruby S	110014714672	xxx-xx-4251	Female	05/24/64 (53 yrs)
Address	Phone	Email	Employer	
9211 BROMFIELD CT ELK GROVE CA 95624-3509	815-477-9282 (H) 815-477-9282 (W) 815-477-9282 (M)	rubychacko7@gmail.com	OTHER-AT&T	
Race	Asian			
Reg Status	PCP	Date Last Verified	Next Review Date	
Verified		12/06/17	01/05/18	
Marital Status	Religion			
Married	Christianity			
Emergency Contact 1	Sally Chacko (SPOUSE) 815-245-9652 (M)			

Patient Preferred Languages

Interpreter Needed	Spoken Language	Written Language
No	English	English

Patient Ethnicity & Race

Ethnic Group	Patient Race
Non Hispanic/Non Latino	Asian

Emergency Contacts

Name	Relation	Home	Work	Mobile
SAIVY CHACKO	Spouse			815-245-9652

Problem List as of 12/07/2017

Problem	Noted
HYPERLIPIDEMIA	
DM 2 (aka DM2)	
IRON DEFICIENCY ANEMIA	11/4/2017
GIANT CELL ARTERITIS	12/5/2017

Immunizations

No immunizations on file. Never Reviewed

PPD/Skin Test - PPD Results Key: 00 = Negative 01 = Positive

There is no flowsheet data to display.

Allergies as of 12/7/2017

Reviewed on: 12/5/2017

No Known Allergies

Medical History

Past Medical History	Date	Comments
HYPERLIPIDEMIA [E78.5]		
DM 2 (aka DM2) [E11.9]		

Social History

Tobacco History
Smoking Status Never Smoker

Generated on 12/7/17 10:23 AM



THE PERMANENTE MEDICAL GROUP
KAISER FOUNDATION HOSPITALS

SSC-SOUTH VALLEY
CENTRE
Clinical Summary

Chacko, Ruby S
MRN: 110014714672, DOB:

Sex: F

Social History (continued)

Smokless Tobacco Use
Unknown

Alcohol History

Alcohol Use Status
Not Asked

Drug Use

Drug Use Status
Not Asked

Sexual Activity

Sexually Active
Not Asked

Activities of Daily Living

Not Asked

Employment History

No employment history on file.

Outpatient Current Meds as of as of 12/7/2017

	Disp	Refills	Start	End
prednisONE (DELTAONE) 20 mg Oral Tab Sig - Route: 3 po daily - Oral Class: File	30	0/0	12/5/2017	
Benzonatate (TESSALON PERLES) 100 mg Oral Cap Sig - Route: Take 1 capsule by mouth 3 times a day as needed for cough - Oral Class: File	30 capsule	0/0	12/4/2017	12/4/2019
Ibuprofen (MOTRIN) 800 mg Oral Tab Sig - Route: TAKE 1/2 to 1 TABLET ORALLY 3 TIMES A DAY WITH FOOD AS NEEDED FOR PAIN - Oral Class: File	30	0/0	11/2/2017	
Atorvastatin (LIPITOR) 20 mg Oral Tab Sig - Route: TAKE 1 TABLET ORALLY DAILY TO PREVENT HEART ATTACKS AND STROKES - Oral Class: File	100	3/3	2/27/2017	
Lisinopril (PRINIVIL/ZESTRIL) 2.5 mg Oral Tab Sig - Route: TAKE 0.5 TABLET ORALLY DAILY - Oral Class: File	50	3/3	2/27/2017	
Aspirin 81 mg Oral Chew Tab Sig - Route: CHEW AND SWALLOW 1 TABLET ORALLY DAILY - Oral Class: File	100	3/3	2/27/2017	2/27/2019
Blood Glucose Meter with Device (ONETOUCH VERIO IQ METER) Misc Kit Sig - Route: USE AS DIRECTED TO TEST BLOOD SUGAR - Miscell. (Med.Suppl.;Non-Drugs) Class: File	1	0/0	2/27/2017	
Blood Sugar Test (ONETOUCH VERIO) Misc Strips Sig - Route: USE 2 TIMES A DAY AS DIRECTED TO MEASURE BLOOD SUGAR - Miscell. (Med.Suppl.;Non-Drugs) Class: File	200	3/3	2/27/2017	
lancets (ONETOUCH DELICA LANCETS) 30 gauge Misc Misc Sig - Route: USE 2 TIMES A DAY AS DIRECTED TO MEASURE BLOOD SUGAR - Miscell. (Med.Suppl.;Non-Drugs) Class: File	200	3/3	2/27/2017	
Blood Glucose Control, Normal (ONETOUCH VERIO MID CONTROL) Misc Soln Sig - Route: USE AS DIRECTED WITH BLOOD GLUCOSE METER - Miscell. (Med.Suppl.;Non-Drugs) Class: File	1	3/3	2/27/2017	



THE PERMANENTE MEDICAL GROUP
KAISER FOUNDATION HOSPITALS

SSC-SOUTH VALLEY
CENTRE
Clinical Summary

Chacko, Ruby S
MRN: 110014714672, DOB: :

Sex: F

Patient-Level Documents:

There are no patient-level documents.



THE PERMANENTE MEDICAL GROUP
KAISER FOUNDATION HOSPITALS

SSC-SOUTH VALLEY
CENTRE
Clinical Summary

Chacko, Ruby S
MRN: 110014714672, DOB:

Sex: F

KAISER PERMANENTE Did employee notify employer of this injury? Y Inquiry refer to: MR 14714672
 KAISER PERMANENTE Claim#: DOI:10-29-2017 Visit:12-05-2017 15:28 ReportDate:2017-12-06 08:47:00.182521 Final:Y

STATE OF CALIFORNIA

DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Within 5 days of your initial examination, for every occupational injury or illness, send two copies of this report to the employer's workers' compensation insurance carrier or the self-insured employer. Failure to file a timely doctor's report may result in assessment of a civil penalty. In the case of diagnosed or suspected pesticide poisoning, send a copy of this report to Department of Industrial Relations, P.O.Box 420603, San Francisco, CA 94142-0603, and notify your local health officer by telephone within 24 hours.

1. Insurer Name and Address

SEDGWICK CLAIM MGMT SVCS INC PO BOX 14627 LEXINGTON, KY 40512

2. Employer Name

AT&T

3. Address No. and Street

9170 W STOCKTON BLVD

4. City

ELK GROVE

5. Zip Code

95758

4. Nature of business (e.g. food manufacturing, building construction, retailer of women's clothes.)

5. Patient Name

CHACKO, RUBY, S

6. Sex

F

7. Date of Birth

C

8. Address No. and Street

9211 BROMFIELD CT

City

ELK GROVE

Zip Code

95624-3509

9. Phone Number

(615) 477-9282

10. Occupation (specific job title)

Software engineer

11. Social Security Number

12. Address No. and Street Where Injury Occurred

HOME

City Where Injury Occurred

County

SACRAMENTO

13. Date and hour of injury or onset of illness

10-29-2017 M

14. Date last worked

10-28-2017

15. Date and hour of 1st exam or treatment

12-05-2017 03:28 PM

16. Have you or your office previously rendered treatment?

Patient please complete this portion, if able to do so. Otherwise, doctor please complete immediately. Inability or failure of a patient to complete this portion shall not affect his/her rights to workers' compensation under the California Labor Code.

17. Describe how the accident or exposure happened. (Give specific object, machinery or chemical. Use reverse side if more space is required).

PER PT: HAVING PROBLEMS WITH EYES BOTH SHOULDERS AND FINGER PAIN.

18. SUBJECTIVE COMPLAINTS

Mechanism of injury: Patient believes all of th computer work she has done over the years has lead to her headaches, shoulder and arm pains, with photophobia and blurred vision looking at computer screen. Chief Complaint: multi Current complaints: Following a busy week ending on Saturday 1/28, she awoke Sunday on 10/28 and her eyes felt heavy. On 10/30 she had a headache and when she looked at a computer screen it was blurry. On 10/31 she saw optometry and was told she had dry eyes. She was given artificial tears and lid massage. The problem persisted and she saw ophthalmology on 11/1 who felt she had dry eyes and need fixed lenses for computer reading. On 11/2 saw Dr. Hung and now also had right sided neck pain. Labs ordered and ESR was 56 and CRP was normal and was given motrin. On 11/7 saw Dr. Hung again wit tingling in both hand and upper arms bilaterally. She was diagnosed with cervial radiculopathy and MRI was order. He also diagnosed iron deficiency anemia. She also admits to heavy menstrual cycle. Also ent to ED on 11/2 for headache and fatigue. CT of head was normal. Still complaining ob bilateral shoulder aching and pain, headache, blurry vision if looking and computer and numbness/tingling from her shoulders to the forearm.s Sleeping ok. Denies family stress of health issues. No financial stressors. Denies depression. Has had URI for a couple of days. Denies hip and lower back pain. Last worked. 10/28. Review of Systems: na. Relevant Medications: motrin. Allergies: No Known Allergies.

19. Objective Findings

A. Physical Examination

Physical Exam: Ill appearing, BP 108/67 I Pulse 77. Neck: diffuse tender to palpation along right and left trapezius with guarding. Range of Motion: of

KAISER PERMANENTE

KAISER PERMANENTE Claim#: DOI:10-29-2017 Visit:12-05-2017 15:28 ReportDate:2017-12-08 08:47:00.182521 Final:Y

Patient:CHACKO, RUBY, S MR:14714672 WCAB#: FAC:SSC Contact:(916) 688-2478 Carrier DOI (if available):

STATE OF CALIFORNIA

DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Continuation

neck is normal with pain. Upper extremity reflexes are 2+ and symmetric throughout. Head: very tender to palpation over both temporal areas and parietal scalp. Shoulder restricted Range of Motion: to abduction, flexion, and tender to palpation over each deltoid Hands negative Tinels, Phalen's, and Finklestein On exam. No focal tender to palpation. Forearms both forearms are tender to palpation. Additional Information Reviewed: None

B. X-ray and laboratory results (state if none or pending.)

[Empty box for X-ray and laboratory results]

20. DIAGNOSES (if occupational illness specify etiologic agent and duration of exposure.)

Chemical or toxic compounds involved?

N

Diagnosis

ICD-10 code

1. GIANT CELL ARTERITIS (primary encounter diagnosis)

M31.6

21. Are your findings and diagnosis consistent with patient's account of injury or onset of illness?

y

if "no", please explain below:

[Empty box for explanation of consistency]

22. Is there any other condition that will impede or delay the patient's recovery?

n

if "yes", please explain below:

[Empty box for explanation of other conditions]

23. Treatment Rendered (Use reverse side if more space is required.)

1. Spoke with rheumatology about concern for TA. It was pointed out she was young. At the time of our discussion I was not aware of the anemia which probably explains the mild elevated ESR, and normal CRP. I will repeat tests. Will start on prednisone. 60 daily. Will see Dr. Edrissian on 12/7. Referred to ENT for TA biopsy but should Dr. Edrissian feel otherwise, the biopsy may be canceled. It possible the anemia may account for her malaise, headaches and eyestrain, and the TA tenderness is just part of tension headache. 2. F/u with pcp about anemia, and ob gyn for AUD with heavy bleeding. No outpatient prescriptions have been marked as taking for the 12/5/17 encounter (Work Comp) with Whitmore, Ronald T (M.D.). MODIFIED WORK (Applies to work and home): This patient is placed on modified activity at work (if available) and at home from 12/5/2017 through 12/19/2017. OTHER NEEDS/RESTRICTIONS: Work status per pcp. Causation: After careful review of all available evidence it is my opinion that the patients condition was not caused, exacerbated or aggravated by the factors of employment. I base my opinion on that absence of work for a month would lead to symptom improvement but she is worsening. Also the working diagnosis of temporal arteritis versus iron deficiency anemia is non industrial.

24. If further treatment required, specify treatment plan/estimated duration.

[Empty box for further treatment plan]

25. If hospitalized as inpatient, give hospital name and location.

[Empty box for hospital name and location]

Date Admitted

Estimated length of stay

[Empty box for Date Admitted]

[Empty box for Estimated length of stay]

26. WORK STATUS - Is patient able to perform usual work? Yes No

if "no", date when patient can return to

Regular work

Modified work

[Empty box for Regular work return date]

12-05-2017

Specific restrictions

SEE TREATMENT PLAN

KAISER PERMANENTE

KAISER PERMANENTE Claim#: DOI:10-29-2017 Visit:12-05-2017 15:28 ReportDate:2017-12-06 08:47:00.182521 Final:Y

Patient:CHACKO, RUBY, S MR:14714672 WCAB#: FAC:SSC Contact:(916) 688-2478 Carrier DOI (if available):

STATE OF CALIFORNIA

DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Continuation

Physician Signature: (original signature, do not stamp) _____

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 section 189.3.

Physician signature: _____ CA License Number: 057745G

Executed at: _____ Date (mm/dd/yyyy): _____

Physician Name: WHITMORE, RONALD T, MD Specialty: _____

Physician address: 6600 Bruceville Rd., Sacramento, CA, 95823 Phone Number: (916) 688-2478

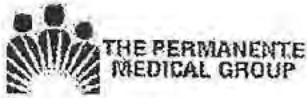
Any person who makes or causes to be made any knowingly fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

PRIVACY NOTICE: The Administrative Director is authorized to maintain the records of the Division of Workers' Compensation(DWC). (Cal. Lab. Code § 126.) The Information Practices Act of 1977 and the Federal Privacy Act require the Administrative Director to provide this notice to individuals who submit information to the DWC pertaining to a workers' compensation claim. (Cal. Civ. Code § 1798.17; Public Law 93-597.)

The principal purpose for requesting information from injured workers, dependents, lien claimants, physician, employers or their representatives is to administer the California workers' compensation system. Each form shows which fields are required to be completed for DWC to process the form. If a required field in a form is incomplete or unreadable, the DWC may return the form to the individual for correction or may reject the form. Providing a social security number is required on this form pursuant to Labor Code § 6409. If you do not provide your security number, the DWC may return the form to you for correction or reject the form. If you do not have a social security number, indicate this in the space provided for the injured worker's social security number. As permitted by law, social security numbers are used to help properly identify injured workers and to conduct statistical research as allowed under the Labor Code.

As authorized by law, information furnished on this form may be given to: you, upon request; the public, pursuant to the Public Records Act; a governmental entity, when required by state or federal law; to any person pursuant to a subpoena or court order pursuant to any other exception in Civil Code § 1798.24.

An individual has a right of access to records containing his/her personal information that are maintained by the Administrative Director. An individual may also amend, correct, or dispute information in such personal records. (Cal. Civ. Code §§ 1798.34-1798.3.) You may request a copy of the DWC's policies and procedures for inspection of records at the address below. Copies of the procedures and all records are ten cents (\$0.10) per page, payable in advance. (Cal. Civ. Code § 1798.33.) Requests should be sent to: Division of Workers' Compensation- Medical Unit, P.O. Box 71010, Oakland, CA 94612. Tel. (510) 286-3700 or (800) 794-6900. Fax: (510) 622-3467.



SSC-BRUCVLL MOB
6600 BRUCEVILLE ROAD

Chacko, Ruby S
MRN: 110014714672, DOB:
Encounter date: 12/5/2017

Sex: F

SACRAMENTO CA 95823-
4671

Encounter Results

Encounter Information

Date & Time
12/5/2017 2:30 PM

Provider
Iskandar, Rudolf (M.D.)

Department
OCCUPATIONAL MEDICINE

Encounter #
797504842

End of Encounter



SSC-BRUCEVLL MOB
 6600 BRUCEVILLE ROAD
 SACRAMENTO CA 95823-4671
 Encounter Record

Chacko, Ruby S
 MRN: 110014714672, DOB: :
 Encounter date: 12/5/2017
 Sex: F

Work Comp
 12/5/2017

Visit Information			
Date & Time	Provider	Department	Encounter #
12/5/2017 3:30 PM	Whitmore, Ronald T (M.D.)	OCCUPATIONAL MEDICINE	797611679

Reason For Encounter History	
User	Date & Time
Williams, Raymell (M.A.)	12/5/2017 3:35 PM
Reason For Encounter	
MULTIPLE COMPLAINTS Comments: Eyes/ Neck/ Bilal arms	

Diagnoses	Comments
GIANT CELL ARTERITIS - Primary	

Encounter Messages
 No messages in this encounter

Patient Secure Message
 No messages in this encounter

Progress Notes			
Progress Notes signed by Whitmore, Ronald T (M.D.) at 12/5/2017 5:24 PM			Version 1 of 1
Author: Whitmore, Ronald T (M.D.)	Service: (none)	Author Type: Physician	
Filed: 12/5/2017 5:24 PM	Created Time: 12/5/2017 4:07 PM	Status: Signed	
Editor: Whitmore, Ronald T (M.D.) (Physician)			

||NEW INDUSTRIAL INJURY/ILLNESS||
 No data available.
 DOI: 10/29/2017
 Employer: AT&T
 ||Job Title|| Software engineer
 Body Part(s): eyes, head, shoulders and arm
 ||Mechanism of Injury|| Patient believes all of th computer work she has done over the years has lead to her headaches, shoulder and arm pains, with photophobia and blurred vision looking at computer screens

||SUBJECTIVE||
 Chief Complaint: multi

Current complaints: Following a busy week ending on Saturday 1/28,s he awoke Sunday on 10/29 and her eyes felt heavy. On 10/30 she had a headache and when she looked at a computer screen it was blurry. On 10/31 she saw optometry and was told she had dry eyes. She was given artificial tears and lid massage. The
 Generated on 12/7/17 10:23 AM



SSC-BRUCEVLL MOB
6600 BRUCEVILLE ROAD

Chacko, Ruby S
MRN: 110014714872, DOB:
Encounter date: 12/5/2017

Sex: F

SACRAMENTO CA 95823-
4671

Encounter Record

Progress Notes (continued)

Progress Notes signed by Whitmore, Ronald T (M.D.) at 12/5/2017 5:24 PM (continued)

Version 1 of 1

problem persisted and she saw ophthalmology on 11/1 who felt she had dry eyes and need fixed lenses for computer reading. On 11/2 saw Dr. Hung and now also had right sided neck pain. Labs ordered and ESR was 56 and CRP was normal and was given motrin. On 11/7 saw Dr. Hung again with tingling in both hand and upper arms bilaterally. She was diagnosed with cervical radiculopathy and MRI was order. He also diagnosed Iron deficiency anemia. She also admits to heavy menstrual cycle. Also ent to ED on 11/2 for headache and fatigue. CT of head was normal. Still complaining of bilateral shoulder aching and pain, headache, blurry vision if looking at computer and numbness/tingling from her shoulders to the forearms. Sleeping ok. Denies family stress of health issues. No financial stressors. Denies depression. Has had URI for a couple of days. Denies hip and lower back pain. Last worked. 10/28

Review of Systems: _____
na

Relevant Medications: motrin

Allergies: No Known Allergies.

Social History: reports that she has never smoked. She has never used smokeless tobacco.

Occupational History: works full time

Relevant Past Medical/Surgical History: Patient denies prior relevant injuries/surgeries

Relevant Family History: No relevant family history _____

Hobbies/Leisure Activities: Patient denies any relevant recreational/leisure activities

||OBJECTIVE||

Physical Exam: Ill appearing

BP 108/67 | Pulse 77

Neck: diffuse tender to palpation along right and left trapezius with guarding. Range of Motion: of neck is normal with pain. Upper extremity reflexes are 2+ and symmetric throughout

Head: very tender to palpation over both temporal areas and parietal scalp

Shoulder restricted Range of Motion: to abduction, flexion, and tender to palpation over each deltoid

Hands negative Tinel's, Phalen's, and Finklestein On exam. No focal tender to palpation

Forearms both forearms are tender to palpation.

||Additional Information Reviewed||

None

||ASSESSMENT||

(M31.6) GIANT CELL ARTERITIS (primary encounter diagnosis)

||TREATMENT PLAN||

1. Spoke with rheumatology about concern for TA. It was pointed out she was young. At the time of our discussion I was not aware of the anemia which probably explains the mild elevated ESR, and normal CRP. I will repeat tests. Will start on prednisone. 60 daily. Will see Dr. Edrissian on 12/7. Referred to ENT for TA biopsy but should Dr. Edrissian feel otherwise, the biopsy may be canceled. It possible the anemia may account for her malaise, headaches and eyestrain, and the TA tenderness is just part of tension headache.
2. F/u with pcp about anemia, and ob gyn for AUD with heavy bleeding.

Generated on 12/7/17 10:23 AM

22



SSC-BRUCEVLL MOB
 6600 BRUCEVILLE ROAD
 SACRAMENTO CA 95823-4671
 Encounter Record

Chacko, Ruby S
 MRN: 110014714672, DOB:
 Encounter date: 12/5/2017

Sex: F

Progress Notes (continued)

Progress Notes signed by Whitmore, Ronald T (M.D.) at 12/5/2017 5:24 PM (continued)

Version 1 of 1

No outpatient prescriptions have been marked as taking for the 12/5/17 encounter (Work Comp) with Whitmore, Ronald T (M.D.).

MODIFIED WORK (Applies to work and home): This patient is placed on modified activity at work (if available) and at home from 12/5/2017 through 12/19/2017

OTHER NEEDS/RESTRICTIONS: Work status per pcp

Causation: After careful review of all available evidence it is my opinion that the patient's condition was not caused, exacerbated or aggravated by the factors of employment. I base my opinion on that absence of work for a month would lead to symptom improvement but she is worsening. Also the working diagnosis of temporal arteritis versus iron deficiency anemia is non industrial.

The total visit time face to face with the patient was 25 min. I spent greater than 50% of this time counseling and in discussion with the patient. We reviewed injury, exam findings, pathogenesis, prognosis and work.

- || Estimate of total treatment duration|| none in occ health.
- || Chemical or toxic compounds involved|| No.
- || Findings and diagnosis consistent with the patient's account of injury|| yes.
- || Current condition that will impede/delay patient's recovery (if yes, explain)|| no
- || DO NOT REPRODUCE BELOW THIS LINE (Non-industrial information)||:

Medical:

Patient Active Problem List:

- HYPERLIPIDEMIA
- DM 2 (aka DM2)
- IRON DEFICIENCY ANEMIA

Medications:

Current Outpatient Prescriptions

Medication	Sig
• prednisONE (DELTASONE) 20 mg Oral Tab	3 po daily
• Benzonatate (TESSALON PERLES) 100 mg Oral Cap	Take 1 capsule by mouth 3 times a day as needed for cough
• Ibuprofen (MOTRIN) 800 mg Oral Tab	TAKE 1/2 to 1 TABLET ORALLY 3 TIMES A DAY WITH FOOD AS NEEDED FOR PAIN
• Atorvastatin (LIPITOR) 20 mg Oral Tab	TAKE 1 TABLET ORALLY DAILY TO PREVENT HEART ATTACKS AND STROKES
• Lisinopril (PRINIVIL/ZESTRIL) 2.5 mg Oral Tab	TAKE 0.5 TABLET ORALLY DAILY
• Aspirin 81 mg Oral Chew Tab	CHEW AND SWALLOW 1 TABLET ORALLY DAILY

Generated on 12/7/17 10:23 AM



SSG-BRUCEVLL MOB
6600 BRUCEVILLE ROAD
SACRAMENTO CA 95823-4671
Encounter Record

Chacko, Ruby S
MRN: 110014714672, DOB:
Encounter date: 12/5/2017

Sex: F

Progress Notes (continued)

Progress Notes signed by Whitmore, Ronald T (M.D.) at 12/5/2017 5:24 PM (continued)

Version 1 of 1

- Blood Glucose Meter with Device (ONETOUCH VERIO IQ METER) Misc Kit USE AS DIRECTED TO TEST BLOOD SUGAR
- Blood Sugar Test (ONETOUCH VERIO) Misc Strips USE 2 TIMES A DAY AS DIRECTED TO MEASURE BLOOD SUGAR
- lancets (ONETOUCH DELICA LANCETS) 30 gauge Misc Misc USE 2 TIMES A DAY AS DIRECTED TO MEASURE BLOOD SUGAR
- Blood Glucose Control, Normal (ONETOUCH VERIO MID CONTROL) Misc Soln USE AS DIRECTED WITH BLOOD GLUCOSE METER

No current facility-administered medications for this visit.

allergies: No Known Allergies

Social History: smoking: no

Family History: Non contributory

Prior Injuries:

na

Hobbies:

na

Electronically signed by Whitmore, Ronald T (M.D.) on 12/5/2017 5:24 PM

Staff Note

Staff Note signed by Williams, Raymell (M.A.) at 12/5/2017 5:24 PM

Version 1 of 1

Author: Williams, Raymell (M.A.)	Service: (none)	Author Type: MEDICAL ASSISTANT
Filed: 12/5/2017 5:24 PM	Creation Time: 12/5/2017 3:35 PM	Status: Signed
Editor: Williams, Raymell (M.A.) (MEDICAL ASSISTANT)		

CC: Eyes/ Neck/ Arms

DOI: 10/29/2017

Employer: AT&T

Allergies Verified

New

Electronically signed by Williams, Raymell (M.A.) on 12/5/2017 5:24 PM

Vitals

BP	Pulse
108/67	77

Generated on 12/7/17 10:23 AM



SSC-BRUCVLL MOB
6600 BRUCEVILLE ROAD
SACRAMENTO CA 95823-4671
Encounter Record

Chacko, Ruby S
MRN: 110014714672, DOB: , Sex: F
Encounter date: 12/5/2017

Flowsheets (all recorded)

Encounter Vitals - Tue December 05, 2017

Row Name	1537
Enc Vitals	
BP	108/67 - RW
Pulse	77 - RW
Recorded by	[RW] RW 12/05/17 12:37

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates	Provider Type
RW	Williams, Raymell (M.A.)	10/16/17 -	MEDICAL ASSISTANT

Transcription

Type	Dictating Provider	Date
Health Status Reports Cert	Whitmore, Ronald T (M.D.)	12/5/2017
Display only: Transcription on 12/8/2017 2:55 PM by Whitmore, Ronald T (M.D.)		

Patient Preferred Languages

Interpreter Needed	Spoken Language	Written Language
No	English	English

All Orders and Results

CRP, SERUM. [1124719357]

Electronically signed by: Whitmore, Ronald T (M.D.) on 12/05/17 1621 Status: Active
 Ordering user: Whitmore, Ronald T (M.D.) 12/05/17 1621 Authorized by: Whitmore, Ronald T (M.D.)
 Ordering mode: Standard Class: Outpatient
 Frequency: Routine 12/05/17 -
 Diagnoses: GIANT CELL ARTERITIS

ERYTHROCYTE SEDIMENTATION RATE, AUTOMATED [1124719358]

Electronically signed by: Whitmore, Ronald T (M.D.) on 12/05/17 1621 Status: Completed
 Ordering user: Whitmore, Ronald T (M.D.) 12/05/17 1621 Authorized by: Whitmore, Ronald T (M.D.)
 Ordering mode: Standard Class: Worker's Comp
 Frequency: Routine 12/05/17 -
 Diagnoses: GIANT CELL ARTERITIS

PROTEIN ELECTROPHORESIS PANEL, SERUM. [1138761974]

Electronically signed by: Whitmore, Ronald T (M.D.) on 12/05/17 1621 Status: Active
 Ordering user: Whitmore, Ronald T (M.D.) 12/05/17 1621 Authorized by: Whitmore, Ronald T (M.D.)
 Ordering mode: Standard Class: Outpatient
 Frequency: Routine 12/05/17 -
 Diagnoses: GIANT CELL ARTERITIS

predNISONE (DELTASONE) 20 mg Oral Tab [1138761975]

Electronically signed by: Whitmore, Ronald T (M.D.) on 12/05/17 1621 Status: Discontinued
 Ordering user: Whitmore, Ronald T (M.D.) 12/05/17 1621 Authorized by: Whitmore, Ronald T (M.D.)
 Ordering mode: Standard Class: File
 Frequency: 12/05/17 - 12/05/17
 Discontinued by: Whitmore, Ronald T (M.D.) 12/05/17 1641 [Other Reason]
 Diagnoses:

Generated on 12/7/17 10:23 AM



SSC-BRUCEVLL MOB
6600 BRUCEVILLE ROAD

Chacko, Ruby S
MRN: 110014714672, DOB:
Encounter date: 12/5/2017

Sex: F

SACRAMENTO CA 95823-4671

Encounter Record

All Orders and Results (continued)

prednisONE (DELTASONE) 20 mg Oral Tab [1138761975] (continued)

GIANT CELL ARTERITIS

Questionnaire

Question	Answer
Is this a worker's compensation medication?	Yes

prednisONE (DELTASONE) 20 mg Oral Tab [1138761978]

Electronically signed by: Whitmore, Ronald T (M.D.) on 12/05/17 16:41 Status: Active

Ordering user: Whitmore, Ronald T (M.D.) 12/05/17 16:41

Authorized by: Whitmore, Ronald T (M.D.)

Ordering mode: Standard

Frequency: 12/05/17 - Until Discontinued

Class: File

Diagnoses

GIANT CELL ARTERITIS

Questionnaire

Question	Answer
Is this a worker's compensation medication?	Yes

All Meds and Administrations

(There are no med orders for this encounter)

All Charges for This Encounter

Code	Description	Service Date	Service Provider	Modifiers	Qty
99202	OFFICE OUTPATIENT NEW 20 MINUTES	12/5/2017	Whitmore, Ronald T (M.D.)		1

Allergies as of 12/5/2017

Reviewed on: 12/5/2017 by Williams, Raynell (M.A.)

No Known Allergies

Follow-up and Disposition

Routing History

Follow-up and Disposition History

12/05/2017 17:21 - Ronald T (M.D.) Whitmore

No data found.

Future Appointments

12/7/2017 2:00 PM	PHYSICAL	(15 min.)	OBSTETRICS/GYN ECOLOGY	Hull, Stacy Sachiko (M.D.)
12/7/2017 3:00 PM	OFFICE VISIT	(45 min.)	RHEUMATOLOGY DEPARTMENT	Edrissian, Mohammadomid (M.D.)
12/7/2017 4:00 PM	OFFICE VISIT	(30 min.)	HEAD AND NECK SURGERY	Nguyen, Amy Mai (M.D.)

Misc Information

Encounter Information

Generated on 12/7/17 10:23 AM



SSC-BRUCEVLL MOB
 6600 BRUCEVILLE ROAD
 SACRAMENTO CA 95823-4671
 Encounter Record

Chaoko, Ruby S
 MRN: 110014714672, DOB:
 Encounter date: 12/5/2017

Sex: F

Misc Information (continued)

Encounter Information (continued)

12/5/2017 3:30 PM	Provider	Department	Encounter #	Center
	Whitmore, Ronald T (M.D.)	Ssc-Occ1 >Brucevll Mob	797511579	SSCB

There are no online responses available

Level of Service

Level of Service
OFFICE OUTPATIENT NEW 20 MINUTES [99202]

Created by

Encounter creation information not available

CC Chart Messages

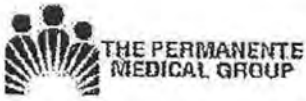
Recipient	Type	Sender	Time	Status
SSC WORK COMP REPORTER	Pool	WHITMORE, RONALD T.	Tue Dec 5, 2017 5:24 PM	Done
EDRISSIAN, MOHAMMADOMID	User	WHITMORE, RONALD T.	Tue Dec 5, 2017 5:24 PM	Pend

Encounter Status

Closed by Whitmore, Ronald T (M.D.) on 12/5/17 at 5:24 PM

Electronically signed by:

Signer	Title	Date	Time
RONALD T. WHITMORE	MEDICAL DOCTOR	Dec 5, 2017	17:24:05



SSC-BRUCEVLL MOB
6600 BRUCEVILLE ROAD
SACRAMENTO CA 95823-
4671
Encounter Record

Chacko, Ruby S
MRN: 110014714672, DOB:
Encounter date: 12/5/2017

Sex: F



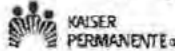
SSC-BRUCVLL MOB
6600 BRUCEVILLE ROAD
SACRAMENTO CA 95823-4671
Encounter Record

Chacko, Ruby S
MRN: 110014714672, DOB:
Encounter date: 12/5/2017

Sex: F

Encounter-Level Documents - 12/05/2017:

Scan on 12/6/2017 2:55 PM by Whitmore, Ronald T (M.D.) : Occ Med Packet (below)
Description: Occ Med Packet Scan Date: 12/6/2017 Index Date: 12/7/2017



Kaiser On-the-Job®

INITIAL INDUSTRIAL VISIT QUESTIONNAIRE
To be completed by the injured worker at the
initial visit for an industrial injury or illness

MR #:
Name: CHACKO, RUBY S
MRN: 14714672 DOB:
Dept: SSC-OCC1 > BRUCEVLL MOB
Prov: WHITMORE, RONALD T (M.D.)
Appt Date: 12/5/2017 Prov ID: 85105

PLEASE PRINT

YOUR INFORMATION

LAST NAME CHACKO	FIRST NAME RUBY	SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	BIRTH DATE	SOCIAL SECURITY #
HOME ADDRESS 911 Sunbald Ct.		CITY Clio, CA	STATE, ZIP CA 95824	
HOME PHONE 916-477-9282	OTHER PHONE	WORK PHONE		
JOB TITLE OR DESCRIBE THE TYPE OF WORK YOU DO Software Engineer, Design & Develop software				ARE YOU A LONGSHOREMAN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

EMPLOYER INFORMATION

COMPANY NAME ASPT	SUPERVISOR/CONTACT Orry Smith	SUPERVISOR/CONTACT PHONE
ADDRESS	CITY	STATE, ZIP

ABOUT YOUR INJURY OR ILLNESS

WHERE WERE YOU WHEN YOU BECAME INJURED OR ILL (LOCATION, IF DIFFERENT FROM YOUR EMPLOYER'S FACILITY):
Home

DATE YOU WERE INJURED OR BECAME ILL: 10/29/17 TIME: AM PM MOST RECENT DATE WORKED: 10/28/17

HAVE YOU REPORTED THIS AT WORK? Yes No

ALL INJURED WORKERS MUST COMPLETE THE EMPLOYEE CLAIM FOR WORKERS' COMPENSATION BENEFITS (FORM DWO 1).
HAVE YOU COMPLETED AND RETURNED THE FORM TO YOUR EMPLOYER? Yes No

HAVE YOU BEEN A KAISER DOCTOR FOR THIS INJURY OR ILLNESS? Yes No
HAVE YOU BEEN ANY OTHER DOCTOR FOR THIS INJURY OR ILLNESS? Yes No IF YES, WHEN? Saw Pop & eye Dr.

HOW DID YOU BECOME INJURED OR ILL? DESCRIBE HOW IT HAPPENED AND WHAT PART(S) OF THE BODY ARE AFFECTED:
Having problems with eyes Both shoulders and finger pain

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

SIGNATURE: Ruby Chacko DATE SIGNED: 12/5/2017

W102 (REV. 7-05) FOR GRAMIAN UTIL (3529-000), CHRYSE (3539-001)



SSC-BRUCEVLL MOB
 6600 BRUCEVILLE ROAD
 SACRAMENTO CA 95823-4671
 Encounter Record

Chacko, Ruby S
 MRN: 110014714672, DOB:
 Encounter date: 12/5/2017

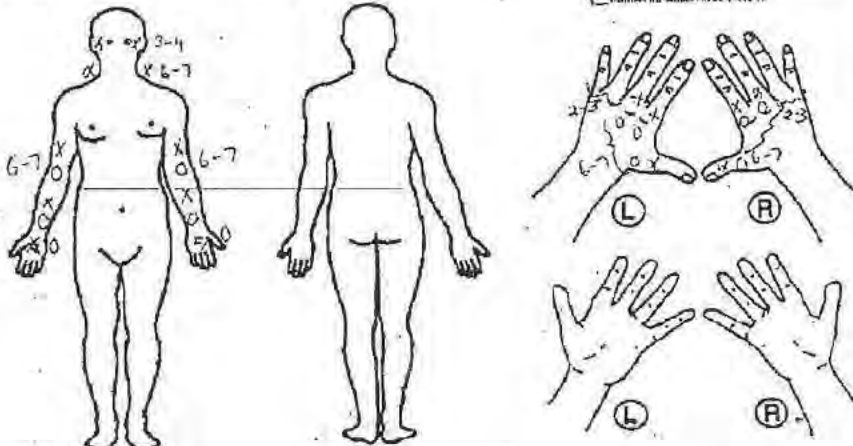
Sex: F

Misc Information (continued)

Encounter-Level Documents - 12/05/2017: (continued)

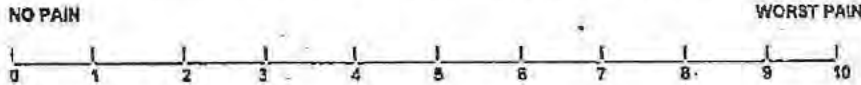
Pain Diagram and Patient Information

Name: CHACKO, RUBY S
 MRN: 14714672 DOB:
 Dept: SSC-OCC 1 BRUCEVLL MOB
 Prov: WHITMORE RONALD T (M.D.)
 Appt Date: 12/5/2017 Prov ID 85105



DRAW YOUR PAIN
 Using a pen - mark in the areas on the diagram where you have pain/ numbness X = Pain O = Numbness

Where on the pain scale is your pain today? Please indicate by a circle on the 0-10 Scale below.

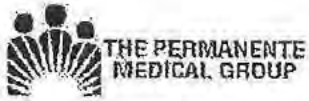


PAST MEDICAL HISTORY				Dominant hand <input type="checkbox"/> Left <input type="checkbox"/> Right	
Please check if you have ever had any of the following conditions or symptoms: (select all that apply)					
Thyroid Condition	Diabetes	Arthritis	Previous fractures		
Back or neck problems	"Tennis elbow"	Tendonitis	Previous sprain/strain		
Carpal Tunnel Syndrome	Current Pregnancy				
Other medical conditions (specify):					

Please note the frequency for all that apply (i.e. 2 hrs /wk)	
Auto Repairs	Weight Lifting
Painting / wall papering	Bicycling/ Mountain biking
Gardening	Fishing/Hunting
Ironing	Martial Arts
Hand tools / Woodworking	Video Games
Home Computer / School	Motorcycle
Sewing / Handcraft/ Knitting	Aerobics
Hand washing "wringing" clothes	Second job
If none of the above please specify:	
Do you play sports / have you played sports in the past - please specify and frequency:	
Musical Instruments - Please specify and frequency:	

Patient Signature Ruby S. Chacko

Date 12/5/2017



SSC-BRUCVLL MOB
6600 BRUCEVILLE ROAD
SACRAMENTO CA 95823-
4671
Encounter Record

Chacko, Ruby S
MRN: 110014714672, DOB:
Encounter date: 12/5/2017

Sex: F

Misc Information (continued)

Encounter-Level Documents - 12/05/2017: (continued)

Order-Level Documents:

There are no order-level documents.

WHITMORE, RONALD T (M.D.)
6600 Bruceville Road
Sacramento CA 95823-4671
916-688-2000

Patient Name: Chacko, Ruby S
Patient MRN: 110014714672
Encounter Date & Time: 12/5/2017 3:30 PM

Please see below for this health care provider's directives and information relating to this encounter.

Industrial Work Status Report

Date of Injury: 10/29/2017

Claim #:

Next Appointment Date: No follow-up appointment needed at this time

Modified Activity (Applies to work and home)

This patient is placed on modified activity at work and at home from 12/5/2017 through 12/19/2017.

If modified activity is not accommodated by the employer then this patient is considered temporarily and totally disabled from their regular work for the designated time and a separate off work order is not required.

Other needs and/or restrictions:

Work status per pcp

This form has been electronically signed and authorized by WHITMORE, RONALD T (M.D.)

This form contains your private health information that you may choose to release to another party; please review for accuracy.

Printed By: WHITMORE, RONALD T. on 12/5/2017 at 4:42:45 PM

2017-12-05 16:35

SSC Kaiser Occ Med

916 688 2964 <<

STATUS RECEIVED

PAGES 2

DURATION 56

REMOTE CSID SSC Kaiser Occ Med

TIME RECEIVED December 5, 2017 7:46:35 PM EST

... AROUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY ...

CHACKO0186



ELG-BIG HORN
 9201 BIG HORN BLVD
 ELK GROVE CA 95758-1240
 Encounter Record

Chacko, Ruby S
 MRN: 110014714672, DOB: [redacted]
 Sex: F
 Encounter date: 12/4/2017

Office Visit
 12/4/2017

Visit Information

Date & Time	Provider	Department	Encounter #
12/4/2017 3:40 PM	Pinlac Sanchez, Anna Rose Francisco (D.O.)	MED 1	797260380

Reason For Encounter History

User	Date & Time
Mora, Melissa (M.A.)	12/4/2017 3:57 PM
Reason For Encounter: COUGH	

Diagnoses

Diagnosis	Comments
URI (UPPER RESPIRATORY INFECTION) - Primary	
BILAT DRY EYE SYNDROME	
CERVICAL RADICULOPATHY	
HYPERLIPIDEMIA	
DM 2	

Encounter Messages

No messages in this encounter

Patient Secure Message

No messages in this encounter

Progress Notes

Progress Notes signed by Pinlac Sanchez, Anna Rose Francisco (D.O.) at 12/5/2017 9:33 AM		Version 1 of 1
Author: Pinlac Sanchez, Anna Rose Francisco (D.O.)	Service: (none)	Author Type: PHYSICIAN (D.O.)
Filed: 12/5/2017 9:33 AM	Creation Time: 12/4/2017 4:01 PM	Status: Signed
Editor: Pinlac Sanchez, Anna Rose Francisco (D.O.) (PHYSICIAN (D.O.))		

Adult and Family Medicine Office Visit

PCP: FRANK HUNG MD
 12/4/2017

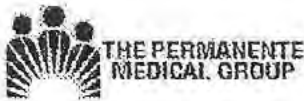
Chief Complaint

Ruby S Chacko is a 53 Y female who presents for: COUGH

History of Present Illness

X 2 days with dry cough
 +heart burn
 +rhinorrhea
 +sob, started about 2 days ago as well

Generated on 12/7/17 10:23 AM



ELG-BIG HORN
9201 BIG HORN BLVD
ELK GROVE CA 95758-1240
Encounter Record

Chacko, Ruby S
MRN: 110014714672, DOB:
Encounter date: 12/4/2017
Sex: F

Progress Notes (continued)

Progress Notes signed by Pinlac Sanchez, Anna Rose Francisco (D.O.) at 12/5/2017 9:33 AM
(continued)

Version 1 of 1

No fevers, no chills, no sweats
No sick contacts
Patient with recent travel from India, arrived today
No LE swelling
Taking APAP - not helpful
Does not take ibuprofen

Patient reports that she has continued blurry vision and hand pain
She has not done her MRI as ordered by her primary care physician
In addition, documentation reviewed and patient has had extensive evaluation with optometry and ophthalmology.
Also CT of the brain and carotid ultrasound showed no abnormalities.

Review of Systems

Constitutional: Negative for fever and chills.
Cardiovascular: Negative for chest pain and palpitations.
Respiratory: Negative for hemoptysis and sputum production. Is not experiencing wheezing.
Gastrointestinal: Positive for heartburn. Negative for abdominal pain.

Physical Exam

BP 116/65 | Pulse 73 | Temp 96.7 °F (35.9 °C) (Oral) | Wt 65.7 kg (144 lb 12.8 oz) | SpO2 99% |
BMI 18.10 kg/m²

BP Readings from Last 3 Encounters:

12/04/17 116/65
11/07/17 97/61
11/02/17 110/78

Pulse Readings from Last 3 Encounters:

12/04/17 73
11/07/17 63
11/02/17 62

Wt Readings from Last 3 Encounters:

12/04/17 65.7 kg (144 lb 12.8 oz)
11/07/17 67.1 kg (148 lb)
11/02/17 49.9 kg (110 lb)

Physical Exam

Generated on 12/7/17 10:23 AM



ELG-BIG HORN
9201 BIG HORN BLVD
ELK GROVE CA 95758-1240
Encounter Record

Chacko, Ruby S
MRN: 110014714672, DOB:
Encounter date: 12/4/2017
Sex: F

Progress Notes (continued)

Progress Notes signed by Pinlac Sanchez, Anna Rose Francisco (D.O.) at 12/5/2017 9:33 AM
(continued)

Version 1 of 1

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished.

HENT:

Right Ear: Tympanic membrane normal.

Left Ear: Tympanic membrane normal.

Nose: Rhinorrhea present.

Mouth/Throat: Oropharynx is clear and moist and mucous membranes are normal.

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light.

Cardiovascular: Normal rate and regular rhythm.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. She has no wheezes. She has no rales.

Neurological: She is alert and oriented to person, place, and time.

Skin: Skin is warm and dry.

Assessment and Plan

URI (UPPER RESPIRATORY INFECTION) (primary encounter diagnosis)

Note:

Education given. Reassurance given.

Encouraged supportive treatment, fluid hydration.

Indications for antibiotic therapy given to patient and its use against viral infections not clinically indicated.

Patient is aware if signs and symptoms do not improve, worsen or change to contact clinic.

Plan: Benzonatate (TESSALON PERLES) 100 mg Oral Cap - Take 1 capsule by mouth 3 times a day as needed for cough.

BILAT DRY EYE SYNDROME

Note:

Follow up with optometry/ophthalmology

If signs and symptoms worsen, change to contact clinic

CERVICAL RADICULOPATHY

Note:

Continue work up

Obtain MRI as previously instructed

If signs and symptoms worsen, change to contact clinic

HYPERLIPIDEMIA

DM 2 (aka DM2)

Note:

Patient report she stopped taking her atorvastatin, medications since her labs improved

Advised to continue and to follow up with her PCP for further instructions

Encouraged routine physical activity

Encouraged to eat healthy diet



ELG-BIG HORN
9201 BIG HORN BLVD
ELK GROVE CA 95758-1240
Encounter Record

Chacko, Ruby S
MRN: 110014714672, DOB:
Encounter date: 12/4/2017
Sex: F

Progress Notes (continued)

Progress Notes signed by Pinlac Sanchez, Anna Rose Francisco (D.O.) at 12/5/2017 9:33 AM
(continued) Version 1 of 1

Pt understands that it is the pt's responsibility to call for questions or follow-up appts for all reasons including routine health maintenance visit appropriate for pt's age.

- The patient developed the plan with me and verbalized understanding and agreement. The patient indicates understanding of these issues and agrees with the plan.
- Return to clinic as needed or call back if the symptoms worsen or do not improve as expected.
- Patient encourage use of KP.org web to e-mail for any additional questions or concerns.

HEALTH MAINTENANCE:

--Patient understands that it is the pt's responsibility to call for questions or follow-up appts for all reasons including routine health maintenance visit appropriate for pt's age.

=====

The following sections of the electronic medical record were reviewed and updated as needed during this office visit.

Medical History

- Patient Active Problem List
- IRON DEFICIENCY ANEMIA [D50.9]
- DM 2 (aka DM2) [E11.9]
- HYPERLIPIDEMIA [E78.5]

In addition, I reviewed the patient's past medical history, surgical history, family history, and social history sections.

Allergies Reviewed

Review of patient's allergies indicates no known allergies.

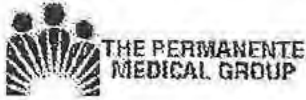
Medications Reviewed

OTC medications marked historical medications in medication list
I reviewed the medication list.

Outpatient Prescriptions Marked as Taking for the 12/4/17 encounter (Office Visit) with Pinlac Sanchez, Anna Rose Francisco (D.O.)

Medication	Sig	Quantity	Refill
• Benzonatate (TESSALON PERLES) 100 mg Oral Cap	Take 1 capsule by mouth 3 times a day as needed for cough	30 capsule	0
• Atorvastatin (LIPITOR) 20 mg Oral Tab	TAKE 1 TABLET ORALLY DAILY TO PREVENT	100	3

Generated on 12/7/17 10:23 AM



ELG-BIG HORN
 9201 BIG HORN BLVD
 ELK GROVE CA 95758-1240
 Encounter Record

Chacko, Ruby S
 MRN: 110014714672, DOB:
 Encounter date: 12/4/2017
 Sex: F

Progress Notes (continued)

Progress Notes signed by Pinlac Sanchez, Anna Rose Francisco (D.O.) at 12/5/2017 9:33 AM
 (continued)

Version 1 of 1

	HEART ATTACKS AND STROKES		
• Lisinopril (PRINIVIL/ZESTRIL) 2.5 mg Oral Tab	TAKE 0.5 TABLET ORALLY DAILY	50	3
• Aspirin 81 mg Oral Chew Tab	CHEW AND SWALLOW 1 TABLET ORALLY DAILY	100	3
• Blood Glucose Meter with Device (ONETOUCH VERIO IQ METER) Misc Kit	USE AS DIRECTED TO TEST BLOOD SUGAR	1	0
• Blood Sugar Test (ONETOUCH VERIO) Misc Strips	USE 2 TIMES A DAY AS DIRECTED TO MEASURE BLOOD SUGAR	200	3
• lancets (ONETOUCH DELIGA-LANGETS) 30 gauge Misc Misc	USE 2-TIMES A DAY AS DIRECTED TO MEASURE BLOOD SUGAR	200	3
• Blood Glucose Control, Normal (ONETOUCH VERIO MID CONTROL) Misc Soln	USE AS DIRECTED WITH BLOOD GLUCOSE METER	1	3

This report was in part created using Dragon Voice Dictation and may contain phonetic inaccuracies not caught by the author at the time of report being finalized.

Electronically signed by Pinlac Sanchez, Anna Rose Francisco (D.O.) on 12/5/2017 9:33 AM

Staff Note

Staff Note signed by Mora, Melissa (M.A.) at 12/5/2017 9:33 AM

Version 1 of 1

Author: Mora, Melissa (M.A.) Service: (none) Author Type: MEDICAL ASSISTANT
 Filed: 12/5/2017 9:33 AM Creation Time: 12/4/2017 3:58 PM Status: Signed
 Editor: Mora, Melissa (M.A.) (MEDICAL ASSISTANT)

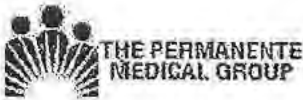
Vaccine declines
 Patient asked PHQ2 screening questions & score entered into Health Connect. Score: 0
 Patient roomed alone and asked IPV Screening questions. Patient screened negative for Intimate Partner Violence.

Electronically signed by Mora, Melissa (M.A.) on 12/5/2017 9:33 AM

Vitals

BP	Pulse	Temp	Wt	SpO2
116/65	73	96.7 °F (35.9 °C) (Oral)	65.7 kg (144 lb 12.8 oz)	99%

Generated on 12/7/17 10:23 AM



ELG-BIG HORN
 9201 BIG HORN BLVD
 ELK GROVE CA 95758-1240
 Encounter Record

Chacko, Ruby S
 MRN: 110014714672, DOB:
 Encounter date: 12/4/2017
 Sex: F

Flowsheets (all recorded)

Encounter Vitals - Mon December 04, 2017

Row Name	1557
Enc Vitals	
BP	116/65 -MM
Pulse	73 -MM
Temp	98.7 °F (35.9 °C) -MM
Route	Oral -MM
SpO2	99 % -MM
Wt (gms)	65.7 kg (144 lb 12.8 oz) -MM
Recorded by	[RAM] MM 12/04/17 1556

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates	Provider Type
MM	Mora, Melissa (M.A.)	12/11/16 -	MEDICAL ASSISTANT

Patient Preferred Languages

Interpreter Needed	Spoken Language	Written Language
No	English	English

All Orders and Results

Benzonatate (TESSALON PERLES) 100 mg Oral Cap [1124719356]

Electronically signed by: Pinlac Sanchez, Anna Rose Francisco (D.O.) on 12/04/17 1616 Stat: Active
 Ordering user: Pinlac Sanchez, Anna Rose Francisco (D.O.) 12/04/17 1616 Authorized by: Pinlac Sanchez, Anna Rose Francisco (D.O.)

Ordering mode: Standard
 Frequency: 12/04/17 - 12/04/19

Class: File

Diagnosis
 URI (UPPER RESPIRATORY INFECTION)

Questionnaire

Question	Answer
Is this a worker's compensation medication?	No

Admin instructions: Do not chew or crush

All Meds and Administrations

(There are no med orders for this encounter)

All Charges for This Encounter

Code	Description	Service Date	Service Provider	Modifiers	Qty
99214	OFFICE OUTPATIENT VISIT 25 MINUTES	12/4/2017	Pinlac Sanchez, Anna Rose Francisco (D.O.)		1

Reviewed On: 11/6/2017 By: Stockslager, Steven Gregory (M.D.)

Allergies as of 12/4/2017

No Known Allergies

Patient Instructions

Generated on 12/7/17 10:23 AM



ELG-BIG HORN
 9201 BIG HORN BLVD
 ELK GROVE CA 95758-1240
 Encounter Record

Chacko, Ruby S
 MRN: 110014714672, DOB
 Encounter date: 12/4/2017

Sex: F

Patient Instructions (continued)

Radiology Department- 916-688-2029

Visit our cold and flu tool at <http://kp.org/mydoctor/flu> for the latest information we recommend to our patients about cold, flu, and cough:

- Where and when to get a flu vaccine--you may also call 1-800-KP-FLU-11 (1-800-573-5811)
- What to do if anyone in your family feels sick
- Click to schedule a telephone appointment with me or another doctor to treat your symptoms
- How to stay healthy all season long

Future Appointments

Date/Time	Appointment Type	Duration	Department	Provider
12/7/2017 2:00 PM	PHYSICAL	(15 min.)	OBSTETRICS/GYN ECOLOGY	Hull, Stacy Sachiko (M.D.)
12/7/2017 3:00 PM	OFFICE VISIT	(45 min.)	RHEUMATOLOGY DEPARTMENT	Edrissian, Mohammadomid (M.D.)
12/7/2017 4:00 PM	OFFICE VISIT	(30 min.)	HEAD AND NECK SURGERY	Nguyen, Amy Mai (M.D.)

Misc Information

Encounter Information

Date/Time	Provider	Department	Encounter #	Center
12/4/2017 3:40 PM	Pinlac Sanchez, Anna Rose Francisco (D.O.)	Elg-Fpr1 >Big Horn	797260380	ELGA

There are no online responses available

Past History Review

I have reviewed the Medical/Surgical history as displayed in HC on 12/4/17 or the portion(s) as noted in the progress note.
 I have reviewed the Family history as displayed in HC on 12/4/17 or the portion(s) as noted in the progress note.
 I have reviewed the Social history as displayed in HC on 12/4/17 or the portion(s) as noted in the progress note.

Level of Service

Level of Service OUTPT EST LEVEL 4 [99214B]
--

Created by

Generated on 12/7/17 10:23 AM



ELG-BIG HORN
9201 BIG HORN BLVD
ELK GROVE CA 95758-1240
Encounter Record

Chacko, Ruby S
MRN: 110014714672, DOB:
Encounter date: 12/4/2017

Sex: F

Misc Information (continued)

Created by (continued)

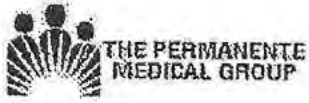
Encounter creation information not available

Encounter Status

Closed by Pinlac Sanchez, Anna Rose Francisco (D.O.) on 12/5/17 at 9:33 AM

Electronically signed by:

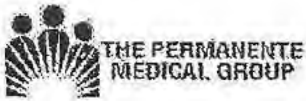
Signer	Title	Date	Time
ANNA ROSE F PINLAC SANCHEZ	OSTEOPATHIC DOCTOR	Dec 5, 2017	09:33:09



ELG-BIG HORN
9201 BIG HORN BLVD
ELK GROVE CA 95758-1240
Encounter Record

Chacko, Ruby S
MRN: 110014714672, DOB:
Encounter date: 12/4/2017

Sex: F



ELG-BIG HORN
9201 BIG HORN BLVD

Chacko, Ruby S
MRN: 110014714672, DOB:
Encounter date: 12/4/2017

Sex: F

ELK GROVE CA 95758-1240
Encounter Record

Encounter-Level Documents:

There are no encounter-level documents.

Order-Level Documents:

There are no order-level documents.

End of Encounter



AACC SACRAMENTO
3200 ARDEN WAY
SACRAMENTO CA 95825-
2015
Encounter Record

Chacko, Ruby S
MRN: 110014714672, DOB:
Encounter date: 12/4/2017

Sex: F

AACC Member Call History
12/4/2017

Visit Information

Date & Time	Provider	Department	Encounter #
12/4/2017 1:03 PM	CALL CENTER ADVICE NURSE	AACC FLU QUEUE	797262036

Encounter Messages

No messages in this encounter

Patient Secure Message

No messages in this encounter

Vitals

None

Transcription

Type	Dictating Provider	Date
KPATHS Call Hx Signed by CALL CENTER ADVICE NURSE on 12/04/17 at 1303	CALL CENTER ADVICE NURSE	12/4/2017

AACC MEMBER CALL HISTORY

MemberID: 110014714672

Date & Time: 12/04/2017 12:53 PM

Location: Sacramento AACC

Processed by: Jonson, Alicia (RN)

Call Outcomes:

- I. Booked Office Appointment

Call Notes:

KEY SYMPTOMS: both hand very painful, moderate to severe pain, tired, pain both sides neck, denies injury, second issue cough, cold x 2 days requesting appl.

ONSET/DURATION/INTENSITY: 3 weeks ago

PERTINENT HISTORY: DM; not checked daily.

TRIED (BETTER/WORSE): tylenol-not helping

Protocols:

- I. Medicine - JOINT PROBLEMS-NO INJURY

Generated on 12/7/17 10:23 AM



AACC SACRAMENTO
 3200 ARDEN WAY
 SACRAMENTO CA 95825-
 2015
 Encounter Record

Chacko, Ruby S
 MRN: 110014714672, DOB:
 Encounter date: 12/4/2017

Sex: F

End of Encounter (continued)

Dispositions:

Activate Appointment Search

Member Responses for Protocol:

No	Section Title : Question	Response
1.	APPOINT DURING OFFICE HOURS TODAY/TOMORROW: : Inflamed, painful joint, NO history of gout and no injury	Yes

Display only: Transcription on 12/4/2017 1:02 PM by CALL CENTER ADVICE NURSE

Patient Preferred Languages

Interpreter Needed	Spoken Language	Written Language
No	English	English

All Meds and Administrations

(There are no med orders for this encounter)

Reviewed On: 11/6/2017 By: Stockslager, Steven Gregory (M.D.)

Allergies as of 12/4/2017

No Known Allergies

Future Appointments

12/7/2017 2:00 PM	PHYSICAL	(15 min.)	OBSTETRICS/GYN ECOLOGY	Hull, Stacy Sachiko (M.D.)
12/7/2017 3:00 PM	OFFICE VISIT	(45 min.)	RHEUMATOLOGY DEPARTMENT	Edrissian, Mohammadomid (M.D.)
12/7/2017 4:00 PM	OFFICE VISIT	(30 min.)	HEAD AND NECK SURGERY	Nguyen, Amy Mai (M.D.)

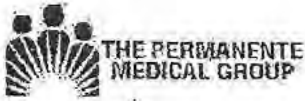
Misc Information

Encounter Information

Encounter Date	Provider	Department	Encounter #	Center
12/4/2017 1:03 PM	CALL CENTER ADVICE NURSE	Ccy-Med* > Sacramento	797262036	CCYA

There are no online responses available

Generated on 12/7/17 10:23 AM



AACC SACRAMENTO
3200 ARDEN WAY
SACRAMENTO CA 95825-
2015
Encounter Record

Chacko, Ruby S
MRN: 110014714672, DOB:
Encounter date: 12/4/2017

Sex: F

Misc Information (continued)

Created by

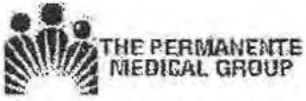
Aacc, Inbound on 12/04/2017 01:03 PM

Encounter Status

Closed by Aacc, Inbound on 12/4/17 at 1:03 PM

Electronically signed by:

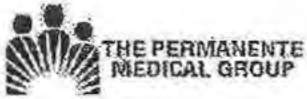
Signer	Date	Time
INBOUND AACC	Dec 4, 2017	13:03:20



AACC SACRAMENTO
3200 ARDEN WAY
SACRAMENTO CA 95825-
2015
Encounter Record

Chacko, Ruby S
MRN: 110014714672, DOB:
Encounter date: 12/4/2017

, Sex: F



AACC SACRAMENTO
3200 ARDEN WAY
SACRAMENTO CA 95825-
2015
Encounter Record

Chacko, Ruby S
MRN: 110014714672, DOB:
Encounter date: 12/4/2017

Sex: F

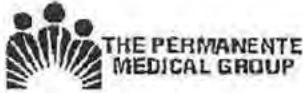
Encounter-Level Documents:

There are no encounter-level documents.

Order-Level Documents:

There are no order-level documents.

End of Encounter



ELG-BIG HORN
9201 BIG HORN BLVD
ELK GROVE CA 95758-1240
Encounter Record

Chacko, Ruby S
MRN: 110014714672
DOB: Sex: F
Encounter date: 11/7/2017

Office Visit
11/7/2017

Visit Information

Date & Time	Provider	Department	Encounter#
11/7/2017 8:50 AM	Hung, Frank (M.D.)	MED 1	789287224

Reason For Encounter History

User	Date & Time
Singh, Jyotika (M.A.)	11/7/2017 8:46 AM
Reason For Encounter	
HAND PAIN Comment: both hands	

Diagnoses

CERVICAL RADICULOPATHY - Primary
NO EVIDENCE OF DISEASE
BILAT DRY EYE SYNDROME
BILAT CARPAL TUNNEL SYNDROME

Comments

Encounter Messages

No messages in this encounter

Patient Secure Message

No messages in this encounter

Progress Notes

Progress Notes signed by Hung, Frank (M.D.) at 11/7/2017 9:35 AM

Version 1 of 1

Author: Hung, Frank (M.D.)
Filed: 11/7/2017 9:35 AM
Editor: Hung, Frank (M.D.) (Physician)

Service: (none)
Encounter Date: 11/7/2017

Author Type: Physician
Status: Signed

Adult Family Medicine Office Note
PCP: FRANK HUNG MD

CC:

Chief Complaint
Patient presents with
• HAND PAIN
both hands

HPI: Ruby S Chacko is a 53 Y female who presents with pain and tingling in both hands as well as the upper arms bilaterally. Reports aching sensation. First 3 fingers are affected. Extends from the elbow down to the fingers. Symptoms have been present for 1.5 weeks.

Believes that she has mild swelling near the left anterior neck. Thought it was due to her thyroid gland. Had examination in the emergency room and was determined not to have a mass.

Generated on 11/7/17 4:24 PM



ELG-BIG HORN
9201 BIG HORN BLVD
ELK GROVE CA 95758-1240
Encounter Record

Chacko, Ruby S
MRN: 110014714672
DOB: , Sex: F
Encounter date: 11/7/2017

Progress Notes (continued)

Progress Notes signed by Hung, Frank (M.D.) at 11/7/2017 9:35 AM (continued)

Version 1 of 1

Saw optometry yesterday and diagnosed and treated for dry eye syndrome.

Allergies Reviewed:

Review of patient's allergies indicates no known allergies.

=====
Patient Active Problem List:

- HYPERLIPIDEMIA
- DM 2 (aka DM2)
- IRON DEFICIENCY ANEMIA

Medications Reviewed

No outpatient prescriptions have been marked as taking for the 11/7/17 encounter (Office Visit) with Hung, Frank (M.D.).

=====
PHYSICAL EXAM:

BP 97/61 | Pulse 63 | Temp 97.8 °F (36.6 °C) (Oral) | Wt 67.1 kg (148 lb) | SpO2 100% | BMI 18.50 kg/m²

GENERAL: Appears well, comfortable, WD/WN

NECK: supple, no cervical nodes, no thyromegaly, no mass appreciated in the left anterior neck, positive spurling test bilaterally

MUSCULOSKELETAL: 5/5 strength in the upper extremities bilaterally, mild give away weakness in the thumbs bilaterally

Lab Tests Reviewed

LABS:

Basename	Value	Date/Time
• WBC	6.4	11/03/2017
• HCT	29.4	11/03/2017
• HGB	9.0	11/03/2017
• PLT	321	11/03/2017
• PLT'S, BLD QL, MAN	ADEQUATE	02/25/2017
• CHOL	218	02/25/2017
• HDL	53	02/25/2017
• LDL CALC	143	02/25/2017
• TRIG	110	02/25/2017

Generated on 11/7/17 4:24 PM



ELG-BIG HORN
9201 BIG HORN BLVD
ELK GROVE CA 95758-1240
Encounter Record

Chacko, Ruby S
MRN: 110014714672
DOB: Sex: F
Encounter date: 11/7/2017

Progress Notes (continued)

Progress Notes signed by Hung, Frank (M.D.) at 11/7/2017 9:35 AM (continued)

Version 1 of 1

• ALT	12	02/25/2017
• BUN	12	11/02/2017
• CREAT	0.62	11/02/2017
• GFR-AFRAM	>60	11/02/2017
• GFR NONAFR AMER	>60	11/02/2017
• K	4.2	11/02/2017
• NA	137	11/02/2017
• CO2	24	11/02/2017
• CL	106	11/02/2017
• TSH	2.78	11/03/2017
• GLUC FAST	168	02/25/2017
• GLUC	144	11/02/2017
• HGBA1C %	5.8	10/18/2017
• ESTIMATED AVERAGE GLUCOSE	120	10/18/2017

A/P:

CERVICAL RADICULOPATHY (primary encounter diagnosis)

Note: Ordered MRI of the cervical spine. Patient plans to leave for India soon to pursue treatment through natural medicine. Patient also states she will see a medical doctor there for her current symptoms. Advised to seek medical attention such as going to the emergency room right away if she experiences weakness.

Plan: MR SPINE

NO EVIDENCE OF DISEASE

Note: No noticeable swelling in the anterior neck. Recent TSH was normal. May be prominence of the SCM muscle. Advised to monitor for any changes.

BILAT DRY EYE SYNDROME

Note: Continue followup with optometry and ophthalmology as well as treatment that was recommended.

BILAT CARPAL TUNNEL SYNDROME

Note: Wrist braces provided along with exercises. Patient will seek additional care in India which may include possible EMG study.

In my clinical opinion, I do not suspect that this patient has a life-threatening etiology to the presentation today. The patient verbalized understanding of the care plan including when to return for further care. All questions were answered. Patient is instructed/advised on worsening signs and symptoms to seek immediate care, such as urgent care or emergency room, or if possible schedule earlier office visit. Patient acknowledges understanding.

C h a c k o , R u b y S

MRN: 110014714672
Description: 53 year old female

Progress Notes Creation Time: 11/6/2017 11:25 AM

Huynh, Vaughn (O.D.)
GENERAL, OTHER

GENERAL: Ruby S Chacko 53 Y female
Patient is not in acute distress.

HPI: EYE PAIN (OU)

Reason for visit: started 8 days ago. Been seen by optometry and ophthalmology. Dx Dry eyes and refractive error. Stinging on the corner of both eyes and pain radiates around it. Blur when looking at the screen and worsen after long period of work. Foggy vision. Had testing in primary care brain scan and bloodwork was normal

Location: Both eyes

Duration: 2-3 hours and then subside.

Context: blur and pain at the same

Modifying Factor: Light sensitivity. Less painful when closing light

OCULAR HISTORY

Patient History: DES, DM2

Family History: none

Occupation: software engr

Allergic/Immune: No Known Allergies

Medications were reviewed for Optometry related issues.

PHYSICAL EXAM:

Pupils: are equal, round, reactive to light. Negative afferent pupillary defect.

Motility: Smooth, Accurate, Full, Equal OU. Pain on eye movement

Confrontation Visual Fields: Full to finger count OU

VISUAL ACUITY:

11/6/2017

Visual acuity

OD sc: 20/100-

OS sc: 20/200

Intraocular pressure

OD: 20

OS: 20

Dilated 1 gtt OU - tropicamide 1%, proparacaine 0.5% 1:31 PM

Discussed driving precautions related to dilation and to return to the eye clinic or the ER for any serious eye pain, loss of vision, or other problems after the eye exam.

90D/20D BIO

Slit Lamp and Fundus Exam

External Exam

	Right	Left
External	Normal	Normal

Slit Lamp Exam

	Right	Left
Lids/Lashes	Normal	Normal
Conjunctiva/Sclera	White and quiet, no injection, no chemosis	White and quiet, no injection, no chemosis
Cornea	1+ Punctate epithelial erosions	1+ Punctate epithelial erosions
Anterior Chamber	Deep and quiet	Deep and quiet
Iris	Round and reactive	Round and reactive
Lens	Clear	Clear
Vitreous	Normal	Normal

Fundus Exam

	Right	Left
Disc	Normal, no pallor	Normal, no pallor
C/D Ratio	0.4	0.4
Macula	Normal	Normal
Vessels	Normal	Normal
Periphery	Normal	Normal

No cells/flare
 Instilled proparacaine and pain does not subside or improve
 Red Cap - OS dimmer than OD

ASSESSMENT / PLANS

DES OU. Doesn't seem to be likely the cause of pain and blur vision. Refer to OMD for another evaluation.

Patient to call the advice nurse for an on-call ophthalmologist or go to the ED if condition worsen.

VAUGHN HUYNH OD 11/6/2017 11:25 AM

Note Details

Author	Huynh, Vaughn (O.D.)	File Time	11/6/2017 4:44 PM
Author Type	OPTOMETRST (O.D.)	Status	Signed
Last Editor	Huynh, Vaughn (O.D.)	Specialty	GENERAL, OTHER

Office Visit on 11/6/2017

Chacko, Ruby S

MRN: 110014714672
Description: 53 year old female

ED Provider Notes

Tsai, Virginia Wei Yao (M.D.)
Emergency Medicine

Expand All Collapse All

110014714672

Ruby S Chacko

11/2/2017 1:16 PM

Chief Complaint: NOT FEELING WELL (headache,dizziness since sunday)

History of Present Illness:

Ruby S Chacko presents as a 53 Y female who complains of b/l eye pain and pain behind eyes since 3 days ago. She is a computer software engineer and notes pain to her R eye 3 days ago and then both eyes then vision was blurry. She states she stopped using computer and rested but sx persisted and now has pain to b/l neck and shoulders. No fevers. Feels pain to mid forehead as well. Never had before. Seen by optometry and ophtho, and PMD in last two days. Feels pain is "stinging" in nature. Feels vision is cloudy "like I have lotion in my eyes". No diplopia. dx'd with dry eyes/eye strain and using eye drops without much improvement. Eye exam was reported normal. Seen by PMD today and CTH and US ordered. Pt states she was getting CT when she got lightheaded and had to sit down. Came to ER for further evaluation. Has not taken any medications.

feels she is very tired - more so than her usual energetic self. States slept yesterday from 12 pm - 4pm and then from 8 pm-6 am.

Past Medical History:

No Known Allergies

Patient Active Problem List

DM 2 (aka DM2) [E11.9]

HYPERLIPIDEMIA [E78.5]

No past surgical history on file.

No family history on file.

Social History

Social History Main Topics

- Smoking Never Smoker status:
- Drug use: Unknown

Social History

• Marital status: Married

Outpatient Prescriptions Marked as Taking for the 11/2/17 encounter (Hospital Encounter)

Medication	Sig	Dispense	Refill
• Ibuprofen (MOTRIN) 800 mg Oral Tab	TAKE 1/2 to 1 TABLET ORALLY 3 TIMES A DAY WITH FOOD AS NEEDED FOR PAIN	30	0
• Atorvastatin (LIPITOR) 20 mg Oral Tab	TAKE 1 TABLET ORALLY DAILY TO PREVENT HEART ATTACKS AND STROKES	100	3
• Lisinopril (PRINIVIL/ZESTRIL) 2.5 mg Oral Tab	TAKE 0.5 TABLET ORALLY DAILY	50	3
• Aspirin 81 mg Oral Chew Tab	CHEW AND SWALLOW 1 TABLET ORALLY DAILY	100	3
• Blood Glucose Meter with Device (ONETOUCH VERIO IQ METER) Misc Kit	USE AS DIRECTED TO TEST BLOOD SUGAR	1	0
• Blood Sugar Test (ONETOUCH VERIO) Misc Strips	USE 2 TIMES A DAY AS DIRECTED TO MEASURE BLOOD SUGAR	200	3
• lancets (ONETOUCH DELICA LANCETS) 30 gauge Misc Misc	USE 2 TIMES A DAY AS DIRECTED TO MEASURE BLOOD SUGAR	200	3
• Blood Glucose Control, Normal (ONETOUCH VERIO MID CONTROL) Misc Soln	USE AS DIRECTED WITH BLOOD GLUCOSE METER	1	3

Review of systems

Constitutional: malaise / fatigue and weakness

Eyes: positive for blurred vision and positive for eye pain

Ears Nose Throat: positive for headaches

Cardiovascular: Negative for chest pain and Negative for leg swelling

Respiratory: negative for cough and negative for shortness of breath

Gastrointestinal: negative for heartburn, negative for nausea and negative for vomiting

Genitourinary: negative for dysuria, negative for frequency and negative for urgency

Musculoskeletal: negative for myalgias and negative for neck pain

Skin: Negative

Neurological: Negative

All other systems are reviewed and are negative.

Physical Exam

BP 114/62 | Pulse 60 | Temp 98.3 °F (36.8 °C) | Resp 16 | Wt 49.9 kg (110 lb) | SpO2 100% | BMI 13.75 kg/m²

Estimated body mass index is 13.75 kg/m² as calculated from the following:

Height as of an earlier encounter on 11/2/17: 1.905 m (6' 3").

Weight as of this encounter: 49.9 kg (110 lb).

General appearance - vital signs reviewed and alert, NAD, appears tired, but alert, answering questions appropriately.

Mental status - alert, oriented to person, place, and time, normal mood

Eyes - pupils equal and reactive, extraocular eye movements intact

ENT - Ears right ear normal, left ear normal

ENT - Nose normal and patent

ENT - Mouth mucous membranes moist, pharynx normal without lesions

Neck - supple, no significant cervical adenopathy, no thyromegaly, trachea midline; no masses

Respiratory - clear to auscultation, no wheezes, rales or rhonchi, symmetric air entry

Cardiovascular - normal rate and regular rhythm, normal S1, S2, no murmurs, peripheral pulses normal, no pedal edema

Abdomen - soft, nontender, nondistended, no masses or organomegaly

Genitourinary - deferred

Neurological - alert, oriented, normal speech, No focal neurological findings, motor grossly normal bilaterally

Musculoskeletal - no joint tenderness, deformity or swelling, no muscular tenderness noted, full range of motion without pain

Skin - normal coloration and turgor, no rashes, no suspicious skin lesions noted

Medical Decision Making

Ruby S Chacko presents as a 53 Y female who complains of b/l stinging eye pain, b/l neck pain and headache. X 3 days.

DDX includes, however is not limited to: eye strain, migraine, tension headache, viral illness; lower probability but consider cavernous sinus thrombosis, tia/CVA, temporal artery stenosis, vs other.

I reviewed records of past encounters in Health Connect.

H/o elevated Hgb A1c, but decreased after dietary changes.

Recent Results (from the past 12 hour(s))

CHEM 7 (NA, K, CL, CO2, BUN, GLUC, CR)

Collection Time: 11/02/17 1:45 PM

Result	Value	Ref Range
Sodium	137	135 - 145 mEq/L
Potassium	4.2	3.5 - 5.3 mEq/L
Chloride	106	100 - 111 mEq/L
CO2	24	24 - 33 mEq/L
Anion gap, ser/plas	7	5 - 16 mEq/L
BUN	12	7 - 27 mg/dL
GLUCOSE, RANDOM	144	60 - 159 mg/dL
Creatinine	0.62	<=1.11 mg/dL
Glomerular filtration rate, nonAfrican American	>60	>=60 mL/min

GLOMERULAR FILTRATION >60 >=60 mL/min
 RATE - AFRICAN AMERICAN
 Comment, glomerular filtration rate SEE NOTE

CALCIUM, SERUM

Collection Time: 11/02/17 1:45 PM

Result	Value	Ref Range
Calcium	8.7	8.5 - 10.3 mg/dL

MAGNESIUM

Collection Time: 11/02/17 1:45 PM

Result	Value	Ref Range
MAGNESIUM	2.2	1.7 - 2.3 mg/dL

PHOSPHATE

Collection Time: 11/02/17 1:45 PM

Result	Value	Ref Range
Phosphorus	3.2	2.7 - 4.5 mg/dL

ERYTHROCYTE SEDIMENTATION RATE, AUTOMATED

Collection Time: 11/02/17 1:45 PM

Result	Value	Ref Range
ESR	56 (H)	0 - 30 mm/hr

CRP, SERUM.

Collection Time: 11/02/17 1:45 PM

Result	Value	Ref Range
C-reactive protein,ser,ql	0.3	<=0.9 mg/dL

CBC W AUTOMATED DIFFERENTIAL

Collection Time: 11/02/17 1:45 PM

Result	Value	Ref Range
WBC COUNT	7.2	3.5 - 12.5 K/uL
Red blood cells count	3.86	3.60 - 5.10 M/uL
Hgb	9.1 (L)	11.0 - 15.0 g/dL
Hematocrit	30.2 (L)	34.0 - 46.0 %
MCV	78 (L)	80 - 100 fL
RDW, RBC	19.6 (H)	12.0 - 16.5 %
RBC's, nucleated	0	<=0 /100WC
Platelets count	296	140 - 400 K/uL

WBC AUTOMATED DIFFERENTIAL

Collection Time: 11/02/17 1:45 PM

Result	Value	Ref Range
Neutrophils %, automated count	63	41 - 81 %
Lymphocytes %, automated count	28	20 - 50 %
Monos %, auto	6	4 - 12 %
Eosinophils %, automated count	1	0 - 4 %
Basophils %, automated count	1	0 - 1 %
IMMATURE GRANULOCYTES %, AUTOMATED COUNT	0	0 - 1 %
Neutrophils auto count	4.6	2.1 - 7.7 K/uL

CTH: negative

US carotids: no stenosis

Labs reviewed and essentially normal. ESR minimally elevated but this is nonspecific. She remains nontoxic appearing, neuro intact. Tylenol helped with her sx.

Reviewed labs and imaging with patient. No acute findings. She is concerned that she has a L anterior neck mass. I do not appreciate a neck mass on exam. Advise she f/u with PMD for further evaluation.

Return precautions given .

Final Impression:

Eye pain
Headache/neck pain

Disposition

Discharged home in stable and improved condition. Patient was given appropriate care instructions and outpatient follow-up. The patient feels clinically well and is safe on discharge home. The patient is told to return to the ED if they has any concerns or questions.

The patient's current list of medications was reviewed and reconciled. It appears to be accurate to the best of my knowledge. The patient was advised to resume all pre-visit medications except as noted in the discharge instructions. They were also advised to contact their primary care physician regarding their medications and dosages.

Chart completed by

VIRGINIA WEI YAO TSAI MD 11/2/2017 1:42 PM

Note Details

Author	Tsai, Virginia Wei Yao (M.D.)	File Time	11/2/2017 1:53 PM
Author Type	Physician	Status	Signed
Last Editor	Tsai, Virginia Wei Yao (M.D.)	Specialty	Emergency Medicine
Hospital Acct #	312111099325	Admit Date	11/2/2017

ED on 11/2/2017

PACS Images
Show images for CT HEAD

CT HEAD

Results

Status: Final result (Exam End: 11/2/2017 3:25 PM)

Procedure	Abnormality	Status
CT HEAD		

Radiology Information

Registration: 11/2/2017 3:25 PM

Patient Release Status:

This result is not viewable by the patient.

Impression
Normal noncontrast CT head.

Narrative
CT HEAD WITHOUT CONTRAST

**** HISTORY **:**
53 year old woman, headache.

**** TECHNIQUE **:**
CT images of the head were acquired without intravenous contrast.

CTDI: 37.93 mGy
DLP: 621.66 mGy-cm

COMPARISON: None available

**** FINDINGS **:**
BRAIN PARENCHYMA: No acute hemorrhage. No mass effect or herniation. Gray-white differentiation is maintained. White matter is within normal limits for age.

VENTRICLES/EXTRA-AXIAL SPACES: No hydrocephalus or extra-axial fluid collections

EXTRACRANIAL STRUCTURES: Normal bones and soft tissues. Visualized paranasal sinuses and mastoids are clear.

Report Authenticated by:	Date	Time
KANE, ALEXANDER M (M.D.) [213099]	Nov 2, 2017	3:40 PM

Reason For Exam

PAIN/HEADACHE

Imaging

NCAL RESULTS HYPERLINK REPORT: IMAGING DATA (HTML)V2

Order Information

CT HEAD [210766] (Accession 11200343295) (Order 1124623595)

Procedure	Abnormality	Status
CT HEAD		

Click on the link for hashtag information

[i# TAGS REPORT](#)

Order Providers

Ordering Provider	Authorizing Provider
TSAI, VIRGINIA WEI YAO (M.D.)	TSAI, VIRGINIA WEI YAO (M.D.)

Order Report

[Order Details](#)

Notes

Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION
DISABILITY EVALUATION UNIT
160 Promenade Circle, Suite 300
Sacramento, Ca 95834
916/928-3150

STATE OF CALIFORNIA
EDMUND G. BROWN, JR., Governor

SUMMARY RATING DETERMINATION

DEU FILE NO: J35836
EAMS CASE NO: DEU11521051

DATE: September 19, 2018

Employee:
Ruby Chacko
9211 Bromfield Ct
Elk Grove, Ca 95624

Carrier:
B725030987000101
SEDGWICK 14627 ONTARIO
PO BOX 14627
LEXINGTON, KY 40512

Employee Representative:

Formal Medical Evaluation of:
SEE PAGE 2 OF SUMMARY dated

THIS PERMANENT DISABILITY RATING DETERMINATION IS BASED ON THE FOLLOWING FACTORS:

Date of Injury (DOI): 10-29-17
Occupation: SOFTWARE ENGINEER

Age on DOI: 53

NECK DRE CATEGORY 2 - 7% WP
LEFT AND RIGHT ARMS: 4 UE = 2% WP

Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION
DISABILITY EVALUATION UNIT
160 Promenade Circle, Suite 300
Sacramento, Ca 95834
916/928-3150

STATE OF CALIFORNIA
EDMUND G. BROWN, JR., Governor

SUMMARY RATING DETERMINATION

Page 2

DEU #: J35836

EAMS Case #: DEU11521051

Doctor: *Donald Lee, DO*QME*7/20/18*
RATING PER ALMARAZ CASE.
CERVICAL - DIAGNOSIS-RELATED ESTIMATE (DRE)
15.01.01.00 - 7 - [1.4]10 - 111C - 7 - 9
LEFT-ARM - OTHER
16.01.05.00 - 1 - [1.4]1 - 111G - 2 - 3
RIGHT-ARM - OTHER
16.01.05.00 - 1 - [1.4]1 - 111G - 2 - 3

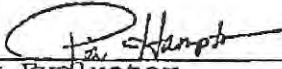
9 C 3 C 3 = 15 FINAL PD

A COMPANION AMA GUIDES RATING HAS BEEN ISSUED.

FUTURE MEDICAL TREATMENT REQUIRED

The permanent disability rating is 15%, which is equivalent to 50.50 weeks of disability payments. Based on average weekly earnings of \$2,638.29, the initial weekly rate is \$290.00. Payments commence within 14 days after the date of the last payment of temporary disability indemnity.

IF ALMARAZ/GUZMAN RATING: THE ALMARAZ/GUZMAN RATING IS NOT SUBJECT TO RECONSIDERATION OF THE RATING. THE CORRECTNESS AND APPLICABILITY OF THIS RATING CAN ONLY BE DETERMINED BY A WORKERS' COMPENSATION ADMINISTRATIVE LAW JUDGE. PERMANENT DISABILITY ADVANCES NOT REQUIRED IF INJURED WORKER IS EMPLOYED PURSUANT TO LABOR CODE SECTION 4650(b).

By: 
Pia Hampton, Disability Evaluator

DEU FORM 102 (NEW 1-91)

M35851

Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION
DISABILITY EVALUATION UNIT
160 Promenade Circle, Suite 300
Sacramento, Ca 95834
916/928-3150

STATE OF CALIFORNIA
EDMUND G. BROWN, JR., Governor

SUMMARY RATING DETERMINATION

DEU FILE NO: J35836
EAMS CASE NO: DEU11521051

DATE: September 19, 2018

Employee:
Ruby Chacko
9211 Bromfield Ct
Elk Grove, Ca 95624

Carrier:
B725030987000101
SEDGWICK 14627 ONTARIO
PO BOX 14627
LEXINGTON, KY 40512

Employee Representative:

Formal Medical Evaluation of:
SEE PAGE 2 OF SUMMARY dated

THIS PERMANENT DISABILITY RATING DETERMINATION IS BASED ON THE FOLLOWING FACTORS:

Date of Injury (DOI): 10-29-17
Occupation: SOFTWARE ENGINEER

Age on DOI: 53

NECK DRE CATEGORY 2 - 7% WP
LEFT AND RIGHT SHOULDER: S: 50-0-90, R: 90-0-50 =10 UE = 6% WP

CORRECTED VALUE PER AMA GUIDELINES FOR SHOULDERS

Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION
DISABILITY EVALUATION UNIT
160 Promenade Circle, Suite 300
Sacramento, Ca 95834
916/928-3150

STATE OF CALIFORNIA
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SUMMARY RATING DETERMINATION

Page 2
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Doctor: *Donald Lee, DO*QME*7/20/18*
RATING PER AMA GUIDES.
CERVICAL - DIAGNOSIS-RELATED ESTIMATE (DRE)
15.01.01.00 - 7 - [1.4]10 - 111C - 7 - 9
LEFT-SHOULDER - RANGE OF MOTION
16.02.01.00 - 6 - [1.4]8 - 111D - 6 - 7
RIGHT-SHOULDER - RANGE OF MOTION
16.02.01.00 - 6 - [1.4]8 - 111D - 6 - 7


9 C 7 C 7 = 21 FINAL PD

A COMPANION ALMARAZ RATING HAS BEEN ISSUED.

FUTURE MEDICAL TREATMENT REQUIRED

The permanent disability rating is 21%, which is equivalent to 80.50 weeks of disability payments. Based on average weekly earnings of \$2,638.29, the initial weekly rate is \$290.00. Payments commence within 14 days after the date of the last payment of temporary disability indemnity.

IF ALMARAZ/GUZMAN RATING: THE ALMARAZ/GUZMAN RATING IS NOT SUBJECT TO RECONSIDERATION OF THE RATING. THE CORRECTNESS AND APPLICABILITY OF THIS RATING CAN ONLY BE DETERMINED BY A WORKERS' COMPENSATION ADMINISTRATIVE LAW JUDGE. PERMANENT DISABILITY ADVANCES NOT REQUIRED IF INJURED WORKER IS EMPLOYED PURSUANT TO LABOR CODE SECTION 4650 (b).

By: 
Pia Hampton, Disability Evaluator

DEU FORM 102, (NEW 1-91)

M35852

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10 Attorneys for Plaintiff,
RUBY CHACKO

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11
12 **UNITED STATES DISTRICT COURT**
13 **EASTERN DISTRICT OF CALIFORNIA**

14 RUBY CHACKO,

15 Plaintiff,

16 vs.

17 AT&T UMBRELLA BENEFIT PLAN NO. 3,

18 Defendant.

CASE NO.: 2:19-cv-01837-JAM-DB

**STATEMENT OF UNDISPUTED FACTS
IN SUPPORT OF PLAINTIFF'S NOTICE
OF MOTION AND MOTION FOR
SUMMARY JUDGMENT**

Hon. John A. Mendez
Date: March 1, 2022
Location: 501 I Street, Room 4-200
Sacramento, CA 95814
Courtroom No. 6 - 14th Floor
Time: 1:30 p.m.

Plaintiff Ruby Chacko hereby provides this statement of uncontroverted facts:

#	Undisputed Fact	Supporting Evidence
1	Ms. Chacko received her master’s degree in Information Systems in April 1997 and began working for AT&T on October 28, 1997 as a Professional System Engineer, also referred to as a Software Engineer.	Administrative Record (“AR”) 58 (ECF No. 105-02).
2	The responsibilities of Chacko’s position of Professional System Engineer required that she “participate in and help shape the development of business requirements and develop complex functional designs based on these requirements.”	AR430 (ECF No. 105-16).
3	Physically, Chacko’s job involved sitting 100% of the time and keyboarding and mousing 99% of the time.	AR441 (ECF No. 105-17); 475 (ECF No. 105-18).
4	Krysta Cedano, MA, CRC with Sedgwick Claims Management Services, Inc. (“Sedgwick”), the Plan’s third-party Claims Administrator of the AT&T Integrated Disability Service Center (also referred to as “IDSC”), acknowledged that “typing or using the computer, [] is entirely what [Chacko’s] position is about.”	AR532 (ECF No. 105-20).
5	On October 29, 2017, Ms. Chacko began experiencing severe pain/ache in her eyes, neck, shoulders, and both arms. She also experienced blurred vision which continued for a few weeks.	AR434 (ECF No. 105-17); 479 (ECF No. 105-18).
6	Over the next few months, the records show that Ms. Chacko reported several significant symptoms to her treating providers, including shoulder and arm pain, headaches, tingling in her hands and upper arms, and swelling.	AR479 (ECF No. 105-18).

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7	On October 29, 2017, Dr. Ronald T. Whitmore documented that Ms. Chacko’s head was very tender to palpation over both temporal areas and parietal scalp and both forearms were tender to palpation.	AR479 (ECF No. 105-18).
8	On November 7, 2017, Dr. Frank Hung noted on physical exam that Ms. Chacko had mild give away weakness in the thumbs bilaterally.	AR479 (ECF No. 105-18).
9	On December 5, 2017, Dr. Whitmore observed that Ms. Chacko’s neck was diffusely tender to palpation along the right and left trapezius (with guarding) and her head was very tender to palpation over both her temporal areas and parietal scalp. He further observed that her shoulder was restricted and both forearms were tender to palpation.	AR479 (ECF No. 105-18).
10	On December 5, 2017, Dr. Ronald T. Whitmore determined that Ms. Chacko required restrictions of modified activity at work and at home through December 19, 2017.	AR479 (ECF No. 105-18).
11	Also, on December 5, 2017, Dr. Anna Pinlac diagnosed Ms. Chacko with Bilateral dry eye syndrome, cervical radiculopathy, and hyperlipidemia.	AR479 (ECF No. 105-18).
12	On December 12, 2017, Ms. Chacko began seeing Dr. Wesley Kay Hashimoto, an Occupational Medicine doctor with Kaiser Permanente. He documented that Ms. Chacko was “very stiff appearing and moves slowly. Volar pain with extension and fair flexion with volar pan, generally tender to palpation.” He diagnosed her with overuse disorder of soft tissue, bilateral forearm. An x-ray of Ms. Chacko’s spine taken on December 28, 2017, confirmed Ms. Chacko’s diagnosis of Bilateral cervical radiculopathy. Dr. Hashimoto extended Ms. Chacko’s modified activity through January 18, 2018. He recommended that her screen time be limited to 10	AR480 (ECF No. 105-18).

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	minutes per hour and keyboarding and mousing limited to 10 minutes her hour.	
13	Based on Ms. Chacko’s inability to perform her job as a Software Engineer, Sedgwick approved Ms. Chacko’s Short-Term Disability benefits under the Plan.	AR57 (ECF No. 105-02); AR524 (ECF No. 105-20).
14	To qualify for STD benefits, a claimant must be Totally or Partially Disabled. Total Disability means “you are unable to perform all of the essential functions of your job or another available job assigned by your Participating Company with the same full-time or part-time classification for which you are qualified.” STD benefits are payable after a 7-day waiting period for a total of 26 weeks of available benefits.	AR616 (ECF No. 105-25). AR605-606 (ECF No. 105-25).
15	An MRI of Ms. Chacko’s cervical spine taken on January 11, 2018, showed a “slight posterior bulging disc at C5-6 which is not compressing the underlying spinal cord.” Dr. Hashimoto’s physical examination on the same day showed the following “OBJECTIVE FINDINGS: Very stiff appearing and moves slowly. Bilaterally trapezius pain. Trapezius tender to palpation bilateral with spasm. Volar pain with extension and fair flexion with volar pain. Generally, tender to palpation.”	AR480 (ECF No. 105-18).
16	Multiple treatment visits over the next few months showed that Ms. Chacko reported worsening pain, and this was corroborated by physical exam findings.	AR481-82 (ECF No. 105-18) [CHACKO141-43].
17	On March 9, 2018, Physical Therapist David Brian Andry assessed that, “Patient ratchets with movements during formal testing. Some increase in range of motion but continues to be very limited with	AR482 (ECF No. 105-18).

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	constant poor posture.” He also documented “OBJECTIVE FINDINGS: On palpation muscle tenderness, tightness in sub-occipitals, paraspinals and upper trapezius.”	
18	On April 12, 2018, Mr. Andry assessed that, “Patient requires multiple rest breaks with all exercises. Constant forward head posture. Patient continues with poor strength and poor function.”	AR482 (ECF No. 105-18).
19	On April 30, 2018, Dr. Hashimoto documented the following objective findings: “Very stiff appearing and moves slowly. There is bilateral trapezius pain, trapezius tender to palpation bilaterally with spasm. Most pain to levators bilaterally today. Most pain with neck extension. Volar pain with extension and fair flexion with volar pain.” Dr. Hashimoto extended Ms. Chacko’s work restrictions of keyboarding and mousing of 10 minutes per hour.	AR483 (ECF No. 105-18).
20	Under the terms of the Plan, Ms. Chacko is entitled to receive LTD and Supplemental LTD (“SLTD”) benefits if she meets the following definition of disability: You are considered Totally Disabled for purposes of Company-Provided Long-Term Disability Benefits under this Program when you have an Illness or Injury that prevents you from engaging in any employment for which you are qualified or may reasonably become qualified based on education, training or experience. You will be considered Totally Disabled for a long-term disability if you are incapable of performing the requirements of a job other than one for which the rate of pay is less than 50 percent of your Pay (prior to any Offsets) at the time your long-term disability started.	AR624 (ECF No. 105-25).
21	Ms. Chacko applied for LTD benefits on March 22, 2018.	AR544 (ECF No. 105-20).
22	Sedgwick authorized Allsup to work with Ms. Chacko to obtain approval for Social Security Disability Insurance (“SSDI”) benefits.	AR62 (ECF No. 105-02).

1	23	Sedgwick explained to Ms. Chacko that IDSC has partnered with	AR561 (ECF No.
2		Allsup, an organization that provides SSDI representation. “Allsup	105-21).
3		works directly with our staff to ensure that you receive your	
4		maximum benefit.” <i>Id.</i>	
5	24	Sedgwick also sent Ms. Chacko promotional material about Allsup’s	AR570-73 (ECF
6		services, encouraging her to apply.	No. 105-22).
7	25	Ms. Chacko accepted Allsup’s representation. Allsup then kept	AR73; 75; 76; 90;
8		Sedgwick updated on its progress with her claim.	95 (ECF No. 105-
9			02; 105-03).
10	26	Sedgwick obtained a Transferable Skill Assessment (“TSA”) on April	AR532-34 (ECF
11		27, 2018, from Ms. Cedano, Job Accommodation Specialist. The	No. 105-13).
12		TSA applied Ms. Chacko’s restrictions of screen time, keyboarding,	
13		and mousing limited to 10 minutes in an hour. Ms. Cedano concluded	
14		that “[a]lthough Ms. Chacko has transferable skills, based on her	
15		restrictions and gainful wage, no alternative occupations can be	
16		identified.” She explained that “no alternate occupation could be	
17		identified as she is very limited from typing or using the computer,	
18		which is entirely what her position is about.”	
19	27	On May 24, 2018, Sedgwick approved Ms. Chacko’s claims for LTD	AR524-25 (ECF
20		and SLTD benefits effective June 1, 2018.	No. 105-20).
21	28	A June 11, 2018, PR-2 by Dr. Hashimoto reported that Ms. Chacko	AR483-84 (ECF
22		continued to have pain in her shoulders and upper back, as well as	No. 105-18).
23		arm numbness and tingling. He observed similar objective findings	
24		consistent with those over the past few months: “Very stiff appearing	
25		and moves slowly. More neck pain if sitting. Most pain to levators	
26		bilaterally today. Most pain with neck extension. Very tender to	
27		palpation. Most pain to posterior shoulders infraspinatus area and	
28			

1	very tender to palpation. Generally, tender to palpation. Mild	
2	degenerative changes at scaphotrapezial joint.”	
3	29 Dr. Hashimoto and Ms. Chacko’s primary care physician, Dr. Adel	AR378 (ECF No.
4	Agaiby, continued to assign restrictions of keyboarding and mousing	105-15); 511 (ECF
5	limited to 10 minutes per hour.	No. 105-19).
6	30 On July 2, 2018, Ms. Cedano completed another TSA for Ms.	AR507-09 (ECF
7	Chacko’s claim. AR508-09. Again, Ms. Cedano could not identify	No. 105-19).
8	any occupations for Ms. Chacko based on her restrictions. <i>Id.</i> Ms.	
9	Cedano stated that “no alternate occupations were identified as she is	
10	still extremely restricted from even performing sedentary duty.”	
11	31 On July 20, 2018, Ms. Chacko underwent a QME with Dr. Donald T.	AR474-97 (ECF
12	Lee in connection with her WC claim. Dr. Lee noted Ms. Chacko’s	No. 105-18 to 105-
13	job as a Software Engineer requiring significant typing and the need	19).
14	“to frequently grip, grasp, or handle with left, right, and/or both	
15	hands.” AR475. His physical exam of Ms. Chacko revealed multiple	
16	abnormal findings.	
17	32 In a report dated August 13, 2018, Dr. Lee provided a supplemental	AR443-46 (ECF
18	report to correct his report of July 20 th . He opined that Ms. Chacko	No. 105-17).
19	could alternate between sitting, standing, or walking for one hour a	
20	time, with 5-minute breaks, for a total of eight hours per eight-hour	
21	day. He also opined, among other things, that she could perform fine	
22	manipulation and simple and firm grasping (right/left) occasionally.	
23	33 “Occasional” for purposes of evaluating work ability means that an	AR208 (ECF No.
24	activity can be performed in the range of 5-33% of the workday.	105-07).
25	34 Based on the supplemented QME report, Sedgwick obtained a new	AR469-71 (ECF
26	TSA from Ms. Cedano. The TSA only used the restrictions provided	No. 105-18)
27	by Dr. Lee and not those provided by her treating doctor, including	
28		

1	the 10-minute limitation on her keyboarding and mousing. Though	
2	Ms. Cedano could not find occupations for Ms. Chacko previously,	
3	she was able to now find two jobs for her, including Systems Analyst	
4	and Systems Engineer.	
5	35 On September 12, 2018, Sedgwick issued Ms. Chacko a letter	AR457-60 (ECF
6	explaining that it was terminating her LTD benefits.	No. 105-17).
7	36 On September 27, 2018, Ms. Chacko submitted her initial	AR433-55 (ECF
8	appeal of the Plan's denial of her LTD benefits. In her accompanying	No. 105-17).
9	appeal letter, Ms. Chacko provides a history of her medical treatments	
10	and the then current state of her disability.	
11	37 On October 31, 2018, Ms. Chacko supplemented her appeal with a	AR413-15 (ECF
12	copy of a notice that her SSDI claim was approved. There is no	No. 105-16).
13	evidence in the claim file that Sedgwick sought to obtain SSA's claim	
14	file for Ms. Chacko to understand the basis of the SSA's approval.	
15	38 On November 16, 2018, IDSC sent a notice to Mr. Schmidt advising	AR120 (ECF No.
16	him that Ms. Chacko's leave of absence was approved from June 1,	105-07).
17	2018, through November 30, 2018 because, " The IDSC has	
18	determined that this employee is unable to return to his/her own	
19	job at this time. "	
20	39 On November 19, 2018, Ms. Chacko supplemented her appeal to	AR376-87 (ECF
21	IDSC with additional doctor support, her WC disability rating, and	No. 105-15).
22	her SSDI approval and determination letters.	
23	40 On September 18, 2018, Dr. Agaiby certified Ms. Chacko's disability	AR379 (ECF No.
24	through November 1, 2018.	105-15).
25	41 On September 19, 2018, the WC Department gave Ms. Chacko a	AR383 (ECF No.
26	permanent disability rating of 21%, which is the equivalent to 80.50	105-15).

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	weeks of disability payments to start within two weeks of her last temporary disability indemnity payment.	
42	The SSA’s Disability Determination and Transmittal explained that on reconsideration of its initial denial that Ms. Chacko’s disability onset was “medically established.”	AR386 (ECF No. 105-15).
43	On November 29, 2018, Ms. Chacko again supplemented her appeal, this time with a letter from California’s Employment Development Department explaining that her claim for disability insurance has been approved beginning on October 1, 2018.	AR367-68 (ECF No. 105-14).
44	On January 2, 2019, Ms. Chacko sent IDSC a medical certification from Dr. Hayatullah Niazi which he completed on December 18, 2018. He noted a diagnosis of overuse disorder of soft tissue—neck and shoulders—and explained that Ms. Chacko was impaired from working due to “intolerable pain and pressure on the neck, shoulder and arms.”	AR333-38 (ECF No. 105-13).
45	Ms. Chacko submitted her final appeal supplement on March 13, 2019. She enclosed her initial consultation and evaluation by Dr. Brian Bernhardt (IPM Medical Group) through Workers’ Comp, an authorization for her treatment with the IPM Medical Group, and Dr. Bernhardt’s medical certification of disability. Dr. Bernhardt diagnosed Ms. Chacko with radiculopathy of the cervical region confirmed by an MRI. In his March 7, 2019, treatment note, Dr. Bernhardt documented Ms. Chacko’s consistent complaints of constant pain in her neck, bilateral shoulders and elbows. Her pain without medications is a 7 on a scale of 1 to 10. She sleeps about 3 hours per day without interruption. Ms. Chacko’s general review of symptoms (ROS) was positive for poor energy, poor sleep, and unhappiness. Objective findings based on physical exam showed	AR229-39 (ECF No. 105-08 to 105-09).

1	“Neck: Cervical TP identified bilat trapezius and Rhomboids	
2	muscle.” Dr. Bernhardt was unable to evaluate her shoulders due to	
3	cervical pain. He requested approval for acupuncture and a cervical	
4	epidural injection. He also discussed with Ms. Chacko psychological	
5	counseling since she “has severe sleep and mood disorder related to	
6	the chronic pain and loss of function.”	
7	46 Sedgwick obtained a pure paper review of Ms. Chacko’s claim from	AR205-222 (ECF
8	Dr. Howard Grattan through Network Medical Review Co. Ltd.	No. 105-07).
9	(NMR). Dr. Grattan’s review consisted of an initial report dated	
10	October 23, 2018, followed by five addenda through March 22, 2019.	
11	Each time Sedgwick obtained additional information or records from	
12	Ms. Chacko it sent those to Dr. Grattan to review to see if they	
13	changed his opinion.	
14	47 On February 12, 2019, Sedgwick obtained another TSA from Ms.	AR250-52 (ECF
15	Cedano. Ms. Cedano solely used Dr. Grattan’s assigned limitations	No. 105-10 to 105-
16	from his February 8, 2019, addendum, ignoring the limitations	11).
17	imposed by her treating physicians. Ms. Cedano determined that Ms.	
18	Chacko could perform alternative occupations of Systems Analyst	
19	and Systems Engineer, both which are rated at the Sedentary level of	
20	physical demand like her job for AT&T.	
21	48 On May 13, 2019, Sedgwick issued its final determination upholding	AR199-201 (ECF
22	its decision to terminate Ms. Chacko’s benefits effective September	No. 105-07).
23	16, 2018.	
24	49 As part of discovery in this case, the Plan produced 88 reviews	Declaration of
25	prepared by Dr. Howard Grattan for the Plan for the years 2017,	Michelle Roberts
26	2018, and 2019. These 88 reviews involved 61 claims (for some	ISO of Plaintiff’s
27	claims he provided multiple reviews). Of those claims, Dr. Grattan	MSJ, Exh. 2.
28	found that 50 claimants (82%) were not disabled, 8 claimants (13%)	

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	were disabled from some type of work, and 3 claimants (5%) were only partially disabled or could perform some work.	
50	AT&T and Sedgwick exchanged information and communications because the companies have a common interest in the litigation and its outcome, including the financial conflict of interest issue raised by Plaintiff.	ECF No. 87-1, Exh. 1

Dated: December 7, 2021

ROBERTS DISABILITY LAW

/s/Michelle L. Roberts

Michelle L. Roberts
Attorney for Plaintiff
RUBY CHACKO